



Annual Report

Fiscal Year 2022

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Introduction

This report represents the work undertaken by the Brain Injury Alliance of Colorado (BIAC) under contract 22 IHEA 169121 during fiscal year (FY) 2021/2022, July 1, 2021, to June 30, 2022 (FY22).

Services are offered in four program areas:

Resource Navigation – This is the foundational support program for survivors, family members, and caregivers. It is designed 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 experience 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.

Peer Mentorship – This program is designed to connect survivors across the state to a volunteer mentor, who is also a survivor. Mentors work 1:1 with a peer to provide support as someone with lived experience, explore characteristics of resilience, work on goal setting, and define what it means to thrive post injury. Mentorship matches go for up to one year in length with mentors establishing weekly contacts with a peer. Contacts are mostly made via phone but can also include video conference and in-person community outings. After the year match, peers may be rematched with a new mentor, or become mentors themselves. Mentors may be rematched with a new peer. The Peer Mentorship Program is currently funded by the Colorado Health Foundation and will be funded by MINDSOURCE in FY23.

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.

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 FY22:

Resource Navigation: *Resource navigators continued to be available for support from 8:30 am to 4:30 pm Monday – Friday through our main line.*

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

Peer Mentorship: *Many of the peer/mentor relationships took place remotely with periodic in-person meetings and community outings. Clients were asked about their in-person meeting preferences before entering a match. Applications were accepted; orientations were offered both in-person and remotely.*

Classes and Workshops: *Classes were offered in a hybrid format with in-person and virtual platform opportunities.*

Support Groups: *Some groups resumed in-person meetings, some adopted a “hybrid” (in-person and virtual) model, while others remained completely virtual or on hiatus.*

Professional Training: *BIAC met the training needs of community partners both in-person and using virtual platforms.*

Recreation Programs: *Recreation programs restarted with many added opportunities including social events, camping, game nights, and adaptive fishing facilitated by BIAC.*

Education Consultation: *Staff were available for education consultation services throughout the school year. Students returned to in person learning which allowed school districts to hold in person meetings regarding 504's and IEP's. Our youth services coordinator assisted families with school-related concerns and provided strategies directly to schools.*

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

All considerations for changes or improvements based on findings from FY22 data appear in the “Goals/Changes for FY22” part of each section, as they relate to future activities and not those carried out within FY22.

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

Comparative analysis with FY21 data is included as appropriate throughout this report.

MINDSOURCE identified the data sources to be used for establishing baseline data. BIAC, contracting with Joining Vision and Action (JVA) reviewed and overlaid these sources to identify whether specific demographic groups have been adequately served. As such, this report largely does not present participant demographic data, but we intend to present these data in our FY23 report. The JVA report was provided to the board at the beginning of the 2021 fiscal year.

All data and analyses included in this report are derived from the approved Data Reporting Table (Appendix I: FY22 Reporting Table) developed in collaboration between BIAC and MINDSOURCE at the start of FY21. Additional analyses may be available upon request to BIAC's Vice President of Client Programs, Kate Kerkmans, Kate@BIAColorado.org.

Outreach

Program Overview

With support of the evaluation team at Joining Vision and Action (JVA), anchor baseline data was reviewed to guide the development of a 5-year outreach plan. Sources included data from BIAC's client services reports, Craig Hospital, Colorado Department of Public Health and Environment, Center for Disease Control and Prevention, and the US Census. This information enables BIAC to target outreach efforts to address service gaps and in alignment with the MINDSOURCE logic model.

Goals for FY22

- **Goal 1: Increase awareness of BIAC services and resources, and support referrals to BIAC.** Activities will be updated on the MINDSOURCE dashboard and included in semi-annual and annual reports.
- **Goal 2: Target engagement with groups that have a high prevalence of TBI.** Based on CDC Health Disparities findings, offer specific outreach activities towards organizations that serve specific populations (including American Indian/Alaska Native communities, people experiencing homelessness, survivors of intimate partner violence)
- **Goal 3: Improve CO agency engagement with survivors through capacity building.** Support survey development and distribution to organizations serving survivors to better understand and support capacity building needs. Support and strengthen the statewide coordination of Brain Injury Professional Networks.
- **Goal 4: Continue professional growth of MINDSOURCE-funded BIAC staff through in-reach efforts.** Coordinate access to training on diversity, equity, inclusion (DEI), and person-centered training. Support acquisition of certifications as brain injury specialists.
- **Goal 5: Continue work with criminal justice systems (judicial, jails, DOC, community corrections).** Maintain current partnerships with criminal justice agencies, support implementation of Department of Corrections pilot project, and outreach to community providers that engage with justice-involved survivors.
- **Goal 6: Increase outreach and service engagement with youth survivors of BI.** Continued connection and outreach to current partners. Offer a statewide, virtual workshop for parents of youth with brain injury on IEP, 504, and BIAC services.

- **Goal 7: Demonstrate impact of training and capacity building efforts.** Implement quality improvement activities to understand knowledge growth and opportunities for improvement from audiences engaging in training and capacity building.

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. These efforts also aim to solicit referrals to BIAC programs and address each of the goals listed above. Outreach and training 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 may also include an introduction of screening tools and a short workshop session on how to administer these tools.

In addition to the professional development activities discussed in the Training and Professional Development portion of this report, two eligible BIAC staff members were able to complete the training element of achieving Certified Brain Injury Specialist (CBIS) status and passed the corresponding exams. In addition, one staff member met requirements to become a Certified Brain Injury Specialist Trainer (CBIST). These efforts are in alignment with goals identified above for the fiscal year.

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 7* present maps that demonstrate 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=115)

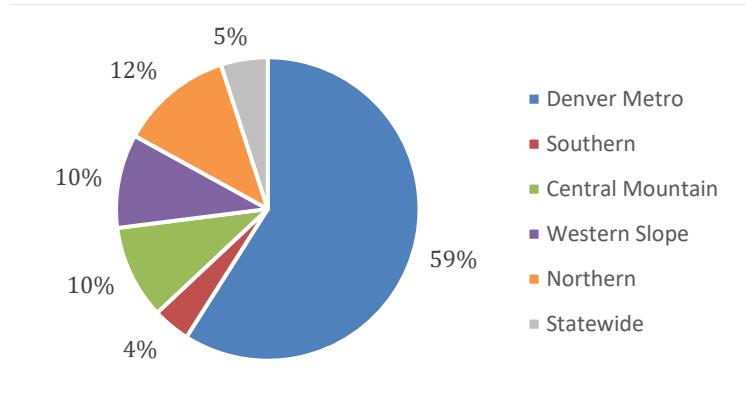
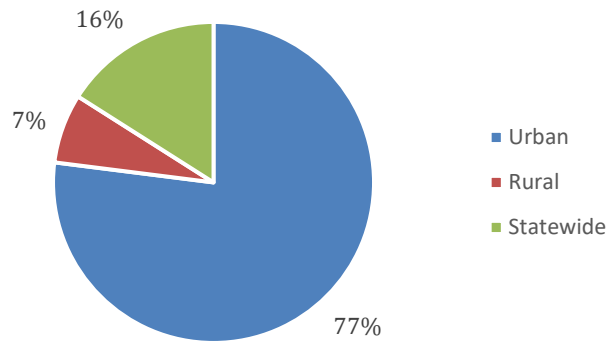
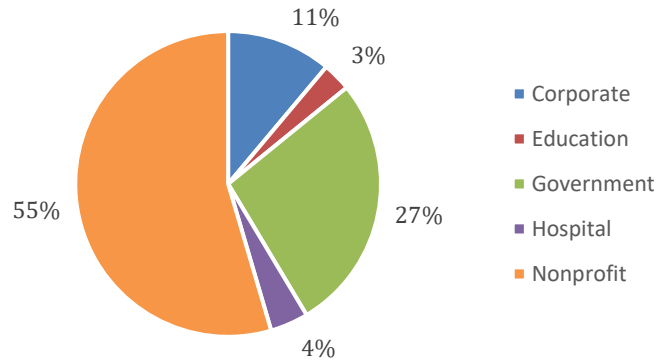


Figure 2 - Outreach and Training Activities by County Designation (n=115)



One hundred and fifteen outreach activities and trainings took place in FY22, including a 34% increase in the number of participating attendees. While early FY22 still posed many pandemic-related barriers, virtual training offerings became easier than in the previous fiscal year. By the end of the fiscal year, we were more able to reliably schedule and deliver in-person trainings. [Figure 3](#) displays the breakdown of outreach activities that were delivered to the various organizational sectors. Nonprofit and governmental agencies received the greatest amount of outreach. As hospitals continued to dedicate time and resources to the COVID-19 pandemic, our outreach activities geared toward hospitals continued to be low, consistent with the previous year. Outreach and training delivery have been historically in response to education requests by external professionals, but in FY22 we initiated several intentional and proactive opportunities to address Goals 2 & 5.

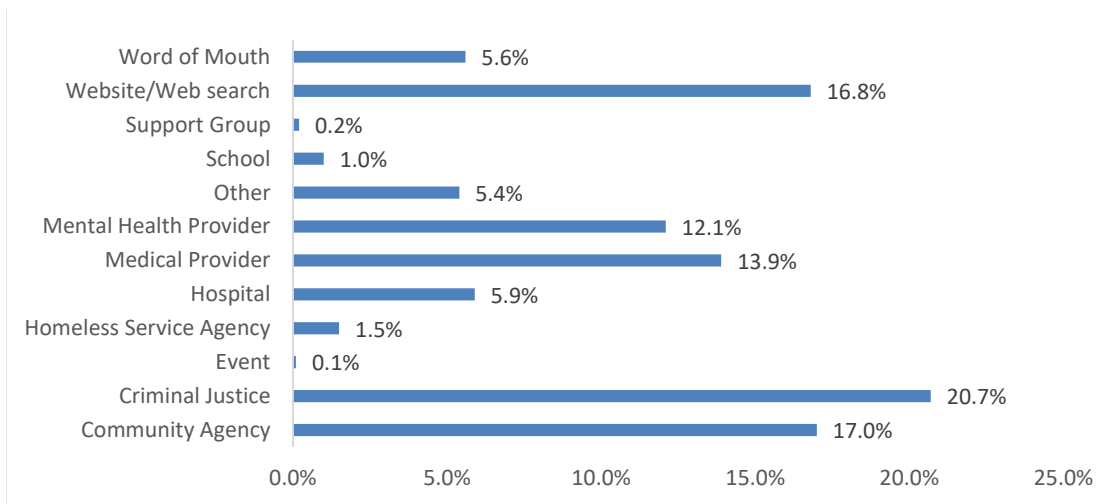
Figure 3 - Outreach Training Activities by Organization Type (n=115)



Referrals

Figure 4 provides a visual representation of BIAC’s 895 services referrals, which is a 4% increase from the previous year. BIAC receives referrals through fax, email, phone calls, social media messages, and an online referral form on our website. Typically BIAC also receives referrals through walk-ins, however, the ongoing pandemic has necessitated caution with in-person services, and therefore walk-in referrals were not always an option. Individuals are also able to self-refer, while others are referred by friends, family members, or professionals in the community. In FY22, criminal justice agencies were the largest referral source category. Compared to FY21, there was a 3% increase in referrals from Community Agencies, and nearly all referral categories experienced an increase in referrals except those categorized as Word of Mouth, Website/Web search, and Hospitals. This could likely be attributed to individuals having more access to in-person services as opposed to the previous year due to COVID-19 where individuals were likely looking up resources online.

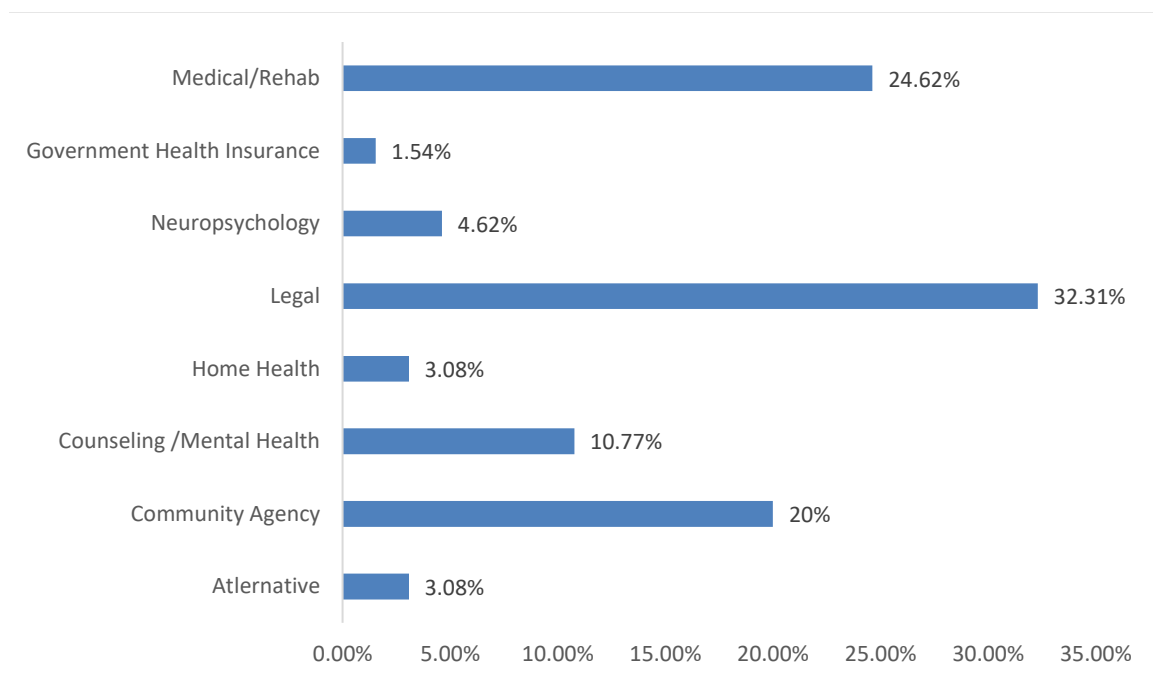
Figure 4 - Referrals by Type of Referral Source (n=895)



Resource Directory

BIAC maintains an online resource directory focusing on Colorado organizations that provide services to individuals with brain injury, though some resources are nationwide. Nearly 1,000 entries currently exist in this directory. BIAC staff and those visiting the website use our curated directory to navigate resources. During this reporting period, 66 new entries were added to the directory (*Figure 5*). BIAC also received recommendations for the directory that were deemed inappropriate for our community or duplicated existing entries.

Figure 5 - New Resource Directory Entries by Type (n=66)



Evaluation

Knowledge Attainment

Background and Objectives

Prior to COVID-19, BIAC used an Audience Response System (ARS) to collect data from participants before, during, and after training sessions to assess knowledge attainment and participant satisfaction. 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 virtual platforms, in FY22 BIAC exclusively used a Google Form with a QR code at the beginning and end of presentations that could be easily scanned by audience members. This greatly increased the number of responses from the previous year when BIAC relied solely on SurveyMonkey and zoom polling.

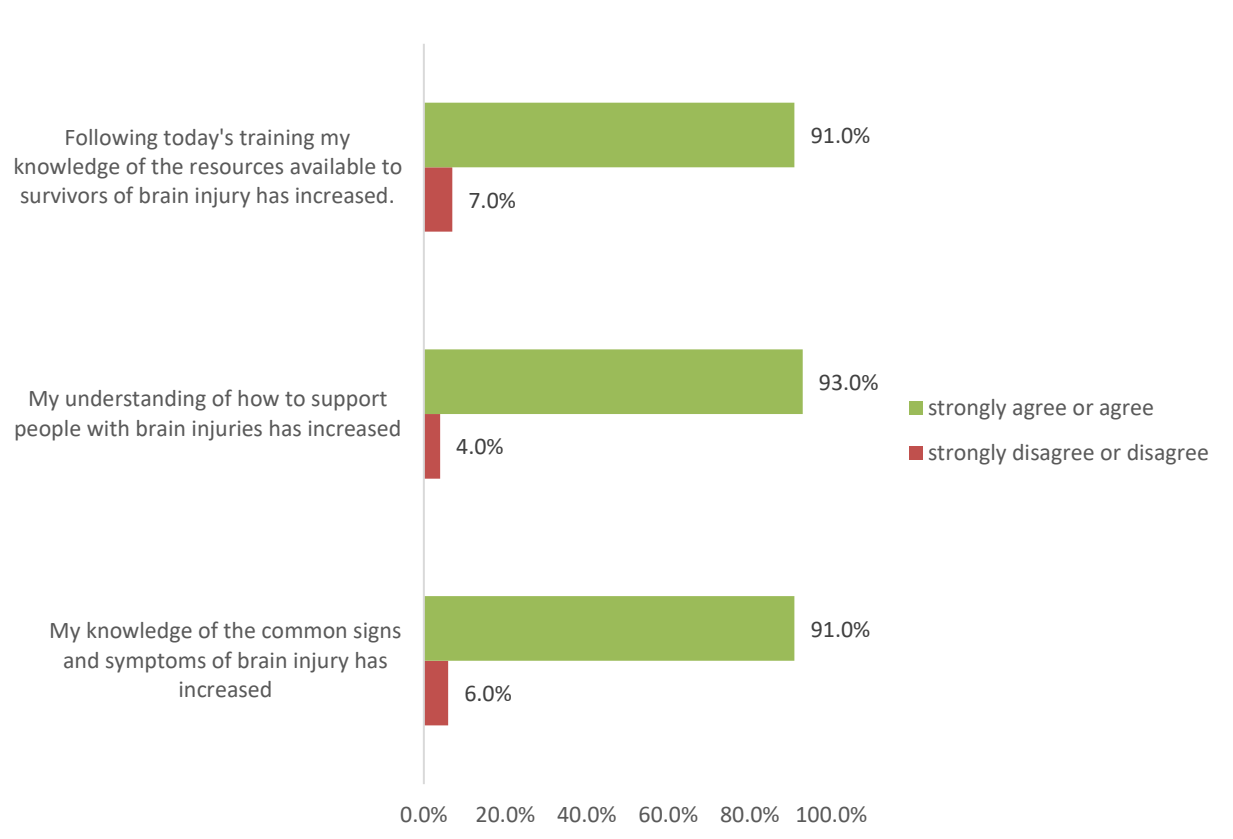
Methodology

As referenced in Goal 7, audience members were asked to answer the statements below with either True/False or utilizing a Likert scale on statement agreement, following a BIAC training.

- My understanding of what a brain injury is has increased
- My understanding of how people get brain injuries has increased
- My knowledge of the common signs and symptoms of brain injury has increased
- My understanding of how to support people with brain injuries has increased
- Following today's training, my knowledge of the resources available to survivors of a brain injury has increased

Results

Figure 6 - Outreach and Training Activities, Knowledge Attainment Summary (n=225)



In FY22, 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 amongst training participants (Figure 6). Please note that this chart does not reflect is the number of training recipients who learned of BIAC for the first time upon the training: 33% of individuals polled did not know of BIAC prior to the training or outreach activity and 99% reported their understanding of brain injury increased following a training.

The number of responses obtained in this fiscal year was much higher than the previous due to many limitations around collecting responses while delivering training on virtual platforms. This increase is largely credited to collecting pre and post data via a Google Form QR code on the first and last slides of the presentations.

Criminal Justice

In relation to goal 5, MINDSOURCE funded .70FTE to specifically focus on the criminal justice system. This fiscal year BIAC's criminal justice program was marked by efforts to support the implementation of SB21-138: Improve Brain Injury Support in Criminal Justice System. SB21-138 had two primary functions. First, it requires the Department of Corrections (DOC) to create a brain injury pilot program to evaluate outcomes for offenders with a brain injury who received screening and support while in the criminal justice system. BIAC has been in communication with the DOC staff overseeing the pilot program and intends to provide training and ongoing support as the pilot program gets underway.

The second part of the bill created a task force facilitated by MINDSOURCE to develop a plan to integrate a model to identify and support individuals with a brain injury who are in the criminal justice system. Liam Donevan, Program Manager - Criminal Justice System and Jaime Horsfall, Vice President of Professional Programs served as the two members representing an organization specializing in brain injury services, which is required by the bill. The task force met six times between July 30th and November 30th, 2021. In December 2021 the Colorado Department of Human Services submitted a comprehensive report to the state legislature detailing recommendations and best practices for implementing brain injury screening and supports across Colorado's criminal justice system.

Outreach and capacity building continued this year as the Justice Assistance Grant (JAG) culminated in September. Since then, BIAC has worked to maintain relationships with partner sites, all of whom continue to screen for brain injury at the conclusion of the grant. These partners as well as judicial districts that have previously partnered to screen individuals on probation meet quarterly to discuss updates to BIAC services, changes/improvements to the brain injury screening protocol, and additional training needs.

A consistent theme across the criminal justice system has been issues with maintaining staff and hiring for open positions. This has proven to be a significant obstacle to the coordination of trainings as program managers often want to delay training until their teams are fully staffed. Despite these challenges, progress was still achieved on this front. Outreach and capacity building highlights include:

- The provision of a comprehensive training on the brain injury screening protocol for state-wide Jail Based Behavioral Services (JBBS) providers
- Presentation at the Colorado Problem Solving Court Conference about efforts to improve supports for justice involved brain injury survivors
- Webinar presentation for the USBIA on brain injury in the criminal justice system and Colorado efforts. (This USBIA webinar has led to multiple initiatives in other states to implement Colorado's brain injury screening protocol, including MINDSOURCE's symptom questionnaire and portal. Data from other states will be helpful for future improvements.)

Conclusions

While outreach was limited to only virtual offerings in the first part of the fiscal year, BIAC was able to continue many outreach activities through various virtual platforms and resume in-person training in early Spring 2022. BIAC was able to advance all of our outreach goals in the first year. Extensive outreach was made possible through the collaboration among BIAC and MINDSOURCE staff and the ability to deliver content to professionals on virtual and in-person platforms. Training participants reported that the trainings provided an increased understanding of brain injury.

Testimonials

"We really appreciate your time and your expertise. I know our group found the information very helpful.

- Forensic Social Work Professional

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

- Crisis Nonprofit Professional

"This training was great. It should be presented here every year"

- Domestic Violence and Sex Offender Management Board Conference session attendee

" Thank you so much for your time yesterday. I've spoken to some team members, and they were all very impressed by your presentation and services you provide. We are very excited to work more closely with you in the future!"

- Nonprofit Professional

" I really appreciate the presentation. I have spoken with a couple of my staff members, and they got a lot out of it. I think [our colleague] might be reaching out to you in the future. He hosts our TBI peer support group"

- Nonprofit Professional

"On behalf of the State Long Term Care Ombudsman Program's office, I would like to thank you for your presentation today. We are grateful for the time and effort you took to explain about brain injury and how to work with this population."

- Nonprofit Professional

" Thank you for taking the time to give the staff that great TBI class! We enjoyed our time very much and were particularly intrigued by your continued passion and care for veterans/people living with BI throughout the community. As you may know, we share that same passion as well."

- Nonprofit Professional

Key Accomplishments

- BIAC was able to support two staff members to become Certified Brain Injury Specialists (CBIS) and one staff member to become a Certified Brain Injury Specialist Trainer (CBIST)
- Outreach continued throughout the year and both virtual and in-person engagement opportunities created ease of access for agencies outside of the Denver Metro area
- Outreach included targeted effort toward agencies that serve people with a high prevalence of TBI
- Despite the significant disruption in daily activities due to COVID-19, BIAC continued to grow its footprint in the community and raise knowledge and awareness of brain injury and BIAC services
- BIAC worked closely with agencies serving American Indian/Alaskan Native communities to tailor culturally responsive content and approaches
- BIAC maintained connections in the criminal justice system and participated on the SB-138 task force with plans to support pilot project implementation in FY23
- Efforts increased number of professionals reached, and referrals received from FY21

Goals for FY23

BIAC and MINDSOURCE, utilizing input from the MINDSOURCE logic model and available sources of anchor data, established the following goals for FY23:

- Increase awareness of BIAC services and resources, and support referrals to BIAC
- Focus engagement with groups that have a high prevalence of TBI
- Improve Colorado agency engagement with survivors through capacity building
- Continue professional development 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)

- Engage in quality improvement to measure knowledge gained by training participants
- Re-evaluate the Resource Directory approval process and explore opportunities to improve client access to professionals competent in brain injury
- Expand non-TBI outreach and screening

Direct Client Services

BIAC's direct client service programs include 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:

- Program overview
- Client demographics
- Service participation
- Evaluation
- Key accomplishments
- Goals for FY23

Resource Navigation

Program Overview

Resource Navigation 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
- Through 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

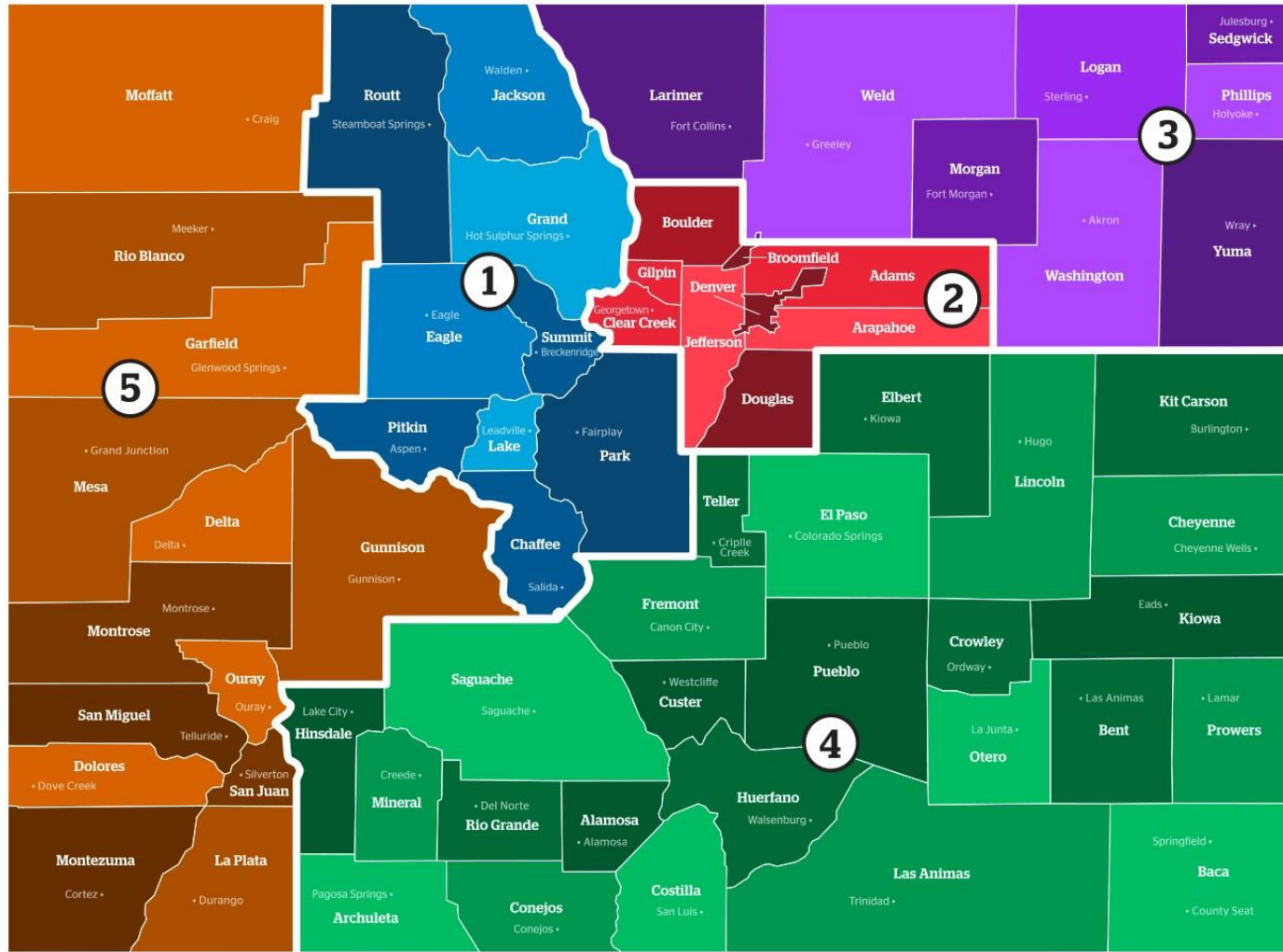
Client Demographics

Of all the BIAC programs funded by MINDSOURCE, resource navigation has the most broad and diverse reach across the state. *Figure 17* and *Figure 7* 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 FY22, 692 unique individuals interacted with the Resource Navigation program, and 856 cases were opened. 693 individuals opened at least one case, while 692¹ individuals closed at least one case.

¹ This includes individuals who opened cases in FY21 that were closed in FY22.

Figure 7 - Colorado County Map by Service Region

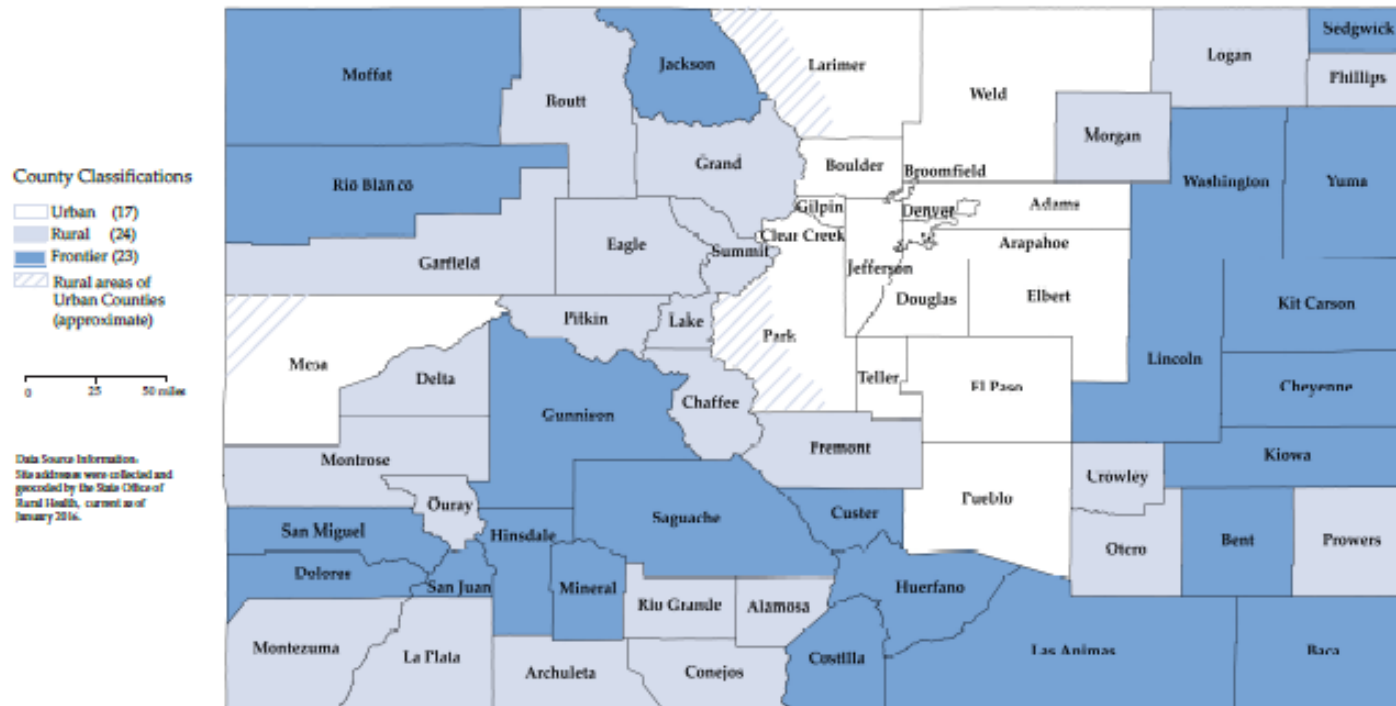


- 1** Central Mountain Region
- 2** Denver Metro Region
- 3** Northern Region
- 4** Southern Region
- 5** Western Slope Region

Figure 7 - Colorado County Map by County Designation



Colorado: County Designations, 2018



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

COLORADO
RURAL HEALTH
CENTER

The State Office of Rural Health

Resource navigation is provided to youth and adult clients who have sustained at least one traumatic brain injury. Most clients (98%) who opened at least one case in FY22 were adults (Figure 8) and first-time clients (68%) (Figure 9).

Figure 8 - Resource Navigation Clients, Youth and Adults (n=693)

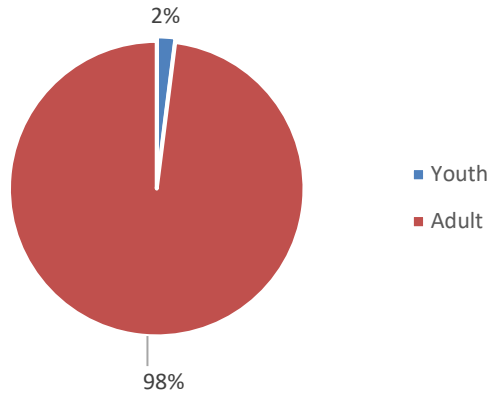
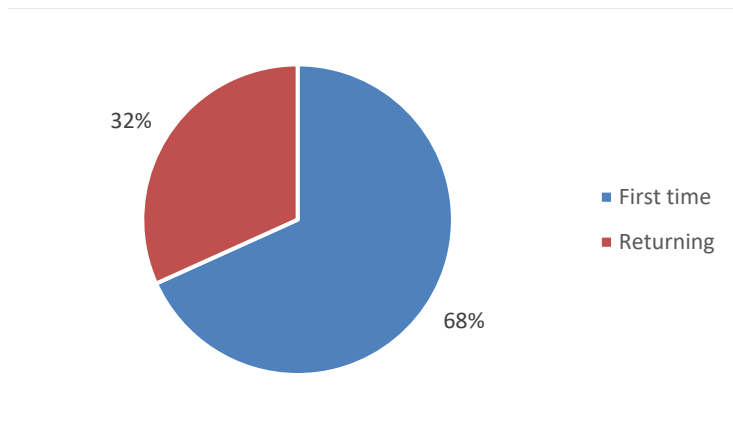


Figure 9 - Resource Navigation Clients, First-time and Returning (n=693)



Of the unique individuals who were served by Resource Navigation in FY22, most clients who completed at least one instance of support in resource navigation resided in urban counties, and more specifically the Denver Metro region. Frontier counties and the Central Mountain region had the least number of resource navigation clients (Figure 10, Figure 11).

Figure 10 - Resource Navigation Clients by County Designation (n=692)

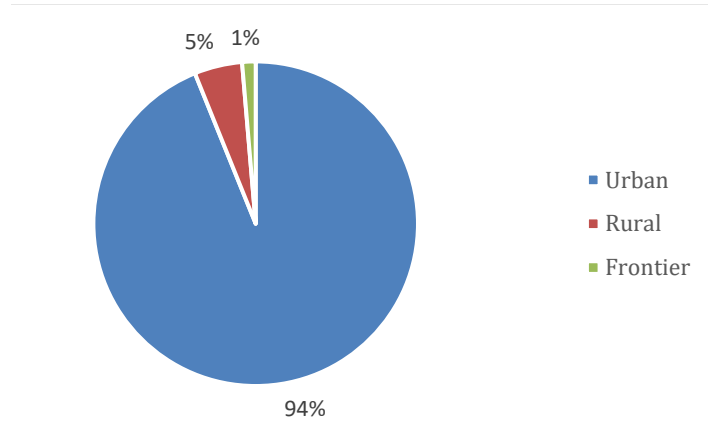
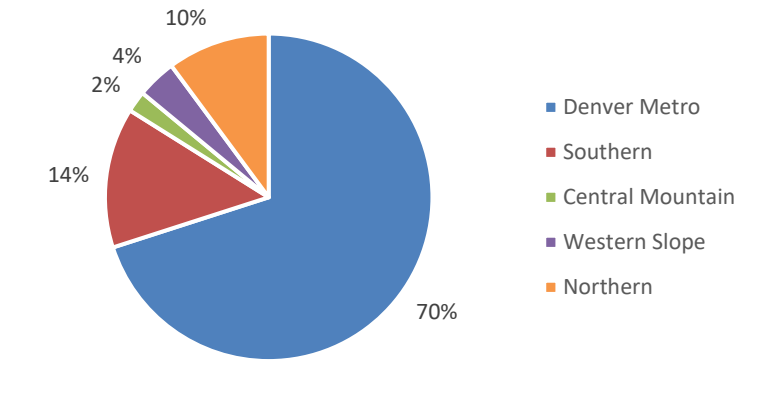
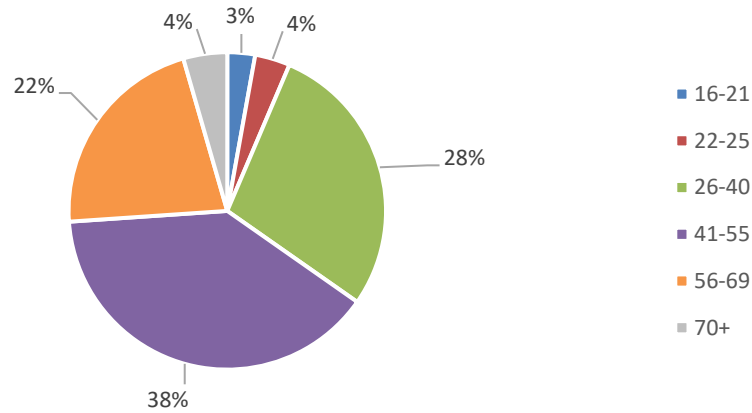


Figure 11 - Resource Navigation Clients by Region (n=692)



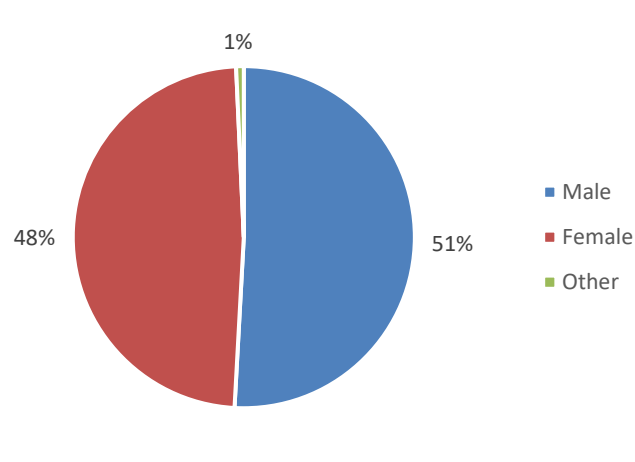
Resource navigation is available for survivors of brain injury of all ages. Every age range, with the exception of 0-5 years, were served this fiscal year, with the largest number of ranging between 41 and 55 years old. One client was served in the 6-12 range and two clients were served in the 13-15 age range, neither of which are represented on the graph since these cases account for less than 1% of the Resource Navigation clients (Figure 12).

Figure 12 - Resource Navigation Clients by Age Range (n=692)



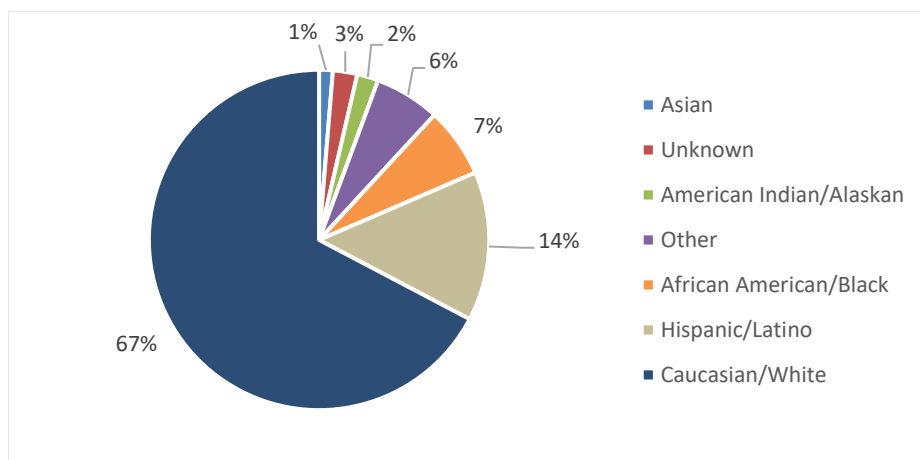
Resource Navigation utilization was nearly evenly split between male and female participants, with the slight majority identifying as male (Figure 13). Five clients reported as “other,” indicating that they do not identify with the binary gender categories offered.

Figure 13 - Resource Navigation Clients by Gender (n=692)



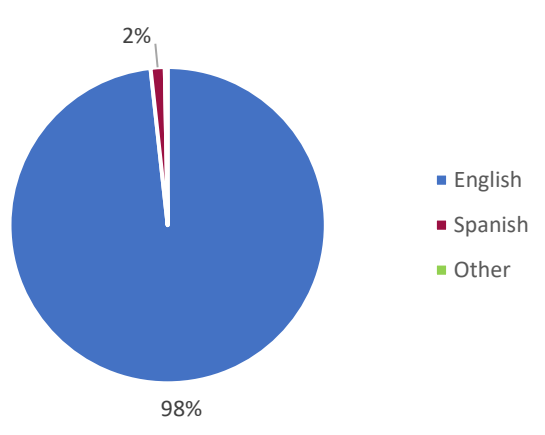
Our data collection system offers seven race/ethnicity categories that can be selected by program participants including Asian, American Indian/Alaskan Native, African American/Black, Hispanic/Latino, Caucasian/White, Other, and Unknown. All tracked races/ethnicities were represented amongst Resource Navigation participants, with the majority being Caucasian/White clients. Those that identified as Hispanic/Latino accounted for the second largest group (Figure 14).

Figure 14 - Resource Navigation Clients by Race/Ethnicity (n=671)



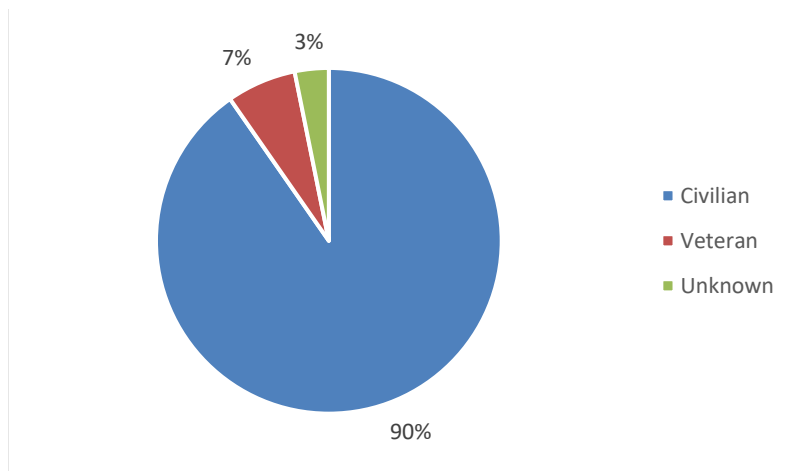
In FY22, a total of six hundred and eighty participants (98%) indicated a preference for communicating in English, while ten clients (1%) preferred Spanish, which is much more prevalent than FY21, in which four clients preferred Spanish. The remaining ten participants (0.3%) preferred “other” languages (Figure 15).

Figure 15 - Resource Navigation Clients by Preferred Language (n=692)



No active-duty members of the military participated in resource navigation in FY22, and (7%) were veterans. The remaining (93%) were civilians or did not report a military status (Figure 16). 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 fortunate to have a strong military-specific TBI support program called Operation TBI Freedom. BIAC frequently refers service members to Operation TBI Freedom if they are interested, and therefore may not engage with BIAC specific services. Some military-involved clients also access support through the Veterans Administration, which offers similar services as our Resource Navigation program

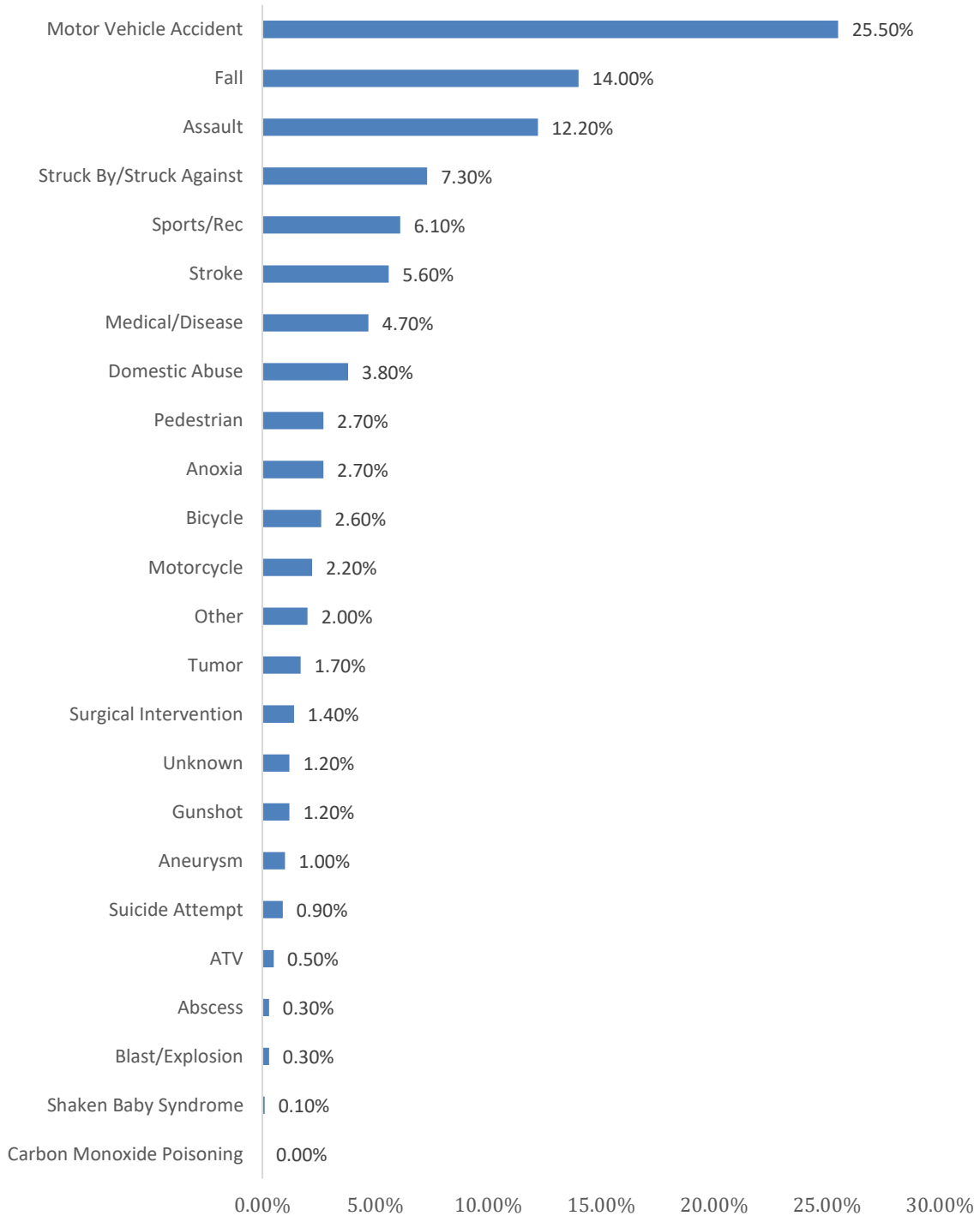
Figure 16 - Resource Navigation Clients by Military Status (n=692)



BIAC collects data from Resource Navigation clients in regard to their injury history via self-report (Figure 17). 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 FY22, a total of 769 injuries were reported with an average of 1.70 injuries per client. A little over a third of clients (36.4%) reported a history of two or more injuries. The average age of the client at the time of their first brain injury was 31 years old.

Survivors continue to report a diverse array of injuries related to both TBI and BI. The most common causes reported in FY22 were consistent with FY21, with motor vehicle accidents accounting for just over a quarter of all reported injuries (25.5%), followed by fall (14.0%).

Figure 17 - Frequency of Injury by Cause of Injury as Self-reported by Resource Navigation Clients (n=769)



Service Participation

In FY22, Resource Navigation served 692 unique clients and closed 864 cases. 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.

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 FY22 had 1.25 cases. When looking at this figure across county designations, clients from the Frontier area had the highest average of 1.30 cases each (*Figure 18*).

Regionally, the average number of cases per client was more consistent, between 1.11 and 1.43 cases each (*Figure 19*).

Figure 18 - Average Number of Cases per Client by County Designation (n=692)

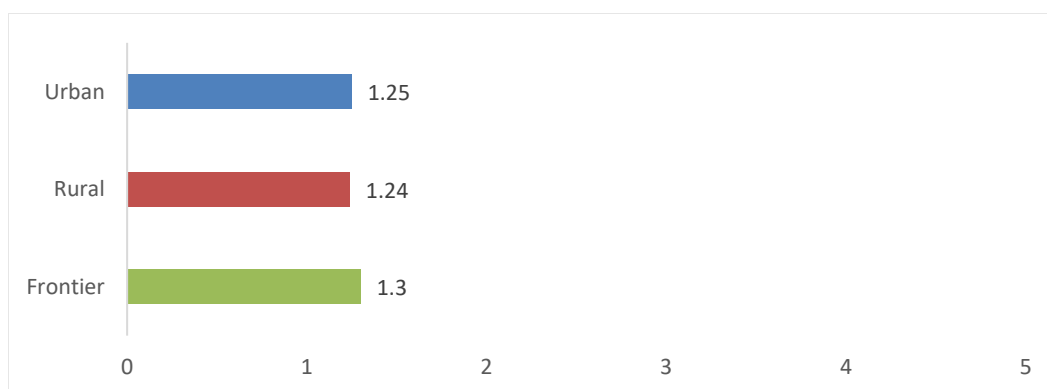
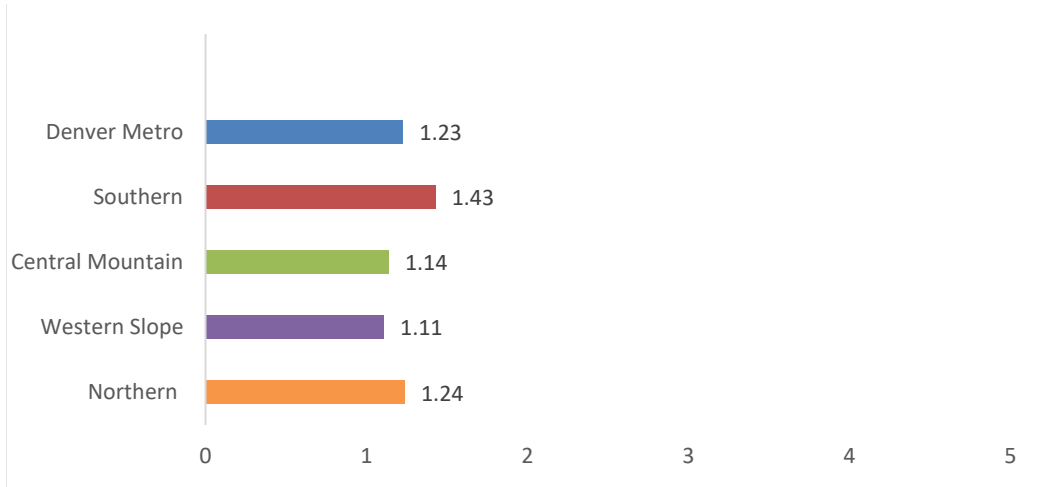


Figure 19 - Average Number of Cases per Client by Region (n=692)



Resource Navigation clients set goals in collaboration with their BIAC resource navigator. Statewide, clients average 2.62 goals that were defined throughout their Resource Navigation

cases. Survivors from Rural counties had the highest number of goals on average at 2.94 goals each (Figure 20).

Figure 20 - Average Number of Goals per Client by County Designation (n=692)

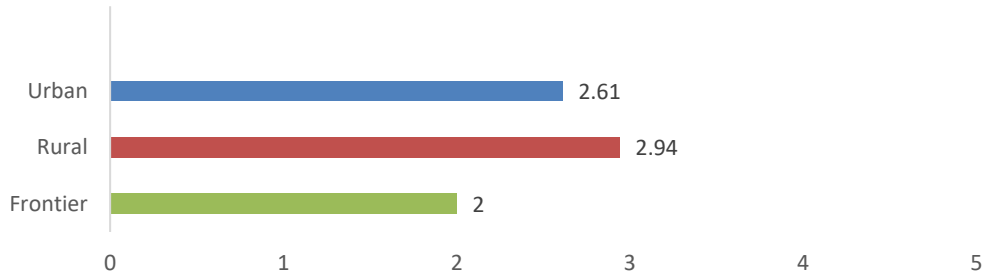
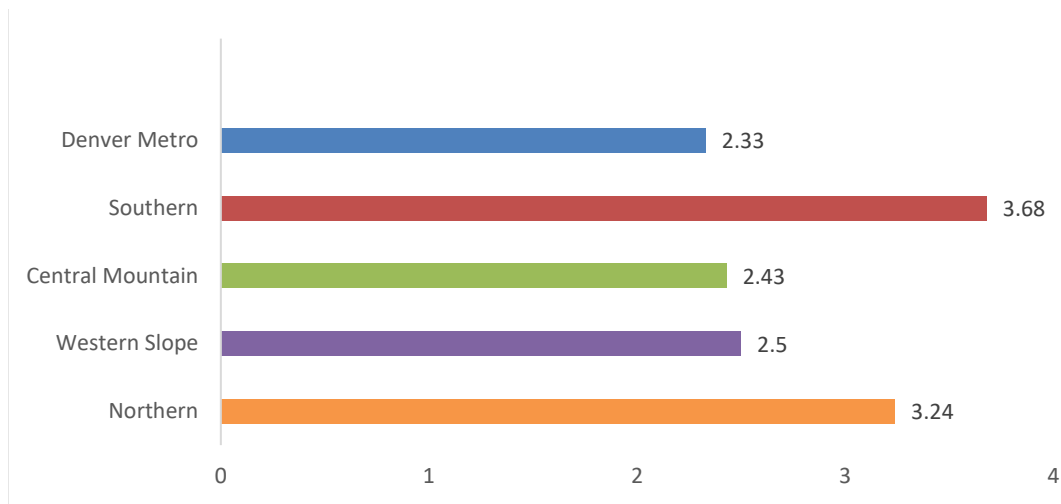


Figure 21 - Average Number of Goals per Client by Region (n=692)



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 FY21, personal support system goals were most popular in FY22, with 28.4% of goals assigned into the category. The personal support system category includes any activity where the resource navigator connects clients to other non-medical professionals who can assist them with their needs. In addition, personal support system goals include connection with a group, professional, loved one, or animal to aid in the recovery process. Following the personal support system goals, the second most common goal category included physical health goals (10.2%) which include any general health need including, but not limited to, dental, vision, and primary care. The third most common goal category included housing goals, with 9.2% of goals assigned as such. Housing goals involve

searching for, establishing, and/or maintaining a stable living situation, which can include financial support to do so.

Figure 22 – Percent of Total Goals by Goal Type Statewide (n=1811)

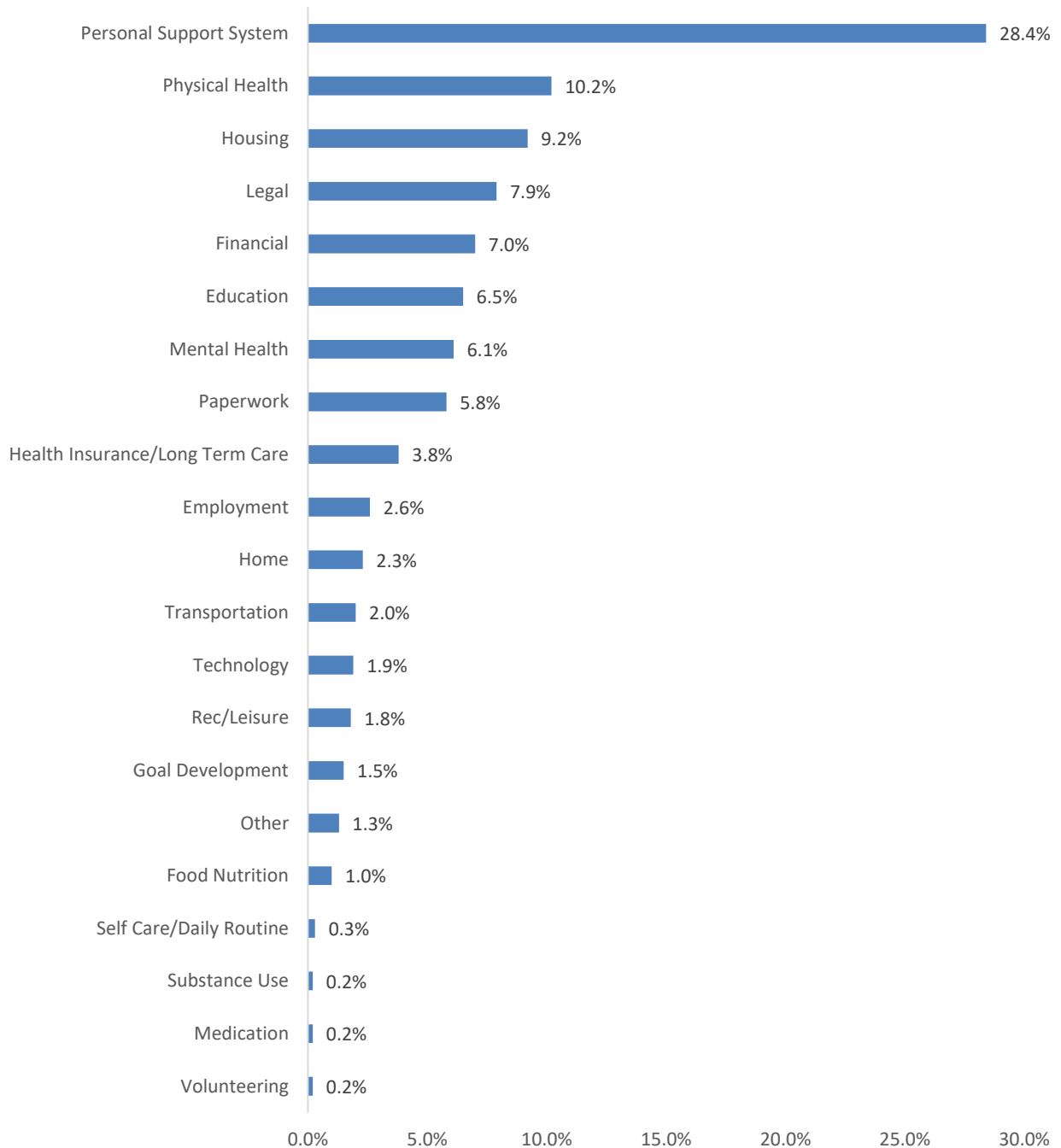


Figure 23 and *Figure 24* show the top goal categories for each county designation and region. For a breakdown across all goal categories for county designation and region, see *Appendix B: Resource Navigation Goal Categories by County Designation* and

Appendix C: Resource Navigation Goal Categories by Region.

Figure 23 - Percent of Goals by Top Goal Categories and County Designation (n=1811)

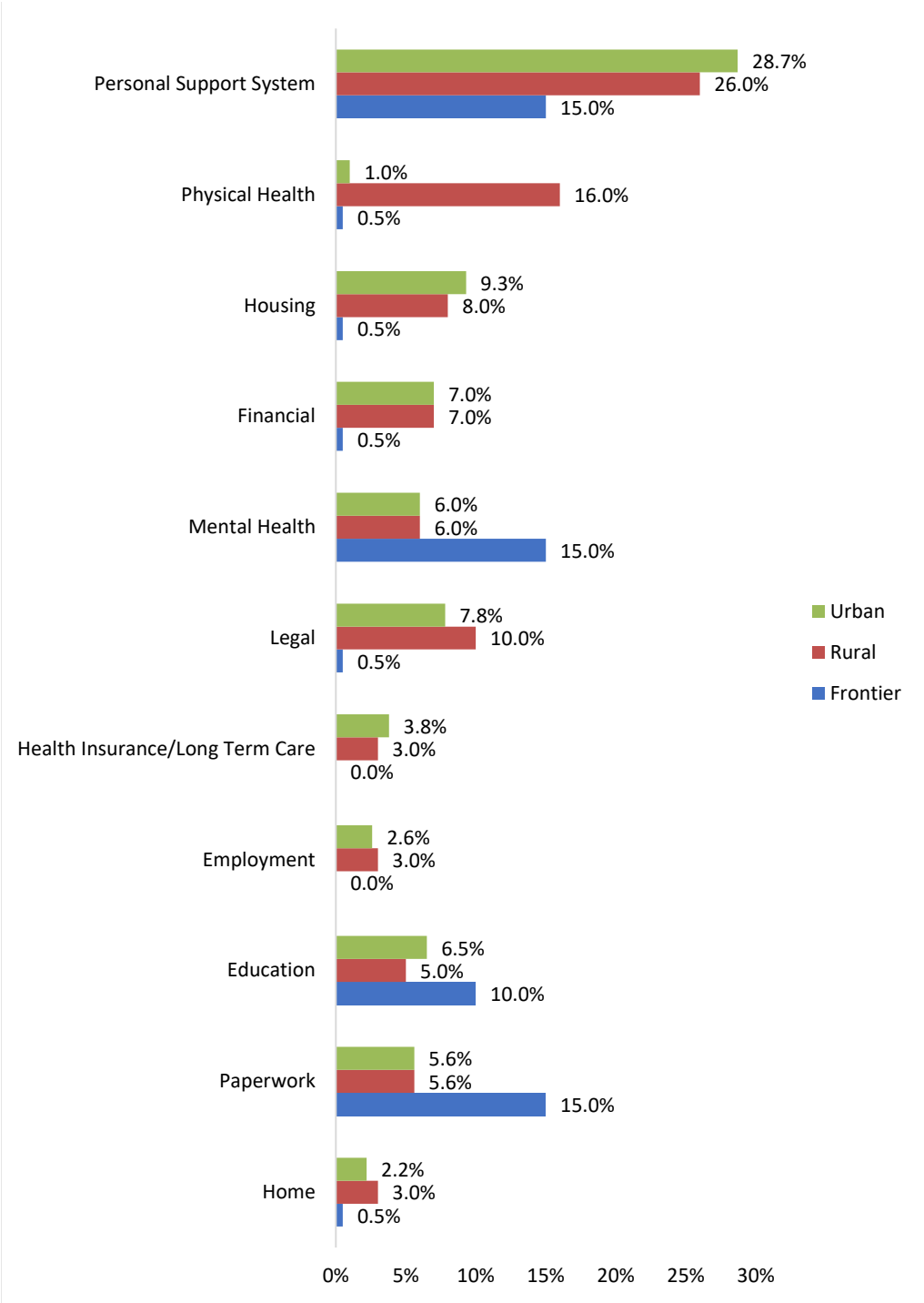
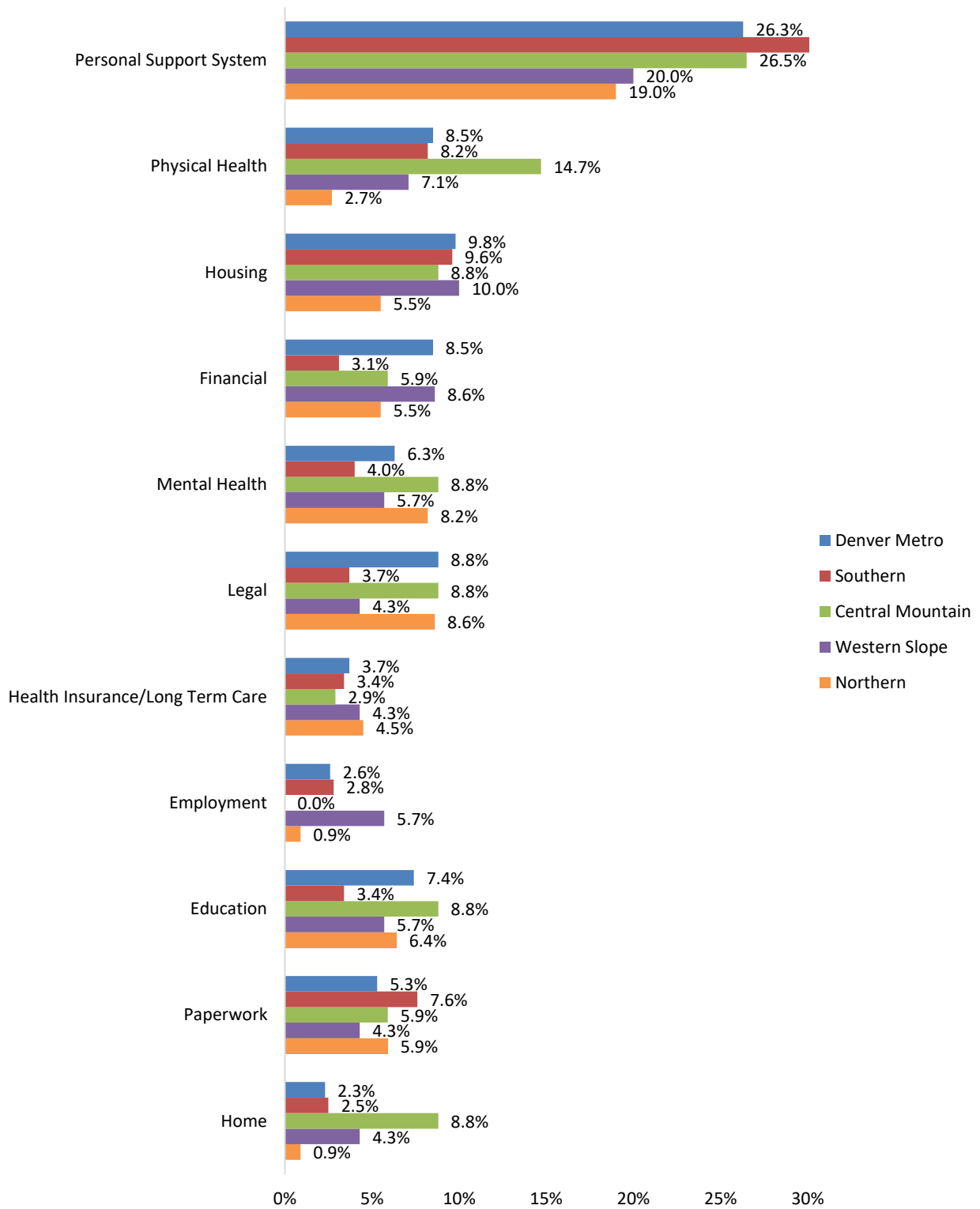


Figure 24 - Percent of Goals by Top Goal Categories and Region (n=1810)



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 30.4 days per case. Geographically, clients in the rural area had the highest average number of days spent on each case at 33.7 (*Figure 25*). When examining clients by region, clients in the Northern region had the highest average number of days spent on each case at 41.2, differing from FY21, when clients in the Denver Metro region experienced the highest average number of days between opening and closing a case.

Figure 25 - Average Number of Days from Case Creation to Case Closure by County Designation (n=692)

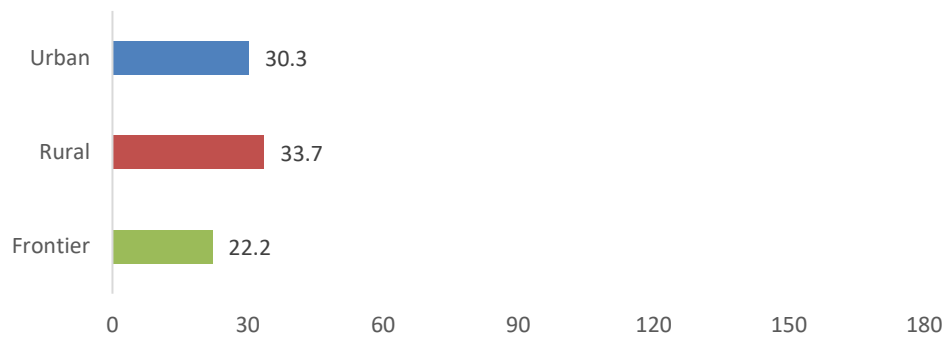
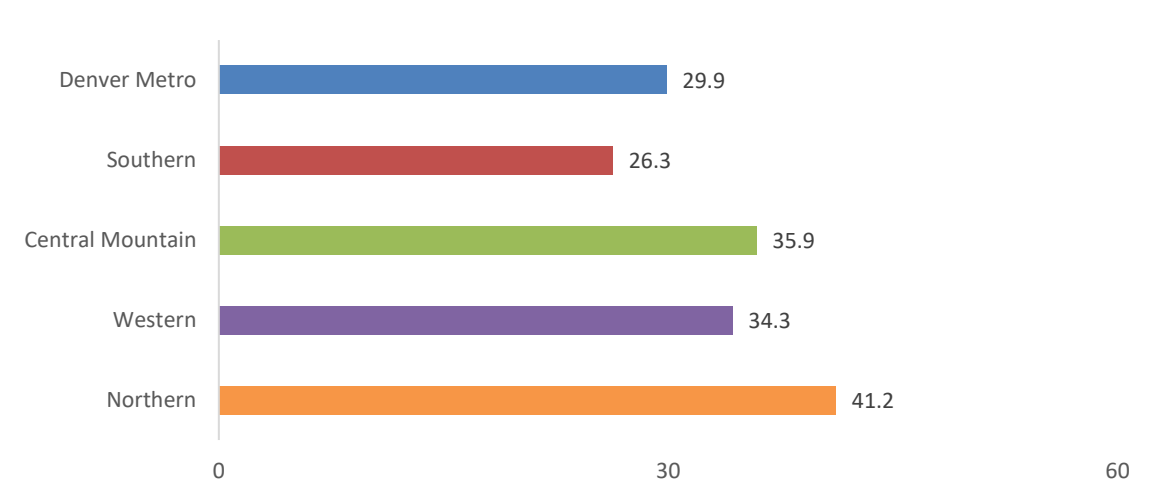


Figure 26 - Average Number of Days from Case Creation to Case Closure by Region (n=692)



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 this is their preference or especially if the nature of their needs demands face-to-face support - for example, assistance with paperwork or attending an appointment together. In FY22, fifty-two (8%) clients accessed support from an in-person resource navigator throughout the state in comparison to FY21,

when the COVID-19 pandemic affected services in which seven (1%) clients utilized in-person services (*Figure 27*). Clients in the Southern region accessed in-person support most frequently (18%) (*Figure 28*).

Figure 27 - Percent of Clients by County Designation Accessing In-person Resource Navigation Support (n=55)

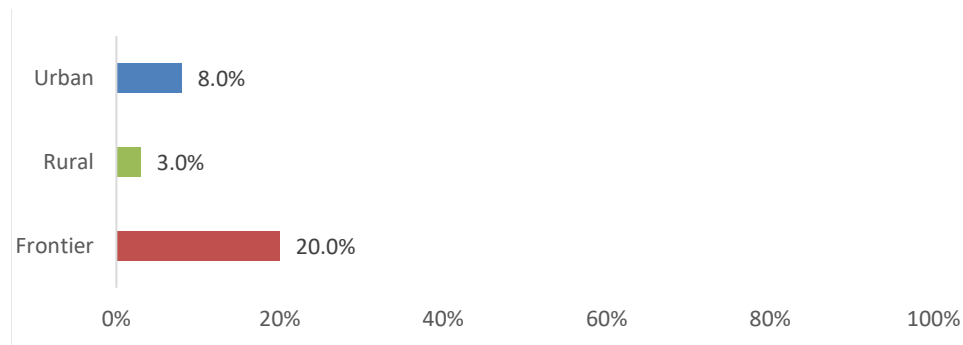
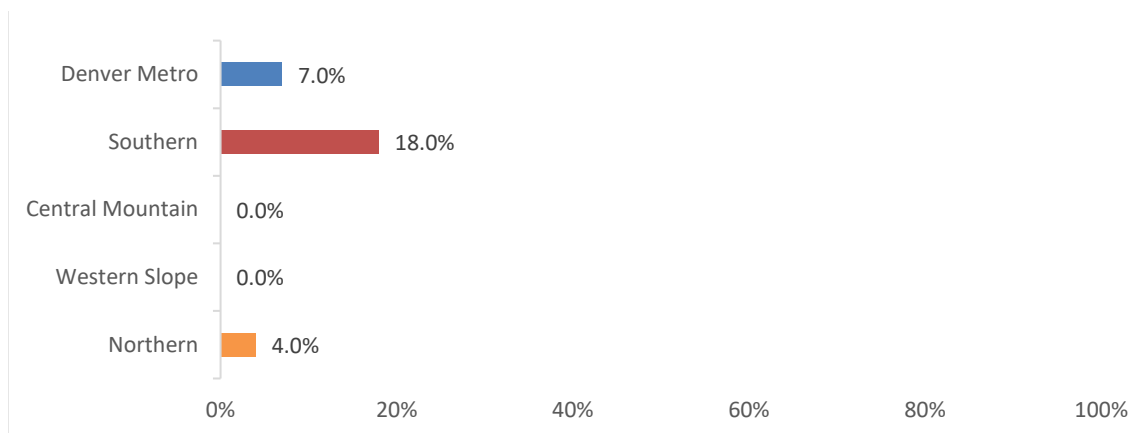


Figure 28 - Percent of Clients by Region Accessing In-person Resource Navigation Support (n=55)



Evaluation

BIAC's Resource Navigation program includes two evaluative elements: 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)

While participating in Resource Navigation services, client goals are written to reflect the specific need a client shares with their resource navigator. These goals are subsequently entered into the client’s case by the resource navigator. Goals are collaboratively advanced with the client, the resource navigator, and sometimes other professionals working as a part of the team.

Methodology (Goal Achievement)

Three possible statuses exist 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:

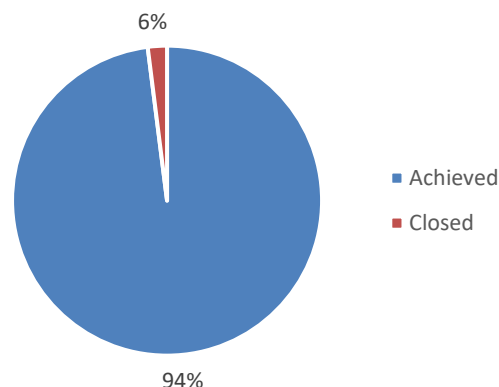
- Client requested goal closure
- Goal no longer applicable
- Resources / options exhausted
- Client case closed

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 FY22, 1,811 goals were reported within 864 total closed cases. The goal achievement rate for FY22 was 94% (*Figure 29*).

Figure 29 - Resource Navigation Goal Status (n=1811)



Conclusions (Goal Achievement)

Resource Navigation is designed to allow for a quick response to client needs and as a result the program has a limited intake and eligibility process. Resource navigators therefore experience an inherent bias that influences the way they write and record client goals. Specifically, goals are not written in the client's own words, but instead in the interpreted language of the resource navigator based on the programs' capacities and abilities.

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 may be written as "provide client with referrals for legal representation" or "assist client with exploring legal representation options." BIAC staff understand that many of the needs and goals that present during a Resource Navigation case 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, but rather their ability to connect them with legal services. 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 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 is automatically sent to the same primary phone number ([Appendix D: Resource Navigation Satisfaction Survey](#)

SMS Messages). 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 FY22 represents the survey responses from individuals following each case closure between July 1, 2021, and June 30, 2022. Only responses received prior to August 1, 2022, are included due to reporting deadlines.

Important to note:

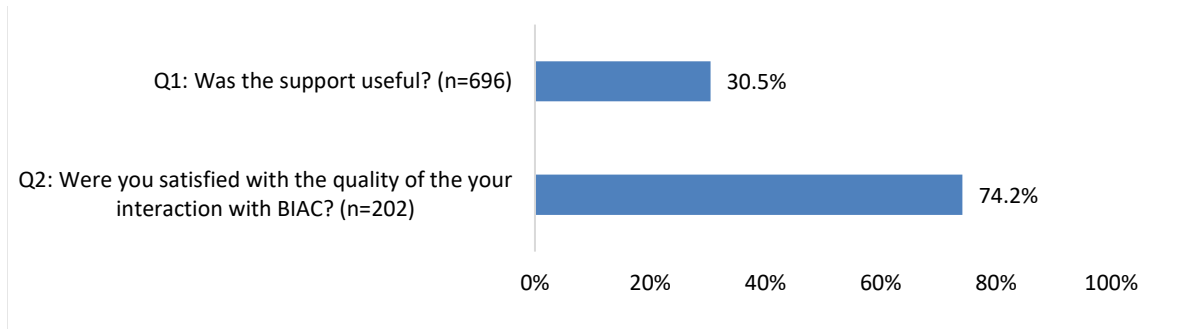
- Unique individuals can submit satisfaction survey feedback multiple times within the same fiscal year should they open multiple cases representing multiple instances of support. The rationale behind this is that each instance of support may be very different from the others in both types of need (speaking 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 note the type of phone number (landline vs. mobile) a client provides, however, this is not always accurate. Considering these factors, the responses do not constitute a representative sample of the service population.

Results (Satisfaction Surveys)

A total of 696 surveys were initiated for resource navigation in FY22, representing 80.6% of the closed cases (864). Of those 696 clients who were sent Question 1, 198 responded (yes or no) for a response rate of 30.5%. Fourteen clients responded with something other than yes or no that was not considered a proper response, therefore not contributing to the overall survey response rate. Question 2 was subsequently sent to 202 of the 212 that responded (yes, no, or

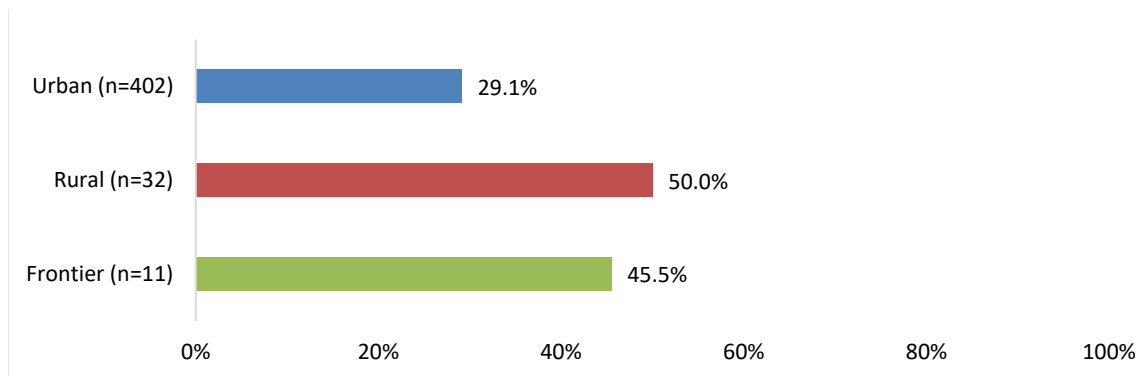
N/A), to Question 1. Of the 202 subsequent SMS messages, 150 responded for a response rate of 74.2% (Figure 30).²

Figure 30 - Resource Navigation Satisfaction Surveys Response Rate by Question



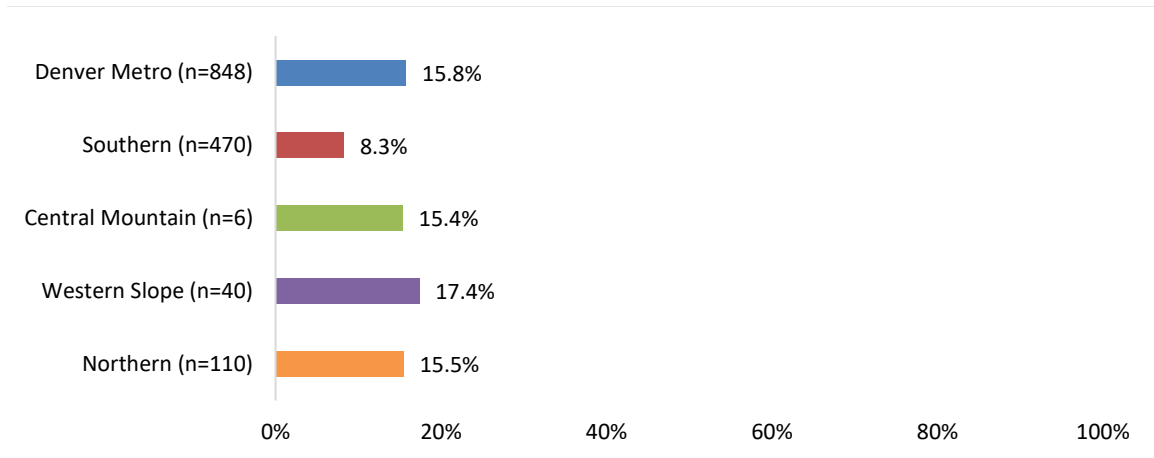
For Question 1, participants in Rural counties had the highest response rate of 50.0%. With respect to regions, the response rate was highest in the Western region (17.4%) and lowest in the Southern region (8.3%) (Figure 31, Figure 32).

Figure 31 - Resource Navigation Satisfaction Survey Response Rate by County Designation, Q1: Was the support useful? (n=696)



² Ten instances of question 2 were not automatically sent following a response to Question 1 (202 Question 2 sent vs. 212 Question 1 responses received). The reason for this is an unknown cause of technical malfunction by the SMS system within the database.

Figure 32 - Resource Navigation Satisfaction Survey Response Rates by Region, Q1: Was the support useful? (n=696)



Question 2's response rate was highest in Frontier counties (80.0%) and lowest in Urban counties (73.5%). By region, the response rate was highest in the Southern region (82.9%). The lowest response rate was the Northern region (55.6%) (Figure 32, Figure 33).

Figure 33 - Resource Navigation Satisfaction Survey Response Rate by County Designation, Q2: Were you satisfied with the quality of your interaction with BIAC? (n=202)

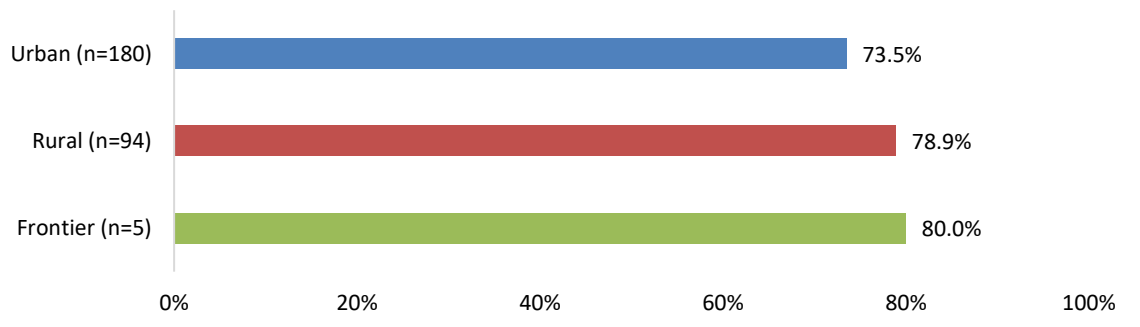
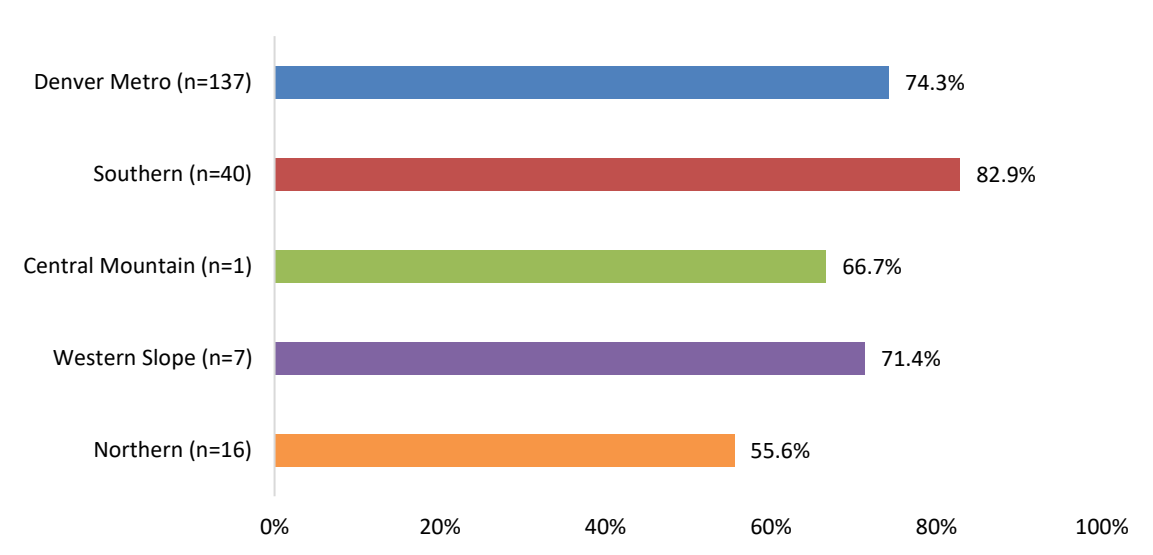
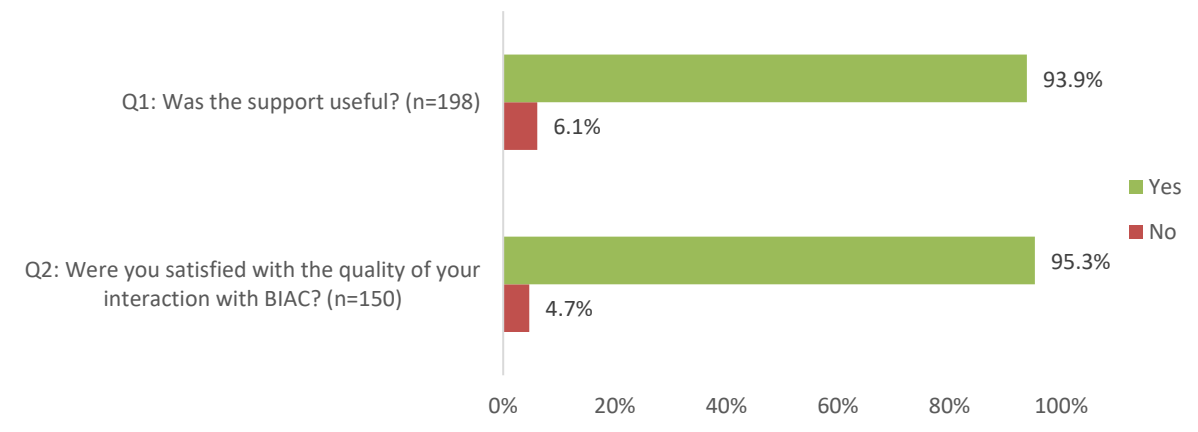


Figure 34 - Resource Navigation Satisfaction Survey Response Rate by Region, Q2: Were you satisfied with the quality of your interaction with BIAC? (n=202)



Feedback from clients who received and responded to one or both survey questions was largely positive. Statewide, 93.9% of clients responded yes to Question 1 and 95.3% responded yes to Question 2 (Figure 35).

Figure 35 - Resource Navigation Survey Responses Statewide by Question



For Question 1, the highest rates of affirmative responses came from clients in urban counties (94.4%), and the lowest came from clients in frontier counties (80.0%). Regionally, the highest rates of affirmative responses came from both the Northern and Central regions, all (100%) while the lowest came from the Western Slope region (71.4%), differing from FY21 in which the

lowest affirmative response came from the Denver Metro region (Figure 36, Figure 37). The majority of respondents in all regions indicated the support they received was useful.

Figure 36 - Resource Navigation Satisfaction Survey Responses by County Designation, Q1: Was the support useful? (n=198)

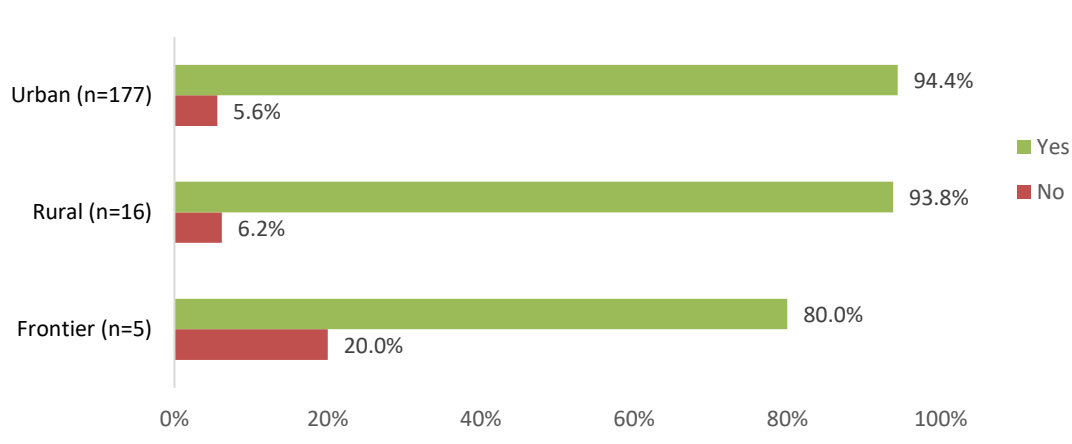
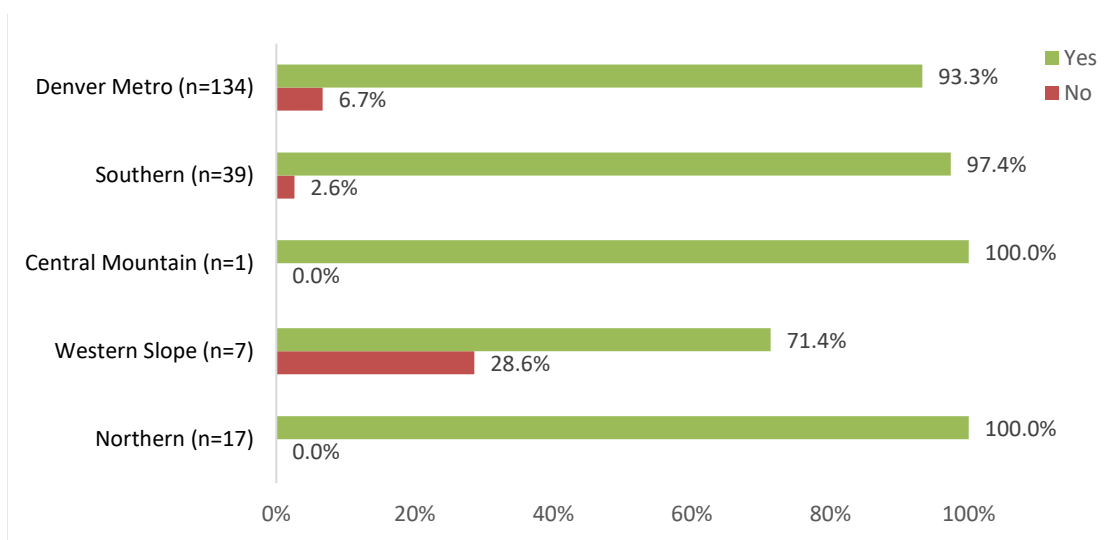


Figure 37 - Resource Navigation Satisfaction Survey Responses by Region, Q1: Was the support useful? (n=198)



For Question 2, the highest rates of affirmative responses came from clients in rural counties (100%), and the lowest came from clients in frontier counties (75.0%). 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, Central, and Northern. The lowest came from the Western region (80.0%) (Figure 39). In all regions, the majority of respondents indicated they were satisfied with the quality of their interaction.

Figure 38 - Resource Navigation Satisfaction Survey Responses by County Designation, Q2: Were you satisfied with the quality of your interaction with BIAC? (n=150)

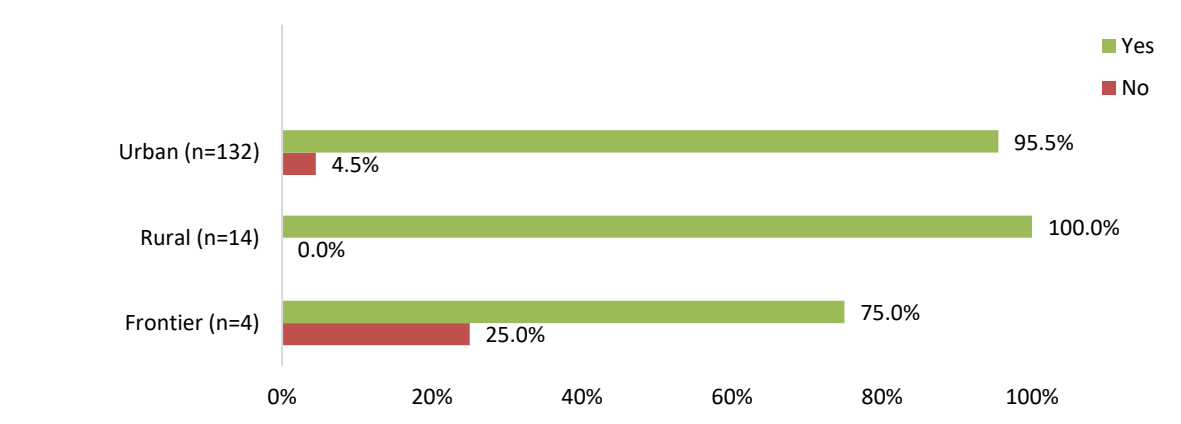
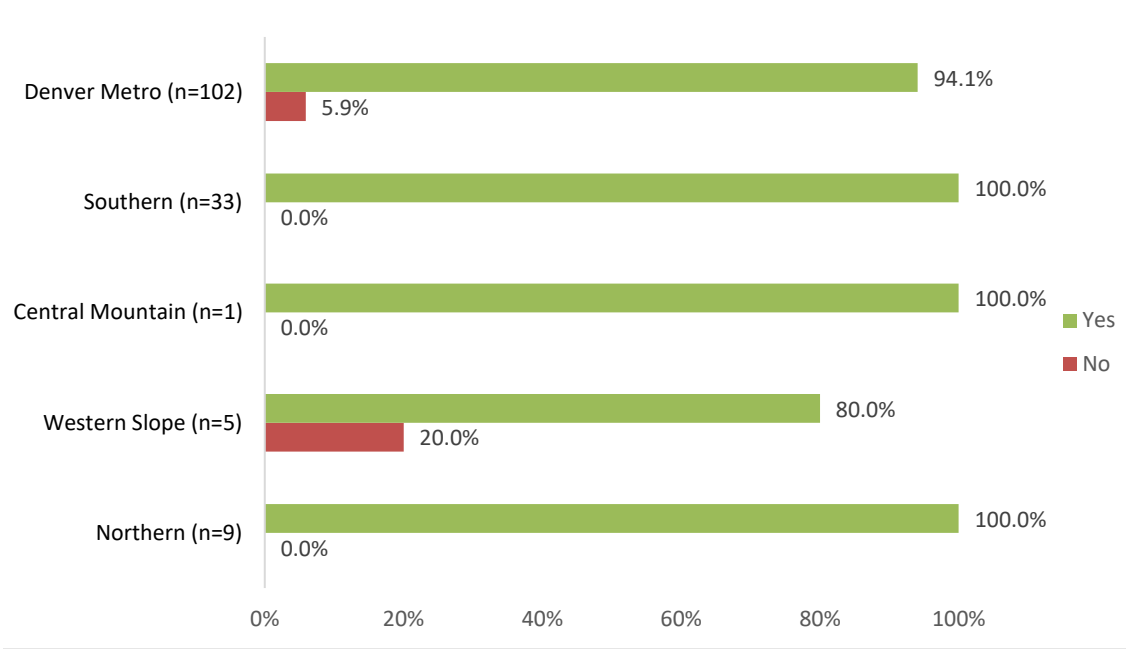


Figure 39 - Resource Navigation Satisfaction Survey Responses by Region, Q2: Were you satisfied with the quality of your interaction with BIAC? (n=150)



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

Conclusions (Satisfaction Surveys)

This is the fourth 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 consider 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 FY22.

Overall, Resource Navigation feedback remained positive in FY22, and rates of satisfaction are a bit higher than in FY21. In FY22, most respondents indicated the support they received was useful at 94.4%, higher than last year's rate of 92.3%. Similarly, most respondents indicated they were satisfied with the quality of their interaction with BIAC at 95.3%, higher than last year's rate of 88.5%.

Testimonials

"You're the only one that could make me see the light. You know how to put someone in a different state of mind."

- Resource Navigation client

"Now I feel so much stronger. Thank you for being so kind to me!"

- Resource Navigation client

"You're amazing. Out of everybody I know, of all the connections for all my health and everything, you're the only one that gets it. You're just patient with me and know how to slow me down."

- Resource Navigation client

Key Accomplishments

- In FY22, 94.4% of Resource Navigation clients indicated the support they received was useful which is higher than FY21's rate of 92.3%.
- In FY22, 95.3% of Resource Navigation clients indicated they were satisfied with the quality of their interaction with BIAC which is higher than FY21's rate of 88.5%.
- In FY22 55 clients met with an in-person resource navigator as compared to FY21 in which seven clients met with an in-person resource navigator. This is likely due to fewer COVID-19 restrictions.
- In FY22, a more diverse population of clients were served in Resource Navigation (higher percentages in minority groups).

Goals for FY23

- Maintain or increase Resource Navigation goal achievement rate.
- Increase in-person support for clients in the Central Mountain and Western regions.
- Increase consistency of service delivery and documentation across all resource navigators.
- 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 six-month post-outcomes survey.

Self-management

Program Overview

FY22 is the fifth year BIAC has offered self-management (SM) services 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 competence related to Personal Skills, Home Skills, and Vocational Skills, (specifics for each set of skills are listed in *Table 1*) 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

| Personal Skills | Home Skills | Vocational Skills |
|-------------------------|-----------------------------------|-----------------------------|
| Self-Advocacy | Using a calendar | Job Search |
| Social/Emotional Skills | Creating/Prioritizing To-Do Lists | Resume/Applications |
| Decision Making | Meal planning | Preparing for the Workplace |
| | Filing Paperwork | |

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. With continuing fluctuations in COVID-19 restrictions in the past year, the program was again conducted in a virtual format for several weeks. Clients who chose to pause services were assured that they would still get the full six-to-nine-month time in the program.

In FY22, a total of 90 individuals applied for self-management services. Of those 90 individuals, 75 started services within FY22. Reasons that an individual might not start services after being approved 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 FY22, 54 unique individuals completed self-management services (some of these were clients who began the program in FY21 but completed it in FY22). In FY22, self-management clients primarily resided in urban counties (*Figure 40*) and the Denver Metro region (*Figure 41*).

Figure 40 - Self-management Clients by County Designation (n=54)

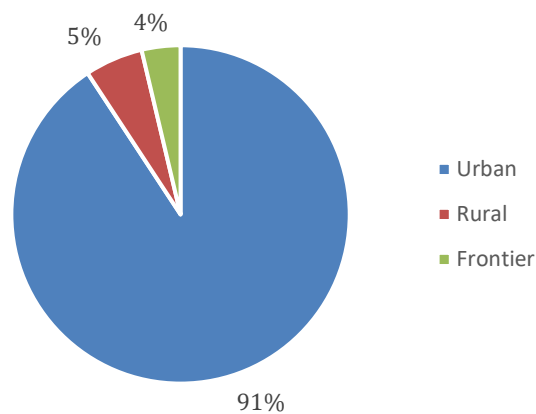
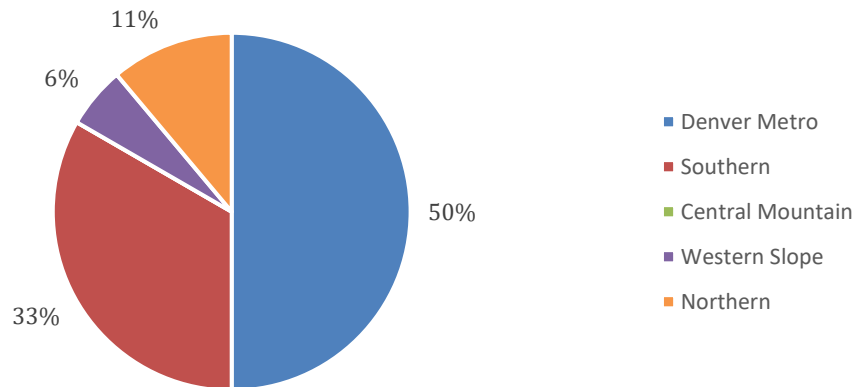
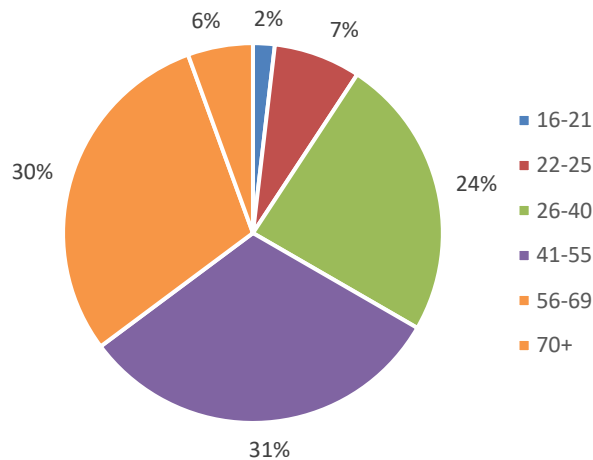


Figure 41 - Self-management Clients by Region (n=54)



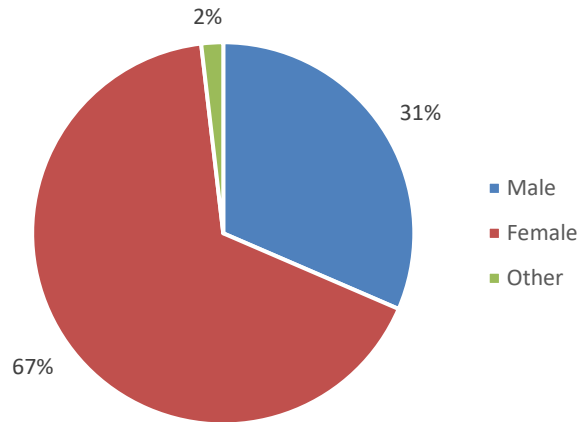
Self-management services are available for survivors who are 16 years or older and able to participate in the program independently. The youngest client in FY22 was 19 years old. This demonstrates an opportunity to provide additional outreach to youth that might be accomplished with support from BIAC’s program manager- education consultation/youth services. It was also noted that the largest group of participants in FY22 was the same as FY21 and included those ranging from 41 to 55 years old (Figure 42).

Figure 42 - Self-management Clients by Age (n=54)



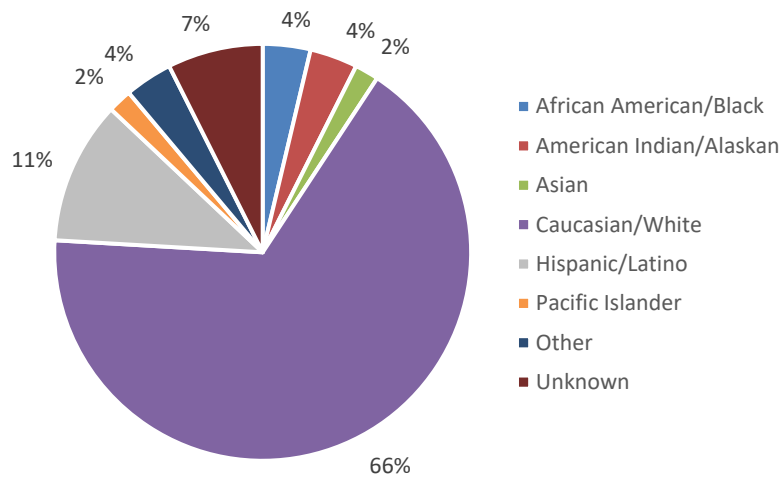
The gender distribution in self-management remained significantly more female than male in FY22, with twice the number of female participants (Figure 43). FY22 is the first time we have gender representation other than Male or Female, with one person identifying “Other”, as their gender.

Figure 43 - Self-management Clients by Gender (n=54)



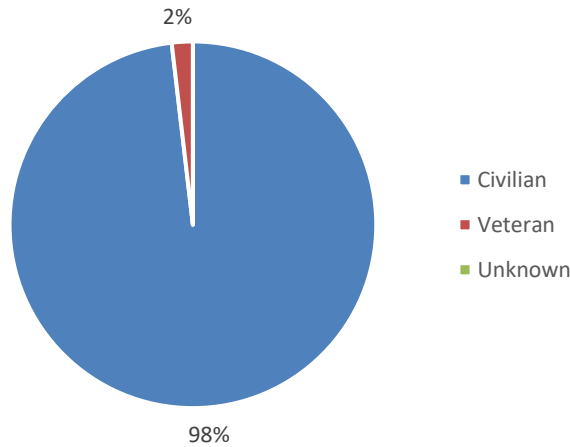
All races/ethnicities included in our data collection were represented in FY22 self-management clients. Caucasian/White survivors remained the majority of all clients. The 'Unknown' category is typically clients who decline to answer the question regarding their race/ethnicity. One hundred percent of clients indicated English as their preferred language.

Figure 44 - Self-management Clients by Race/Ethnicity (n=54)



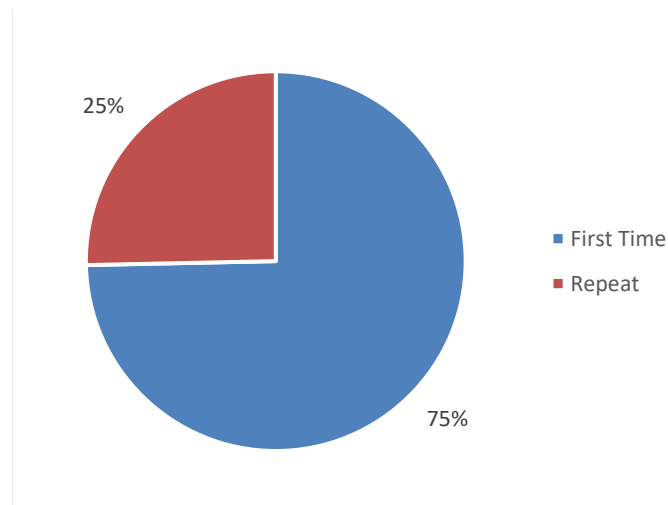
In FY22, BIAC served one veteran. This was a slight decrease from five in the previous year. All other self-management clients reported as civilian. (Figure 45).

Figure 45 - Self-management Clients by Military Status (n=54)



Three-quarters (75%) of participants were first-time clients. Nineteen clients re-applied to the program, representing the third consecutive year where the number of repeat clients has increased, indicating that clients continue to find value in the program and want to further benefit from self-management services. By the close of FY22, 26 clients had started their second round of self-management and eight clients had started their third round.

Figure 46 - Self-management Clients, First-time and Repeat (n=75)



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](#)). 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 obtained 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). Seventy-Five individuals started services in FY22, a 56% increase from FY21.

Collectively, clients worked on 104 functional task goals, with an average of 1.9 functional tasks goals per client. Due to staff turnover in the Central Mountain and Western Slope regions, Self-management participation in those regions was very low, zero and one client participant, respectively (*Figure 47, Figure 48*).

Figure 47 - Average Number of Functional Task Goals per Client by County Designation (n=104)

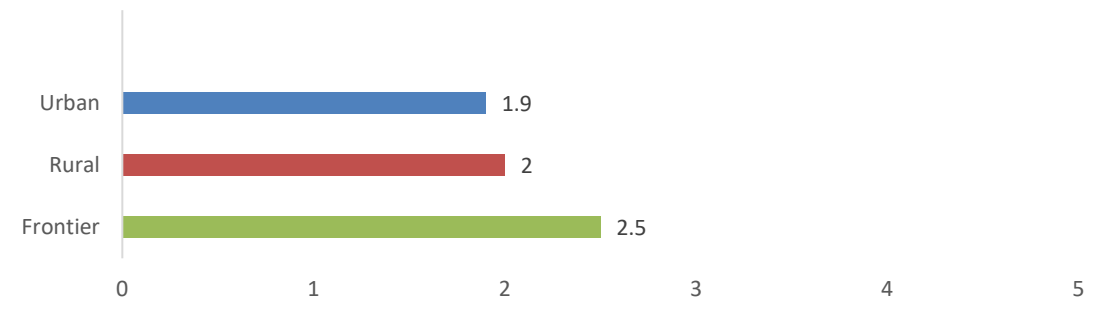
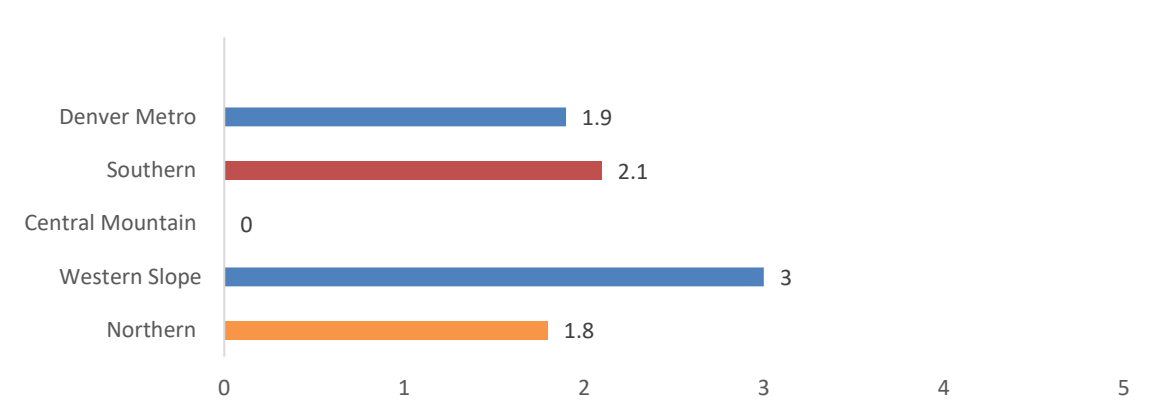
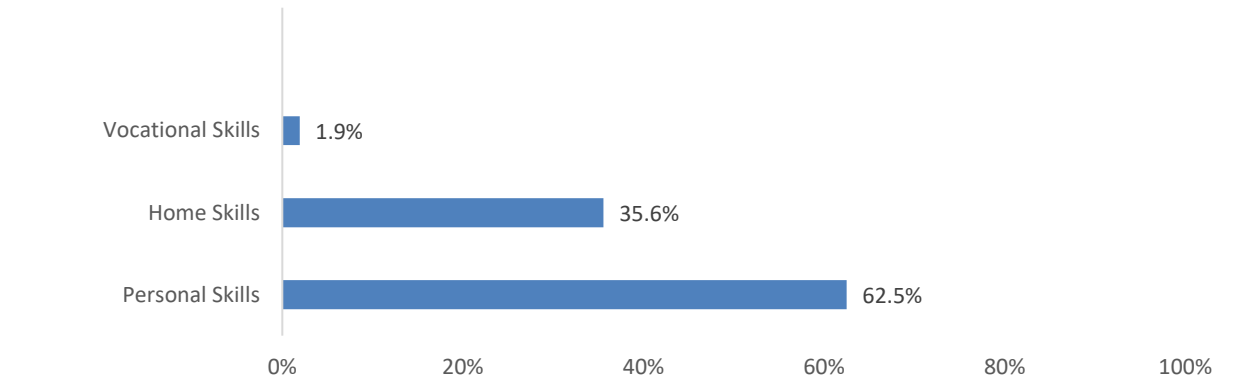


Figure 48 - Average Number of Self-management Functional Task Goals per Client by Region (n=104)



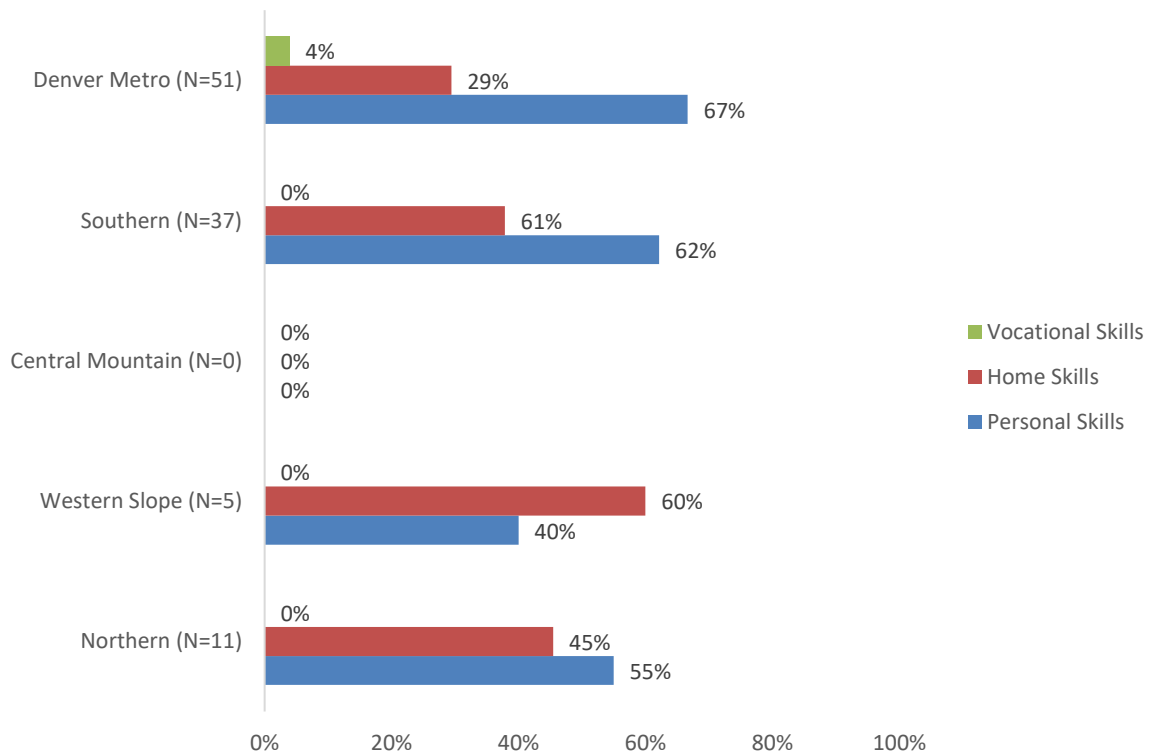
Of the 104 functional task goals, Personal Skills was the most popular, followed by Home Skills and Vocational Skills. Since this was this first year using the new goal categories, comparison to other years is not possible (*Figure 49*).

Figure 49 - Percentage of Self-management Functional Task Goals by Category (n=104)



The popularity of skill category was consistent across all regions except the Western Slope, where Home Skills were more popular than Personal Skills. Next year we intend to provide comparison data to determine which skills remain prevalent. In the future, skill categories can be compared for repeat clients as well. Do they continue to work and improve in the same skill areas, or do they opt for new skills when returning to the program? This information will help us to understand our program and our clients' needs.

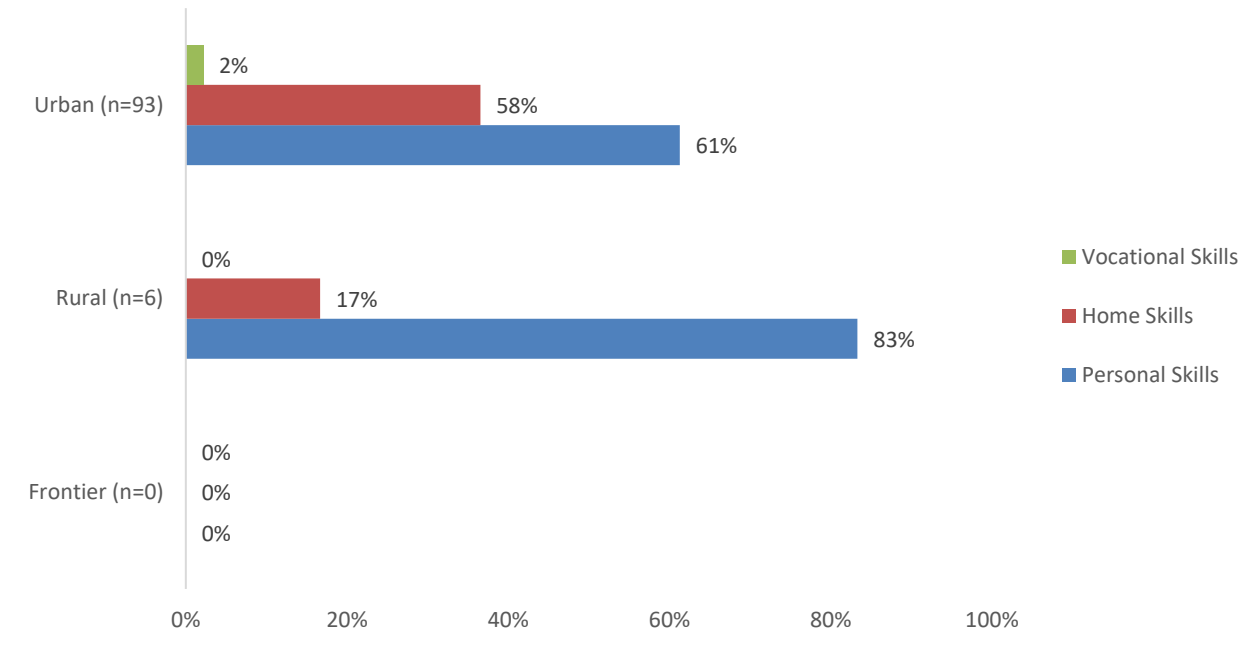
Figure 50 - Percent of Self-management Functional Task Goals by Category and Region (n=104)



This Fiscal Year, only Denver Metro clients chose Vocational Skills, indicating a need for staff in other regions to assess clients for vocational needs.

Due to staff turnover in frontier regions of the state, there were no clients in counties designated as Frontier, as displayed below (Figure 51).

Figure 51 - Percent of Self-management Functional Task Goals by Category and County Designation (n=104)



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 survey provides 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 client perspective. 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 participants. Goal attainment scales (GAS) are a tool

recommended by both that have been used in various formats of the Cognitive Rehabilitation setting for brain injury with success. GAS offers both client and advisor a simple, clear tool to track progress and report outcomes.

Methodology (Goal Attainment Scales)

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

To illustrate goal attainment scaling, an example from a FY22 Self-management client is summarized below.

*The client's goal is in the Home Skills 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 an efficient, functional system to keep all appointments.

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 client 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 client gets home.*
- *Review weekly with advisor during self-management meetings.*

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

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

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

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

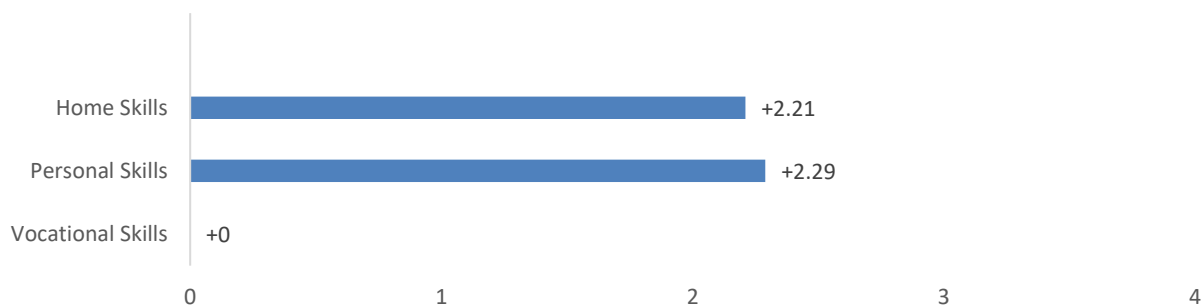
As services progress, the advisor and client regularly check-in using this scaling as a guide to assess how the client is doing with each goal. The advisor records the GAS and confidence scores at regular intervals (baseline, midpoint, and program completion) in client binder and Salesforce so that progress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

Results (Goal Attainment Scales)

In FY22, from baseline to completion, GAS scores across all functional task goals had an average change of +2.23 (up from +2.18 in FY21), indicating notable progress made by all clients toward goal achievement.

When broken down by functional task type, Home Skills and Personal Skills showed similar amounts of improvement, and Vocational Skills demonstrated no change, positive or negative (*Figure 52*). This indicates client achievement in both Home and Personal 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 52 - Self-management Average Change in Goal Attainment Scaling by Functional Task Category (n=104)



Conclusions (Goal Attainment Scales)

In the self-management program, clients continue to show improvement in their efforts to attain, develop, and improve 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)

Similar to the GAS above, 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 BIAAC uses this to measure success is two-fold. First, BIAAC 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 throughout all aspects of life, such as attempting to learn a new skill. In many cases, confidence in oneself the first step on the path to goal attainment. The second reason BIAAC evaluates program outcomes with client confidence is because of the frequent issues with initiation that survivors of brain injury face, which lead to inaction. BIAAC believes that if confidence in one's ability to perform a task increases, this positive momentum will lead to fewer issues with initiation and greater success in learning or fine-tuning existing skills.

Methodology (Confidence Scales)

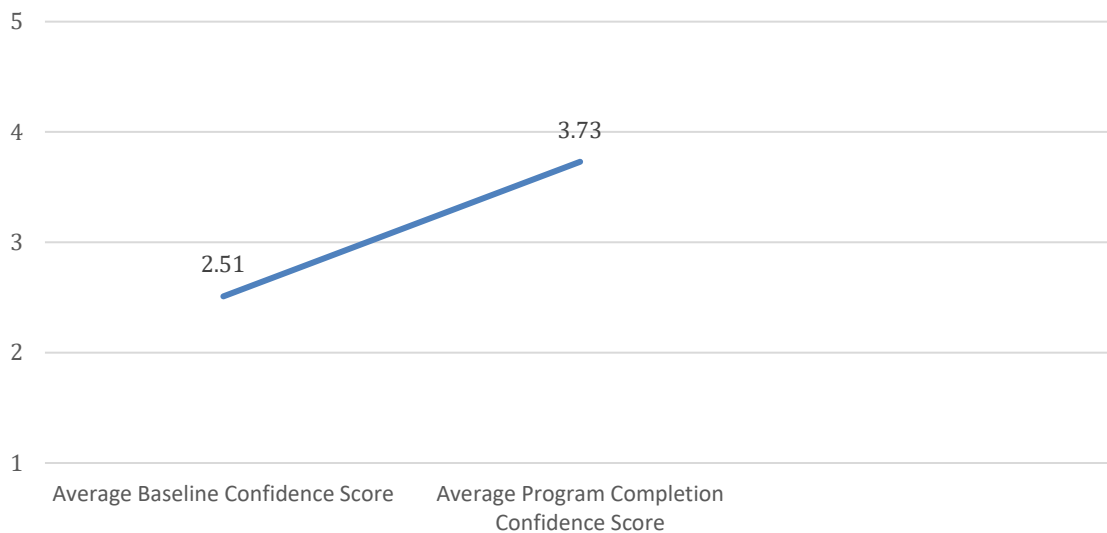
The confidence scale is administered at baseline, midpoint, and program completion by asking the client to self-report their own confidence level for each goal on a scale of 1 to 5, where 1 =

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)

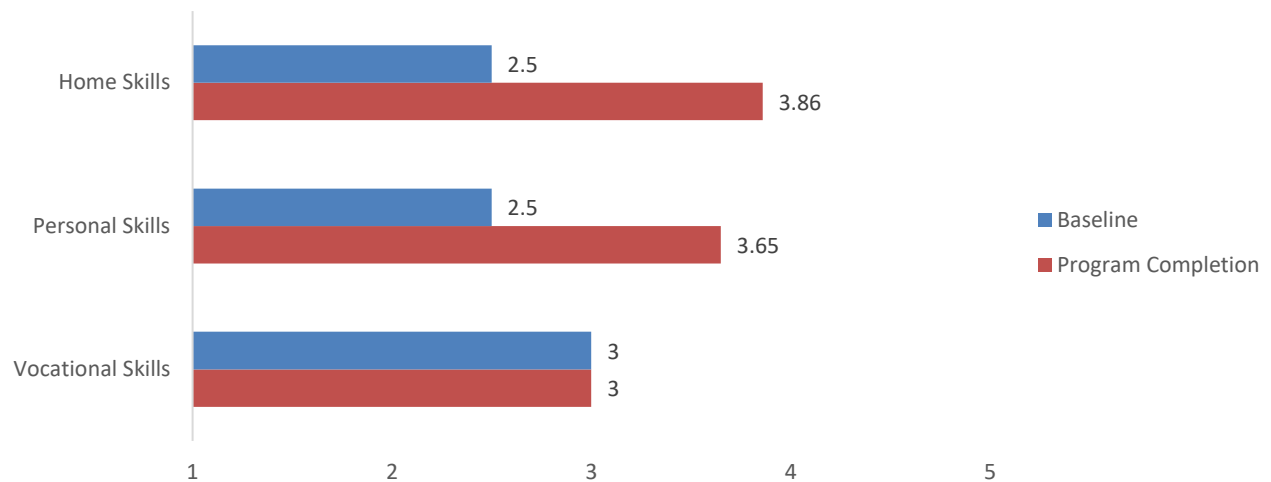
Average baseline confidence scores were slightly higher than FY21 (2.51 vs 2.45), indicating that clients are starting off at a higher level of confidence. Tracking these numbers over time may indicate that clients who repeatedly engage in self-management start off at a higher level of confidence, even when approaching new skills. This year’s figures indicate a 48% increase in confidence for FY22 (Figure 53). Building confidence correlates to goal achievement.

Figure 53 - Self-management Average Change in Confidence Score



Breaking down client confidence by functional task category, clients entered services with the highest confidence in Vocational Skills, but overtime, showed no change in confidence. Clients entered the program with similar confidence in Home Skills and Personal Skills tied at 2.5. By program completion, the greatest improvement in confidence occurred in Home Skills. (Figure 54).

Figure 54 - Self-management Average Change in Confidence by Functional Task Category



Conclusions (Confidence Scales)

Confidence scale scores increased in all functional task areas except Vocational Skills which remained unchanged. As the program continues into its fifth year (FY23), and more clients re-enter services after their six-month period of practice, BIAC will 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 also be measured in comparison to GAS scores to examine 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 client perspective. 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.³ Participation in the survey was voluntary but encouraged.

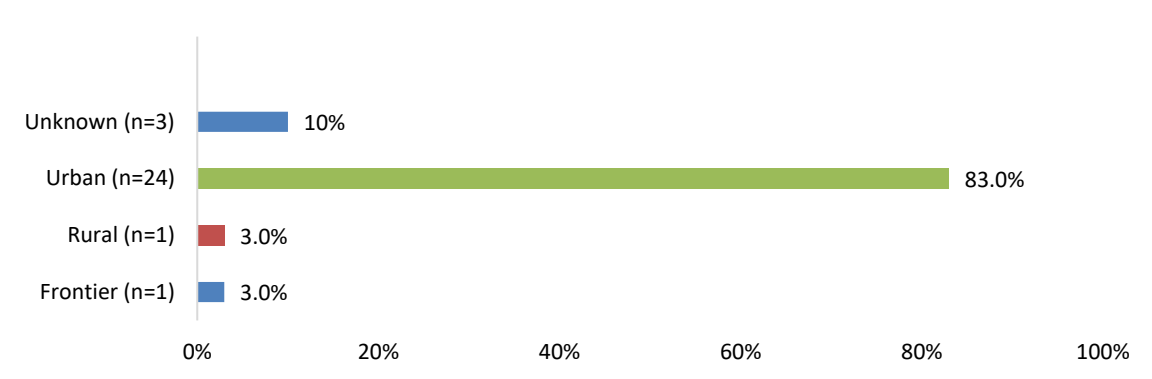
³ MINDSOURCE and BIAC have made a concerted effort to expand person-centered programming and policies, and as such, have agreed that the format of the survey will be based

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)

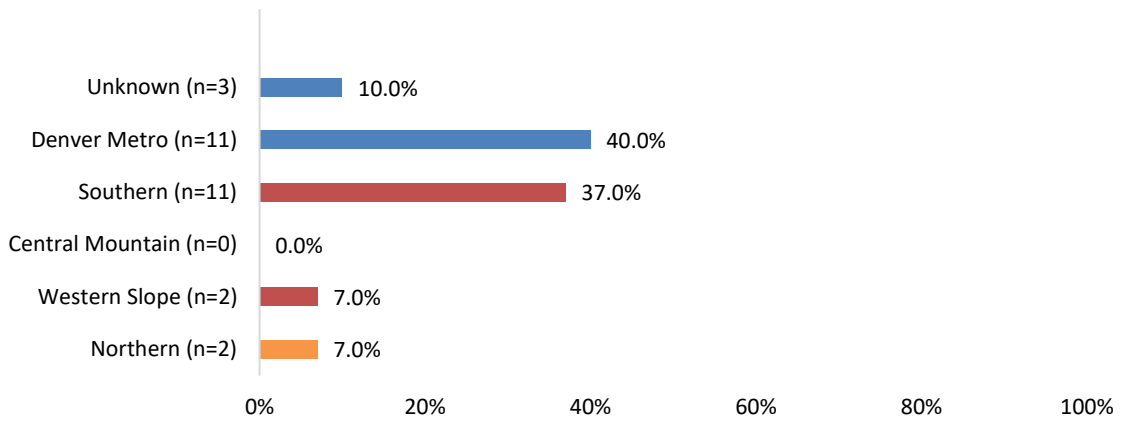
In FY22, 54 individuals (100% of self-management clients) were offered the opportunity to complete the end of program satisfaction survey. Of those 54, 30 (56%) submitted responses. This is down slightly from a 61% response rate in FY21. Response rates were highest in urban counties at 83%. By region, response rates were highest in the Denver Metro and Southern region ([Figure 55](#), [Figure 56](#)).

Figure 55 - Self-management Satisfaction Survey Response Rates by County Designation (n=30)



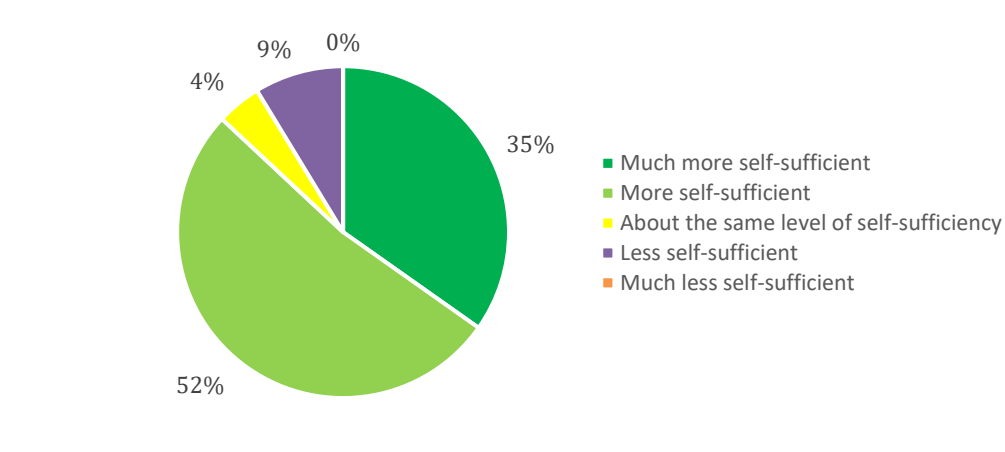
on the client’s preferred method of (cont.) communication. This can lead to inconsistencies in the completeness of survey responses (i.e., a “required” question on an electronic survey can be left blank on a hard-copy survey).

Figure 56 - Self-management Satisfaction Survey Response Rates by Region (n=30)



When asked, “Overall, how self-sufficient do you feel since you began participating in BIAC's Self-management program?”, nearly every respondent who completed the program (86.9%) indicated that they felt “much more self-sufficient” or “more self-sufficient” (Figure 57). These figures are comparable to results in FY21.

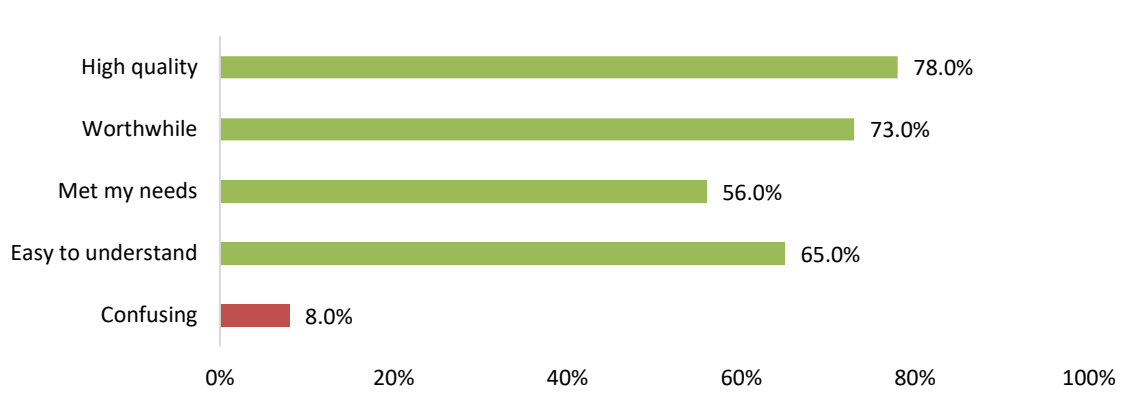
Figure 57 - Self-management Satisfaction Survey, Question: Overall, how self-sufficient do you feel since you began participating in BIAC's Self-management program? (n=23)



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 (78%), worthwhile (73%), met my needs (56%), and easy to understand (65%). All of those metrics increased from FY21. Two respondents indicated that the program was confusing (8%) (Figure 58).⁴

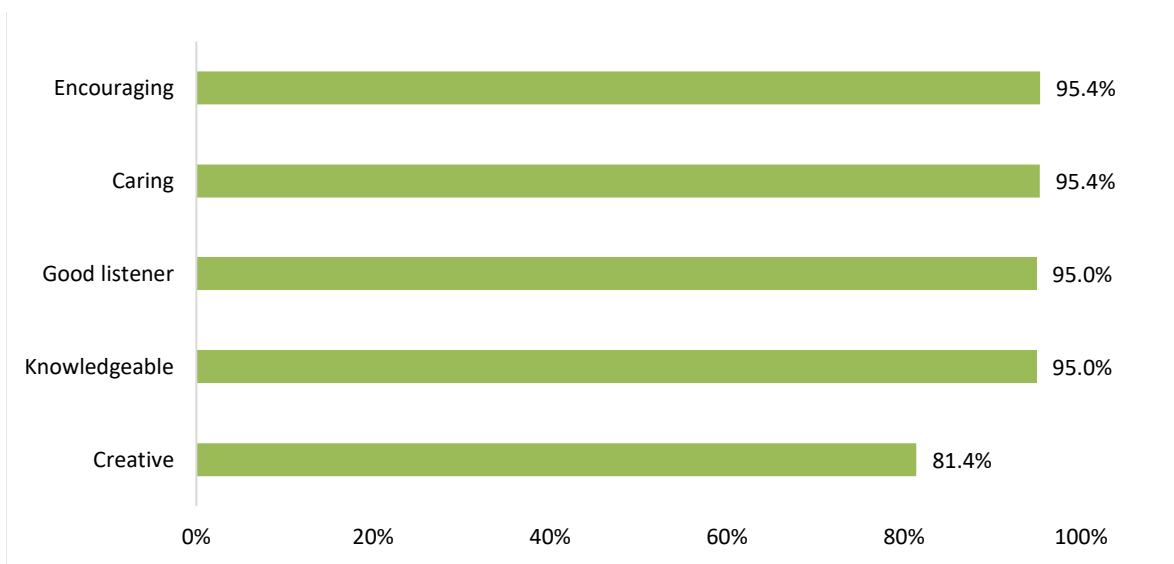
⁴ Response options included: high quality, worthwhile, met my needs, easy to understand, poor quality, not a good use of my time, did not meet my needs, confusing.

Figure 58 - 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=23)



Overwhelmingly, clients indicated the working relationships with their brain injury advisor were 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. In fact, not one negative descriptor was selected by any client (Figure 59).⁵

Figure 59 - Self-management Satisfaction Survey, Question: Which of the words below would you use to describe your brain injury advisor? Select all that apply. (n=23)

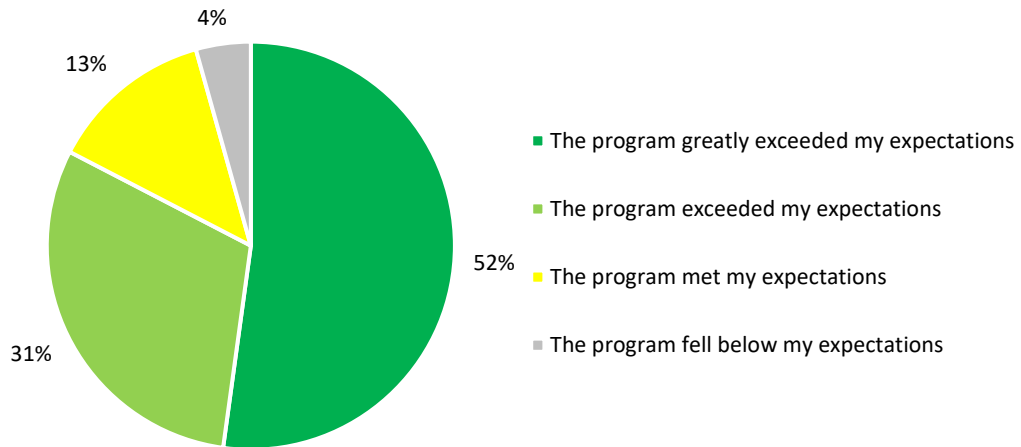


Eighty-three percent of respondents indicated that the self-management program greatly exceeded or exceeded their expectations. Three clients indicated the program met their

⁵ Response options included: encouraging, caring, good listener, knowledgeable, creative, discouraging, uncaring, poor listener, unknowledgeable, and uncreative.

expectations, and one respondent said the program fell below their expectations (*Figure 60*).⁶ One hundred percent of respondents said they would recommend the program to others.

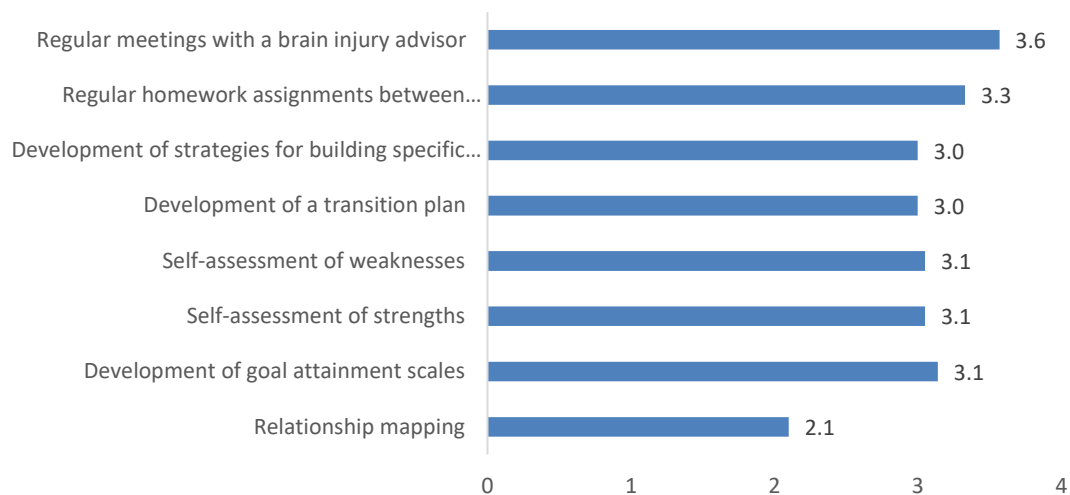
Figure 60 - Self-management Satisfaction Survey, Question: Overall, how did BIAC's self-management program align with your expectations? (n=23)



When assessing the components of the self-management program, regular meetings with advisors ranked as the most valuable element with an average rating of 3.6 out of 4. Relationship mapping was the least valuable tool at 2.1. These findings are consistent with FY21⁷ (*Figure 61*).

⁶ Response options included: the program greatly exceeded my expectations, the program exceeded my expectations, the program met my expectations, the program fell below my expectations, the program fell far below my expectations, no response.

Figure 61 - Self-management Satisfaction Survey, Question: In your experience, how valuable were each of the following components of BIAAC's Self-management program in helping you become more self-sufficient? (n=23)



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

Conclusions (Satisfaction Surveys)

As mentioned previously, MINDSOURCE program areas and service offerings have diversified, and the frequency at which BIAAC solicits client feedback has 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 FY22 were at 53% which is slightly lower than FY21 (61%).

Overall, feedback on the self-management program remained very positive in FY22 and is consistent with feedback received in previous years. Clients are feeling more self-sufficient at the end of the program, are working well with their advisors, report that the program exceeds their expectations, and that they would recommend it to others.

Testimonials

“One of the best decisions I made since my injury was signing up for this program.”

– Self-management client

“This program and my advisor specifically changed my life. I use the skills I learned every day and they have gotten me through many circumstances.”

– Self-management client

“Excellent! Highest quality of support I have ever had in brain injury rehabilitation.”

– Self-management client

“My advisor is the first person who really understood me and the challenges I was facing.”

- Self-management client

Key Accomplishments

- Increased client enrollment 56% from FY21.
- Served clients from a variety of racial and ethnic backgrounds.
- Successfully launched new skill categories into program application.
- Minimized program uninterrupted during COVID-19 surges by offering virtual and hybrid options.
- Maintained returned survey responses above 25%.
- Increased number of clients re-entering self-management program for a second and third time.

Goals for FY23

- Continue collaborating with the program manager-systems outreach, the program manager- education consultation/youth services, and the DEI committee at BIAC to attempt to diversify the clients who participate.
- Continue efforts to meet or exceed minimum survey response rates of 25% at the state, region, and county designation levels by ensuring that advisors provide the surveys to clients using their preferred method of communication, identifying supports for completing the survey if needed, reminding clients of the importance of providing feedback to maintain, improve, and grow the program, and evaluate a strategy to following up with non-responders
- Analyze data to find patterns in client outcomes for those returning to the program multiple times. This information will assist BIAC in better understanding the needs of repeat clients over the long term.

Youth Education Consultation

Program Overview

The education support provided by BIAC is available for 10 months and aligned with the school year, and therefore services were available August through May of FY22. The youth education liaison delivered consultative services in all five regions of Colorado to parents, school professionals, and community providers. The services provided in FY22 are the same as those provided in previous years of the contract, and include:

- 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 agency staff.

Client Demographics

In FY22, a total of 25 unique individuals received education consultation services. Most youth clients (92%) accessed services in urban areas, while 8% accessed services in rural areas, and zero clients accessed services in frontier areas (*Figure 62*). Services were concentrated in the Denver Metro region, with 48% of clients accessing services there; however, services reached most regions of the state, with 24% accessing services in the Southern region, 20% in the Northern region, 8% in the Central Mountain region and 0% in the Western Slope region (*Figure 63*).

Figure 62 - Education Consultation Clients by County Designation (n=25)

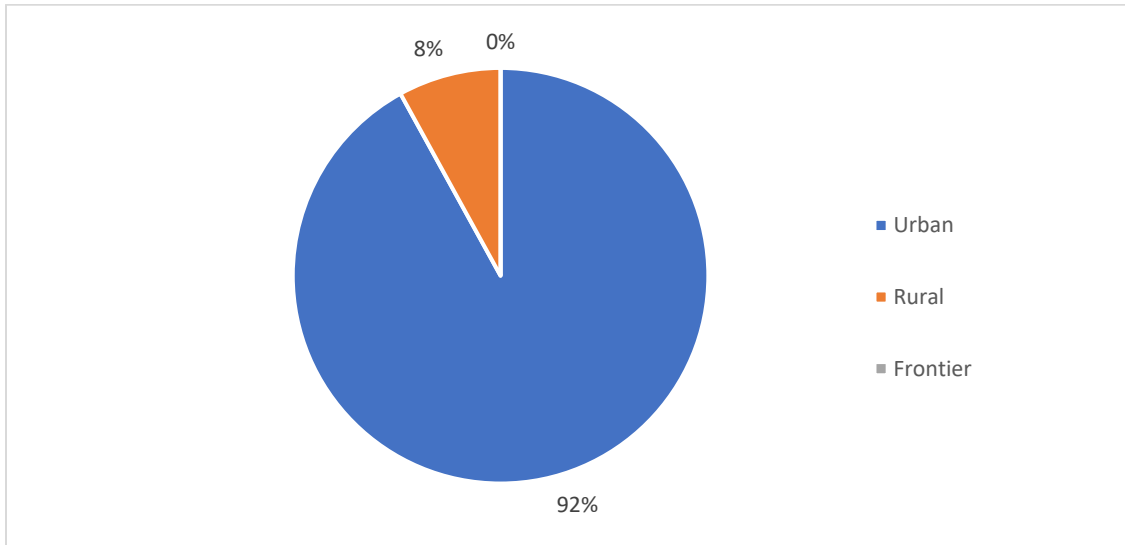
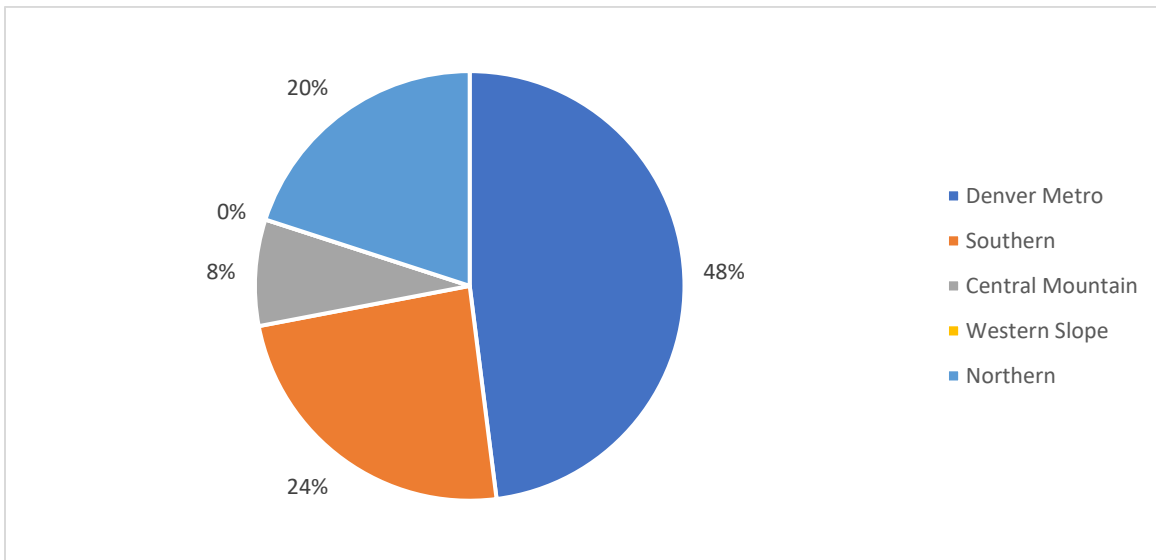
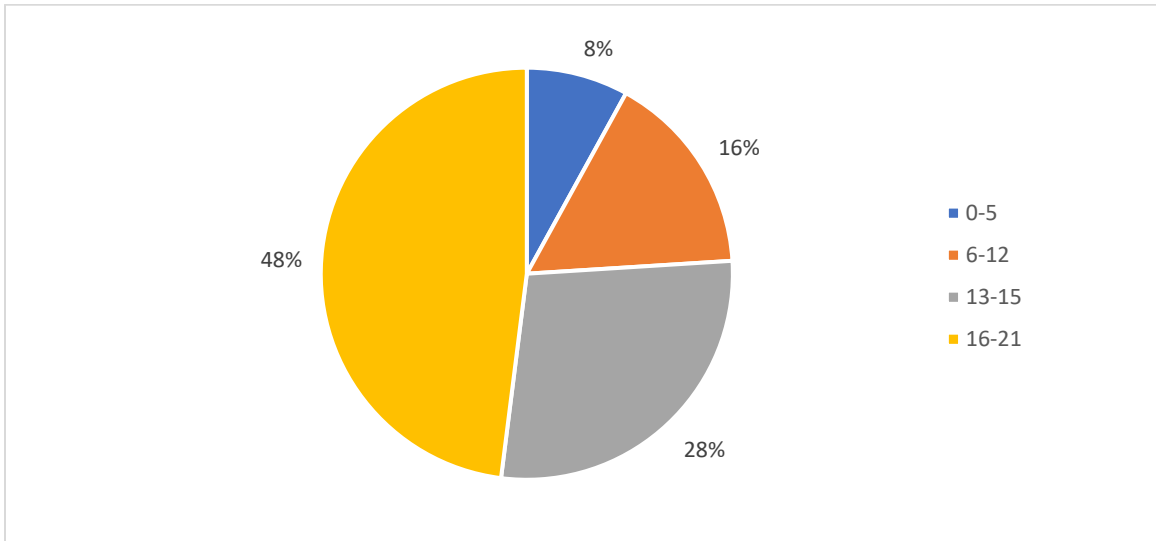


Figure 63 - Education Consultation Clients by Region (n=25)



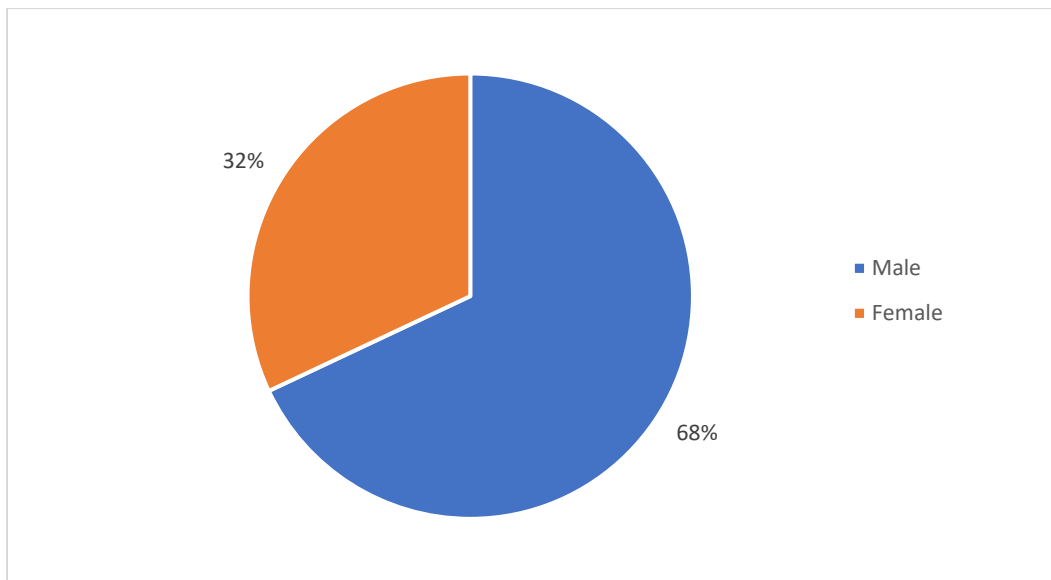
Youth clients must be 21 years old or younger to be eligible for education consultation services. Clients were primarily in between the ages of 13 and 15 (28%) and 16 to 21 (48%). A smaller number of clients were in the 0 to 5 age range (8%) or between 6 and 12 (16%). These age ranges also correspond with educational periods, namely early childhood education, elementary school, middle school, and high school (Figure 64).

Figure 64 - Education Consultation Clients by Age Range (n=25)



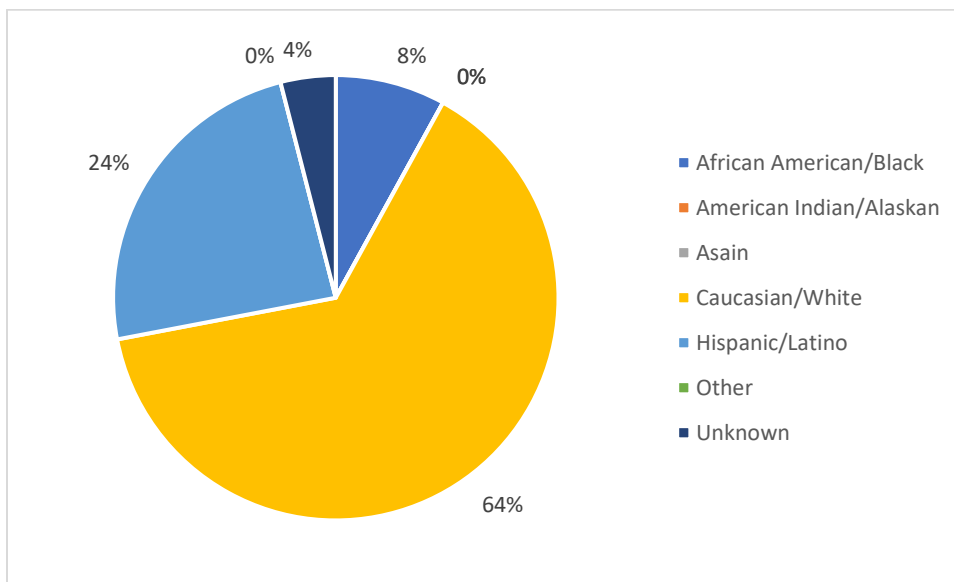
68% of youth clients identify as male, and the 32% identify as female (Figure 65).

Figure 65 - Education Consultation Clients by Gender (n=25)



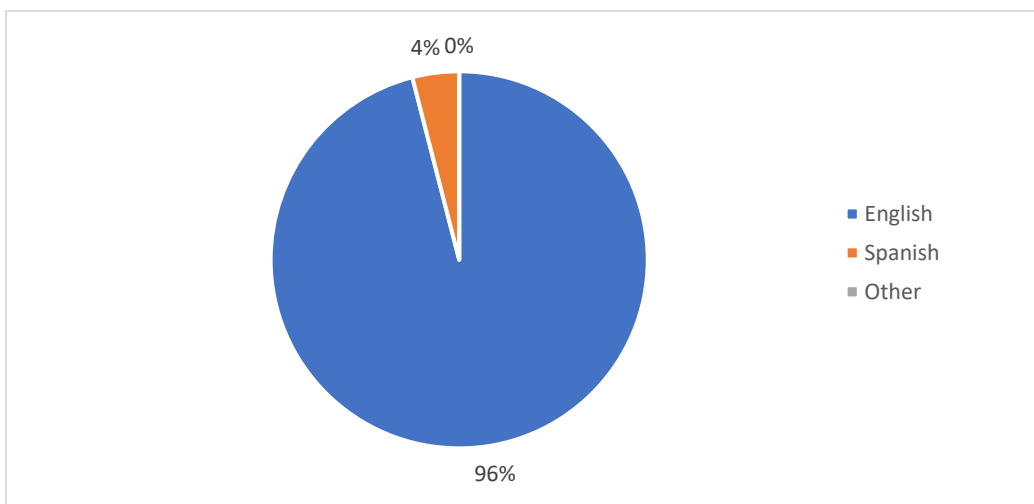
Over half of youth clients identified as Caucasian/white (64%), and almost one-quarter identified as Hispanic/Latino (24%). Eight percent identified as being African American/Black. No clients (0%) identified as American Indian/Alaskan or Asian and 4% identified as Other (Figure 66).

Figure 66 - Education Consultation Clients by Race/Ethnicity (n=25)



English was the preferred language for most youth clients (96%), with the remaining 4% preferring Spanish and zero preferring Other (Figure 67).

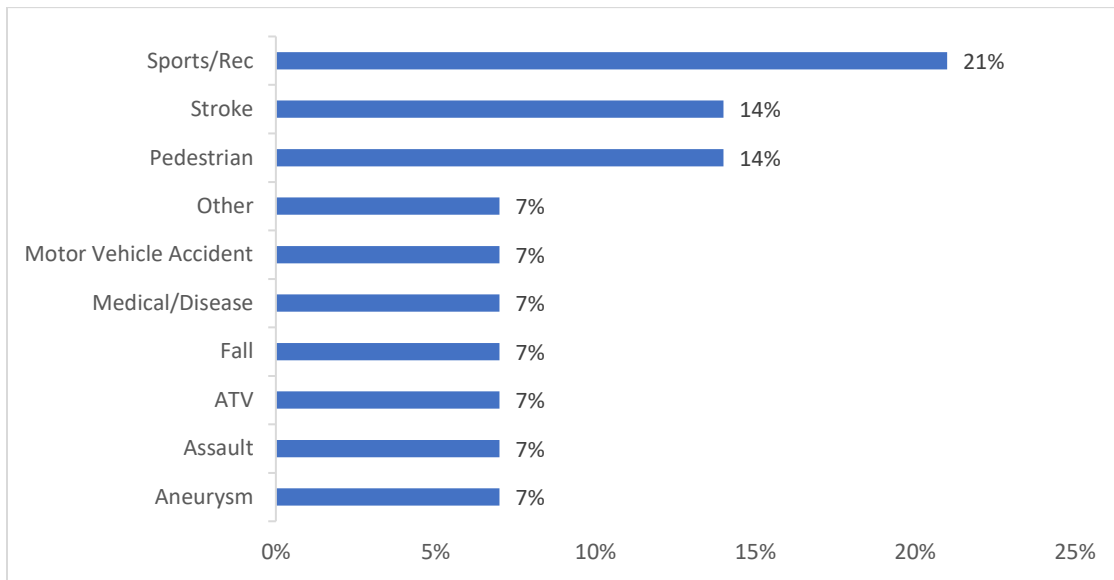
Figure 67 - Education Consultation Clients by Preferred Language (n=25)



BIAC also collected data from first-time education consultation clients about their injury history via self-report (Figure 68). 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 14 injuries were reported for clients receiving education consultation services for the first time. Only 2 (6%) reported two or more injuries, while 86% of clients reported one injury. The average number of injuries per youth client was 1.17, and the average age of youth clients at the time of their first injury was 9.4 years. The most common types of

injuries reported by youth clients were sports/rec (21%), stroke (14%), pedestrian (14%), and the following injuries including motor vehicle accident, medical/disease, fall, ATV, assault, aneurysm, and other each represented 7% respectively.

Figure 68 - Frequency of Injury by Cause of Injury as Self-reported by New Education Consultation Clients (n=14)

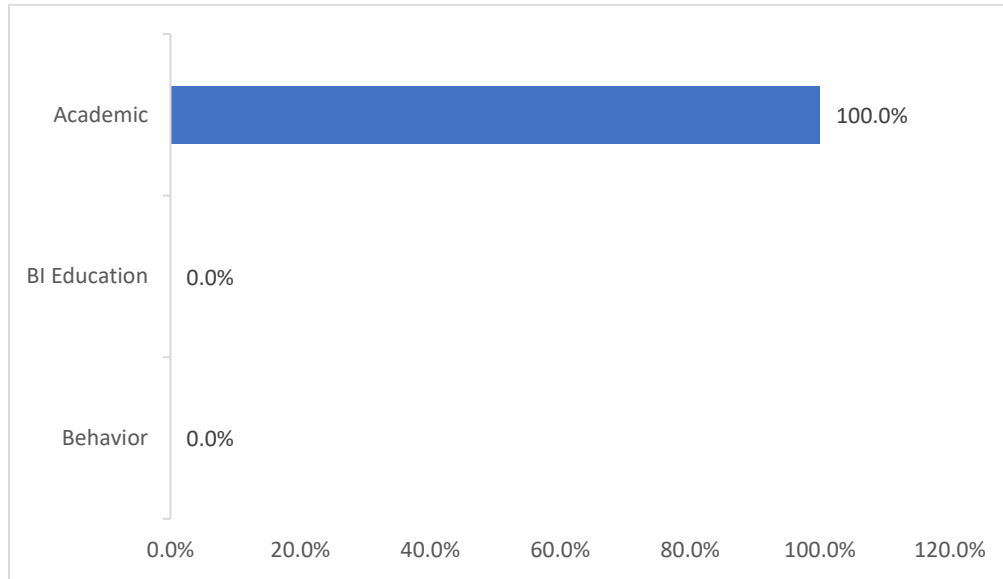


Service Participation

During FY22, 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 FY22. During the year, 25 clients accessed education consultation services, of which 14 (56%) were first-time clients.

Once a case is opened, one or more goals are created related to the client's needs. A total of 25 goals were created during the year. All the goals were academic-based and included ensuring academic needs of each client were being met (*Figure 69*).

Figure 69 - Education Consultation Goals by Type (n=25)



Evaluation

Satisfaction Surveys

Background & Objectives

Similar to BIAAC's other services, education consultation client satisfaction surveys are used to assess the quality and effectiveness of education consultation services. Further, these surveys provide insight into 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 25 clients that received education consultation services during the fiscal year were invited to complete the education consultation client satisfaction survey at the end of first semester (in December) and again in May 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 BIAAC staff member. All responses were automatically collected within SurveyMonkey when the client completed the survey online.⁸

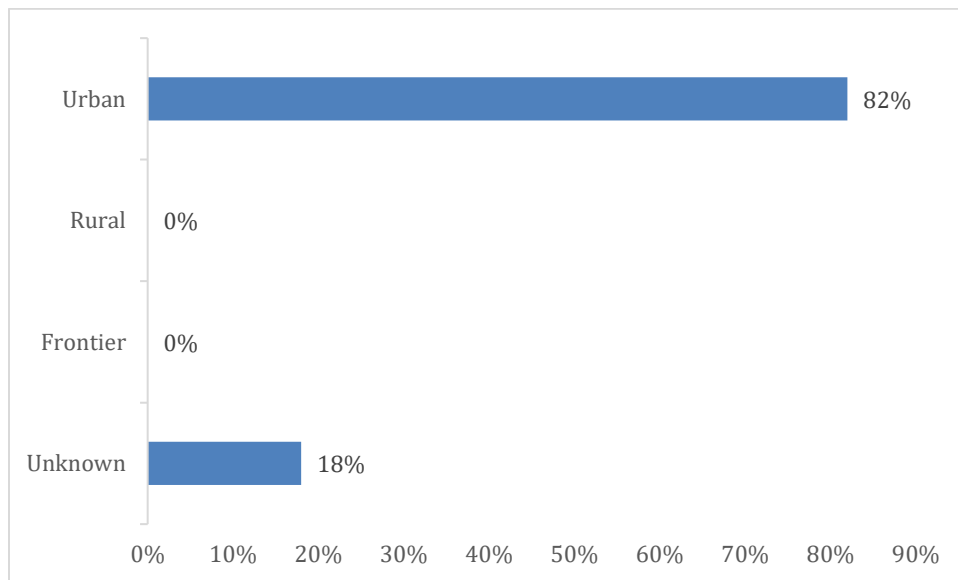
⁸ MINDSOURCE and BIAAC have made a concerted effort to expand person-centered programming and policies, and as such, have agreed that the format of the survey will be based on the client's preferred method of communication. This can lead to inconsistencies in the

To increase participation, reminder surveys were sent weekly 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*

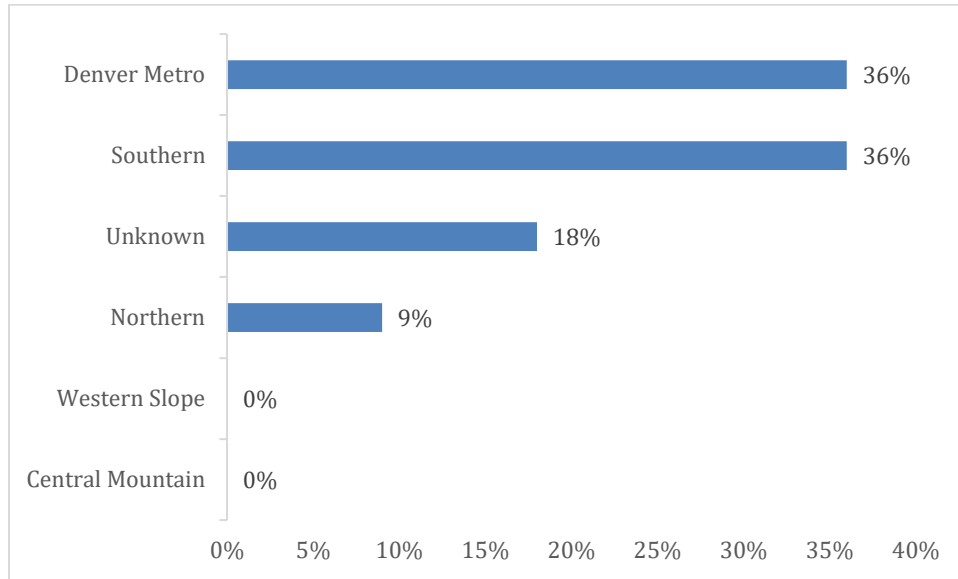
. Of the 25 surveys distributed to Education Consultation participants, 2 were completed in December and 9 were completed in May. Of the 11 completed surveys, 9 came from urban areas and 2 came from unknown areas (*Figure 70*). By region, 36% of Denver Metro region, 36% of Southern region, 9% of Northern region, and 18% from Unknown region clients completed the survey (*Figure 71*).

Figure 70 - Education Consultation Satisfaction Survey Response Rates by Geography (n=11)



(continuation) completeness of survey responses (i.e., a “required” question on an electronic survey can be left blank on a hard-copy survey).

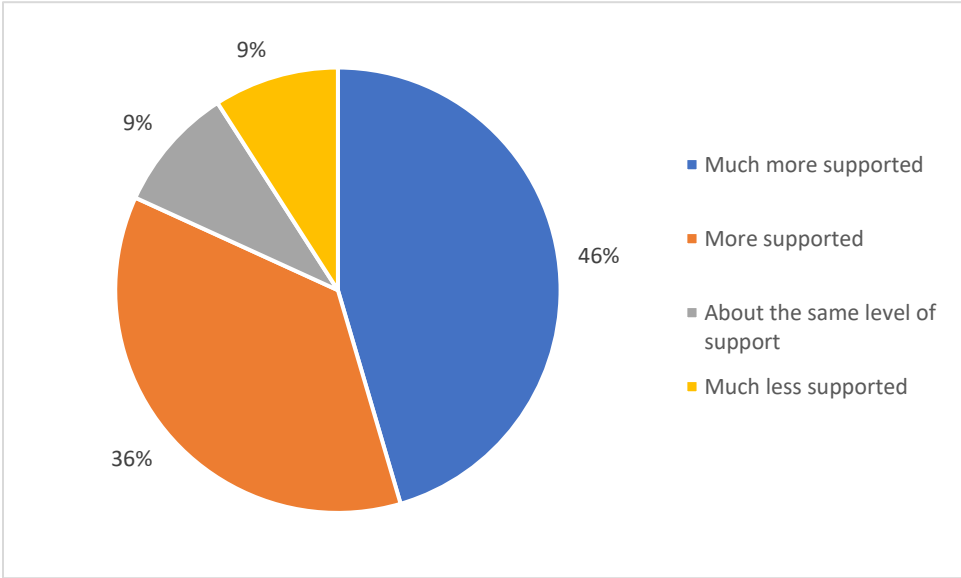
Figure 71 - Education Consultation Satisfaction Survey Response Rates by Region (n=11)



When asked, “Overall, how supported do you feel since you began receiving Education Consultation services from BIAC this school year?” 82 percent of respondents indicated they felt much more supported (46%) or more supported (36%). One parent of a new client felt “much less supported” in the services provided (*Figure 72*).⁹

⁹ Response options included: much more supported, more supported, about the same level of support, less supported, and much less supported.

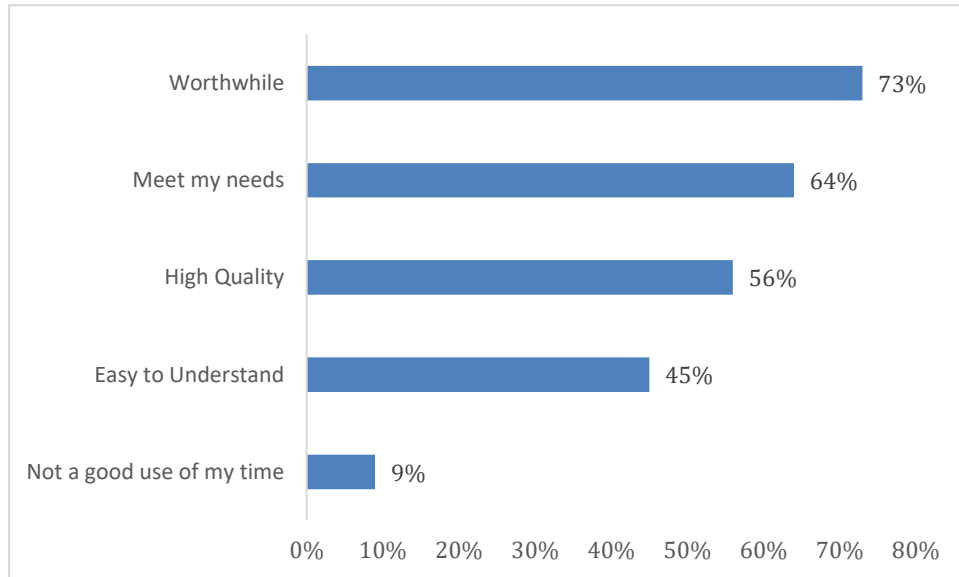
Figure 72 - Education Consultation Satisfaction Survey, Question: Overall, how supported do you feel since you began receiving Education Consultation services from our Youth Services Coordinator this school year? (n=11)



When asked which words describe the education consultation services, most respondents selected worthwhile (73%) and met my needs (64%), and over half selected high quality (56%). Just under half (45%) selected easy to understand (Figure 73). One respondent selected “not a good use of my time” to describe BIAC’s education consultation services.¹⁰

¹⁰ 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.

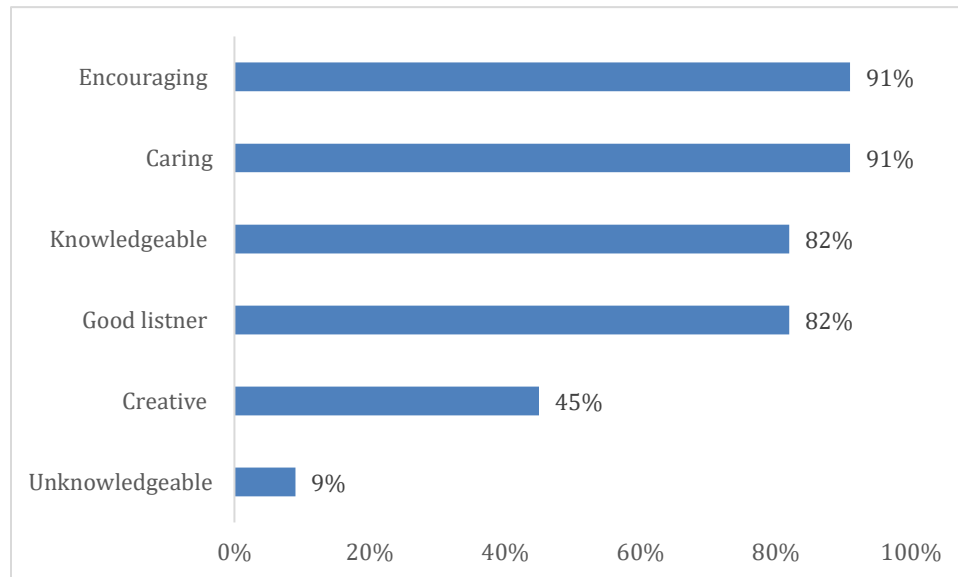
Figure 73 - Education Consultation Satisfaction Survey, Question: Which of the words below would you use to describe BIAC's education consultation services? Select all that apply. (n=11)



All respondents but one described their working relationship with their youth services coordinator as very positive. When asked which words describe the Program Manager – Education Consultation/Youth Services, 91% selected encouraging and caring; 82% chose knowledgeable and good listener; and 45% chose creative. One respondent (9%) used the word unknowledgeable to describe their Program Manager-Education Consultation/Youth Services (Figure 74).¹¹

¹¹ Response options included: encouraging, caring, good listener, knowledgeable, creative, discouraging, uncaring, poor listener, unknowledgeable, and uncreative.

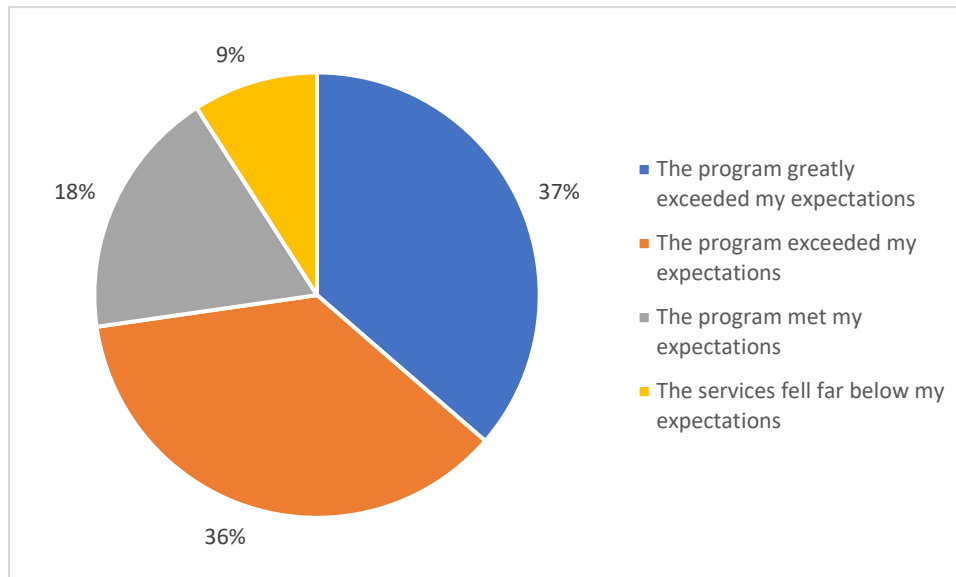
Figure 74 - Education Consultation Satisfaction Survey, Question: Which of the words would you use to describe the Program Manager – Education Consultation/Youth Services? (n=11)



Similarly, respondents said that BIAC’s education consultation services either greatly exceeded (37%), exceeded (36%), or met (18%) their expectations and one respondent said the services “fell far below my expectations” (Figure 75).¹² Most respondents (78%) said they would recommend BIAC’s education consultation services to others; one did not provide an answer to this question; and one would not recommend.

¹² 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.

Figure 75 - Education Consultation Satisfaction Survey, Question: Overall, how did BIAC's education consultation services align with your expectations? (n=11)



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. The education consultation/youth services program is unique compared to other BIAC programs because we work with the student, family, and school to provide resources throughout the entire school year. Most of the students are on some sort of educational plan such as a 504 or IEP which have goals that students are working on throughout the academic year. The student and/or school may need support at various times during the year. This long-term commitment of providing services throughout the school year and only soliciting formalized feedback from the client at the end of the academic year didn't allow an opportunity to improve services until the next year. Sending the survey out at the end of each semester will allow us to get constructive feedback in a timely manner.

A perceived barrier to students receiving services was the requirement to complete a new education consultation application each year. For example, during the FY21 year, there were 37 education consultation clients. Of those 37 previous year clients, only 11 families completed the application for services in FY22. Beginning with the FY23 service year, we will confirm the need for services with the families and automatically open an educational consultation case.

Overall, feedback on education consultation services remained very positive in FY22. Even with the change in personnel from year to year there was a smooth transition that allowed families to receive top quality services. As schools went back to in person learning this allowed for more in-person meetings, classroom observations, and in-person trainings at the schools. This face-to-face interaction allows for a deeper understanding of student needs and allows us to build positive rapport to work with the schools.

Testimonials

"I like knowing that we always have a knowledgeable advocate for our child that's just a phone call away and always has great suggestions and is willing to attend our school meetings."

– Parent of education consultation client

"Kevin did a wonderful job overall! He took time to really listen and get to know our daughter's needs. When he attended the school 504 meeting, he was attentive, collaborative, and spoke up with very valid questions when needed. He was very helpful and encouraging! We truly appreciate him."

– Parent of education consultation client

"I'm basing this on the advocates from another agency because Kate was also great. When child (in Fort Collins) was having difficulties, Kevin arranged to do classroom observations. He had to get consent from a very reluctant school administration, but he got it. They also listened to him in meetings, although they tend to run over other outside experts."

– Parent of education consultation client

"He had great ideas and could advocate for child with credibility. And he had a great response time. If I needed a document read right away for accuracy, he did it. (I also have TBIs)."

– Parent of education consultation client

"Available, attentive, returned my calls, received my calls, just assertive enough without being over-assertive. When invited, Kevin Taulman showed up in person."

– Parent of education consultation client

"Quick to act - Communication/coordination with various teams - Always sought to answer our concerns - Supportive & encouraging throughout the whole process - Educated us while moving the process forward to best help our child. "

– Parent of education consultation client

“Being at the IEP meetings and stepping in to explain TBI symptoms and possible solutions.”

– Parent of education consultation client

“Over the past five years BIAC has played an important role in our accessibility, knowledge, and rights pertaining to our daughter's education. They have provided support and been a fiduciary and we greatly appreciate the services they have provided to us.”

– Parent of education consultation client

Key Accomplishments

- BIAC engaged in a concerted outreach effort which resulted in the opportunity to participate on the CDE new BrainSTEPS team trainings and presentations on BIAC services with two of the largest school districts in the state (DPS and DougCO). The education consultant shared a booth at the Colorado Association of School Executives conference in late July with the CDE BrainSTEPS team. This allowed direct face to face communication with building-level and district-level school administrators to promote our services around brain injury.
- BIAC re-examined our protocol for survey dissemination to education consultation participants to distribute two rounds of the satisfaction survey including at the end of the first semester (December), and at the end of the academic year (May/June). The mid-year survey will provide BIAC with feedback and guidance on how to improve and strengthen education consultation services in a more impactful and meaningful timeline.
- As COVID restrictions continued to ease up during the school year, the Program Manager – Education Consultation/Youth Services was able to visit schools to observe students and attend various meetings for over 50% of the program participants.

Goals for FY23

- Increase the number of families served to meet 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.
- Due to perceived obstacles of completing the same education consultation services application each year starting with the FY23 service year, BIAC will automatically open new cases for clients from the previous year that still qualify for and need services. This

change should ensure that students that need services can get them as soon as the school year starts. Each client will be required to confirm demographic data every two years.

- Review processes to identify possible barriers to services and to better understand how to support youth clients, their families, and providers most effectively.
- Promote BIAC programs including but not limited to, self-management, recreational therapy, parent, and sibling support groups 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 collaborative outreach efforts working with the program managers for criminal justice and systems outreach to increase educational services of underserved youth with brain injuries.

Peer Mentorship

Program Overview

The Peer Mentorship Program is currently funded by the Colorado Health Foundation. The program will be funded by MINDSOURCE after the Colorado Health Foundation grant comes to completion in Spring of 2023.

The Peer Mentorship Program is a statewide program designed to connect survivors of brain injury to a volunteer mentor, who is also a survivor. Mentors work 1:1 with a peer to provide support as someone with lived experience, teach self-advocacy, explore characteristics of resilience, and define what it means to thrive. Peers and mentors are matched based on lived experience, injury history, vocational/education background, hobbies/interests, goals, and location if possible. Requests made by peers and mentors are taken into consideration when making a match as well. Matches continue for up to one year in length, and mentors establish weekly contacts with peers via phone on a day and time determined by the two participants. If location, transportation, funds, and safety regarding COVID-19 allow, participants are encouraged to meet monthly in the community. Once a match ends, both peers and mentors participate in completing the closure surveys. Mentors are welcome to be rematched with another peer if they choose to. Peers are welcome to be matched with another mentor if they would like or become a mentor themselves if they feel they have the capacity and are ready to do so.

In addition to the 1:1 match, the Peer Mentorship Program offers additional opportunities for participants to engage in the program, including the Friendly Caller option, and Group Mentorship opportunities. BIAC offers the Friendly Caller Program that was established in 2021 as a way to reach unmatched peers. By adding the Friendly Caller Program, those without matches or who are between matches can opt-in to receive peer support. Eight participants are using, or have used, this feature in FY22, an increase from two participants in FY21.

There were multiple group mentorship opportunities offered this year that were facilitated by Peer Mentors and BIAC. One recurring session focused on creative coping skills, another recurring session focused on workplace advocacy, and a third recurring sessions is the facilitation of the Self Advocacy For Independent Life (SAIL) program by Peer Mentors. These virtual opportunities provided and continue to provide additional support to peers. To address the need for community integration and to reduce feelings of isolation, BIAC has hosted multiple in-person opportunities for participants in the Peer Mentorship Program in multiple locations. The Peer Mentorship Program partnered with the Recreation Program for park socials in Denver, Loveland, and Colorado Springs. A meetup for peers and mentors was held during the Pikes Peak Challenge. In October, BIAC hosted a wilderness retreat for program

participants at Easter Seals Rocky Mountain Village Camp, which was originally planned for 2020 and needed to be rescheduled due to COVID-19. In total 42 peers and mentors utilized these opportunities.

Service Participation

This fiscal year, 92 peers were connected to mentors through 1:1 matches and group mentorship opportunities. There are 123 active participants in the program, and the program has served 237 people since its inception in 2019.

Evaluation

This year, BIAC built out its tracking and data reporting components for the Peer Mentorship Program in Salesforce. Now, each time a new participant enters the program, their Connor Davidson- Resilience Scale scores are added into their Peer Mentorship profile, as well as monthly check-in forms that mentors submit for their peers. These data tracking elements allow BIAC to better observe a peer's progress, and help peers get connected to resources when they may be struggling. Each participant's profile shows who they are currently matched with, and who they have been matched with in the past. This addition to Salesforce has created cleaner lines of communication between the Program Manager and participants and has allowed the Program Manager to collaborate better with other BIAC staff to best meet the needs of each individual participant. In addition, this organizational structure has made the application process quicker and easier for new participants.

BIAC still utilizes the Connor Davidson Resilience Scale to measure program success which requires each participant complete the scale before and after a match. Their scores are calculated, and the difference between the two is used to determine if the participant is showing increased levels of resilience. Previously, program evaluation also included weekly peer contact forms for Mentors, monthly check-in forms for Peers, monthly check-in forms for Mentors, and a Closure Form to be completed by both parties at the end of a match. After much collaboration between BIAC staff and JVA, the monthly peer check-in form and monthly mentor check-in form were eliminated, the weekly peer contact form was replaced by a monthly form, and the Closure form was replaced with the BIAC outcome survey.

Regarding the Connor Davidson Resilience Scale, from the scores collected from peers, 70% of participants showed an increase in their score, demonstrating higher levels of resilience than prior to a mentorship match. However, 30% of participants showed a decrease in their score. From the scores collected from mentors who completed the program, 50% of participants showed an increase in their score, and 50% showed a decrease. There is not enough data to report on the Outcome Surveys at this time as the change was made recently.

Figure 76 - Mentor Connor Davidson Resilience Scale Scores Post Match

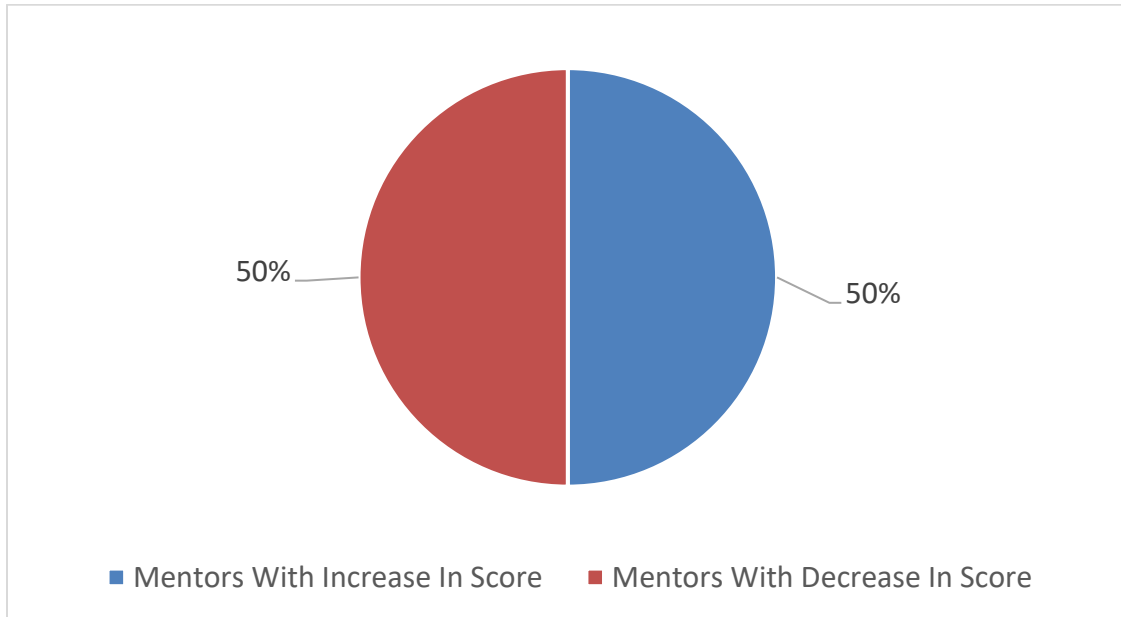
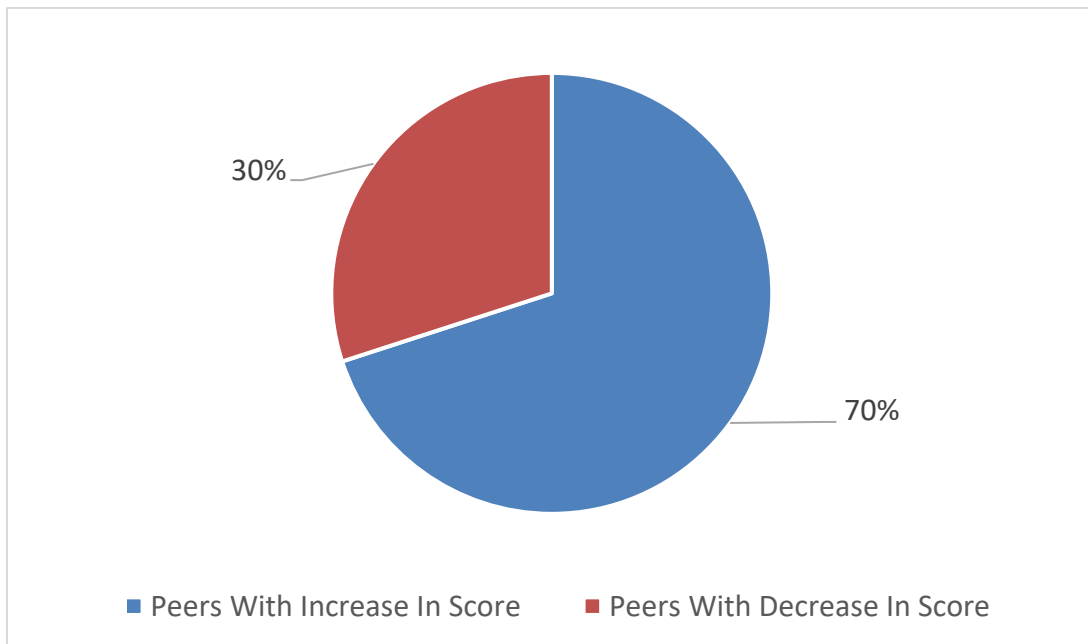


Figure 77 - Peer Connor Davidson Resilience Scale Scores Post Match



There are multiple factors that BIAC considers regarding a participant's Connor Davidson Resilience Scale score. For example, one mentor who scored lower after their match had recently experienced a loss in their family. One peer who completed the program and went on

to become a mentor themselves scored lower but indicated that they felt they were in a much better place now than they were before their match started. Interestingly, this participant had gone back to college during their match. As indicated in the Connor Davidson manual “Many of the studies of college students have yielded scores which are 3-5 points lower than the US adult population mean.”

While these are just two examples, for every participant's score, there are unique factors going on in each of their lives separate from Peer Mentorship that can greatly influence the outcomes of their scores. BIAC is questioning whether or not the Connor Davidson Resilience Scale is the right tool for program evaluation. In addition to the aforementioned reasons, there are several additional reasons for this, including: some survivors have reported that some of the language in the scale can be uncomfortable and triggering, some of the language does not align with BIAC's DEI values, participants have reported being made to feel uneasy when filling out the scale as it can feel “clinical,” and participants responses tend to be impacted by how they are feeling that day or week. In one particular case, a peer asked to retake the scale the day after they initially completed it, due to them being in a negative mood at the time they took it. Their second score was significantly higher than what their score had been the day prior.

BIAC is exploring other options for program evaluation and has been in communication with MINDSOURCE regarding this consideration.

Key Accomplishments

- 92 peers were connected to mentors.
- Expanded the Friendly Caller option, and group opportunities. Group opportunities and Friendly Caller allowed for peers to get connected in the program, rather than have to wait for a mentor to become available. Group opportunities also allowed mentors to step into leadership roles.
- Two peer mentors facilitated group mentorship workshops, and four peer mentors have been trained as SAIL facilitators, an increase from two peer mentors in group leadership roles last fiscal year.
- Two mentors have started a virtual social group associated with BIAC, three mentors have gone on to start support groups associated with BIAC, and two mentors have facilitated a class/workshop.
- Outside of BIAC, peers and mentors have formed a social network, which the organizer says has expanded to 50 survivors across the state. This demonstrates the sustainability of these peer relationships outside of the program as participants are building connections and social capital to support their recovery.
- The program reporting and tracking system in Salesforce is a great step for the program. Previously, the program had not been utilizing the full potential of Salesforce and was relying on multiple spreadsheets and word documents. Now, 100% of program tracking and reporting is built into Salesforce.

- Significant efforts have been made to recruiting new participants for the program, as well as informing professionals about the program. As a result of these recruitment efforts, there has been an increase in self-referrals and referrals from professionals. BIAC intentionally focused on areas of Colorado outside of the Denver Metro area, including Delta, Mesa, Eagle, Weld, and Gunnison counties to improve access for those residing in rural areas. BIAC hosted a virtual informational session, which informed survivors who are not connected to the Peer Mentorship Program about opportunities to engage in the program. The session was well attended by survivors both in and outside of the Denver Metro area, and the program saw a boost in applications from survivors in the Southern Region and Western Slope as a result. The Program Manager attended multiple BIPN meetings throughout the state, tabled at multiple conferences, and had one-on-one calls with multiple care facilities throughout the state to spread the word about the program to professionals. The Program Manager has started to work more closely with support group leaders as well. By building relationships with support group leaders across the state, the program has reached more survivors who were not connected to any BIAC services, including Peer Mentorship.
- In April, BIAC applied for an ACL NIDILRR (Administration for Community Living & National Institution on Disability, Independent Living, and Rehabilitation Research) grant to expand Peer Support services. If awarded the grant, BIAC would be able to hire and fund peer mentors to provide more focused services throughout the state, with the primary focus being rural and underserved communities. In addition to increasing support systems for these communities, supporting community integration, and connecting survivors to additional support systems, this would empower peer mentors by offering them meaningful, accommodating employment opportunities through BIAC.

Changes for FY23

This is the final year that the Peer Mentorship Program is funded by the Colorado Health Foundation. This year will provide great opportunities for learning, quality improvement planning, and reflection on the vision and purpose of the program. Some potential changes are:

- Discontinuing the Connor Davidson Resilience Scale for Program Evaluation
- Evaluate the effectiveness of the BIAC Outcomes Survey for the Peer Mentorship Program, and evaluate reporting practices in general
- Fully implementing SAIL as an extension of the Peer Mentorship Program, with SAIL workshops facilitated by peer mentors, and training new mentors to be SAIL facilitators
- Continuing to seek out and apply for grants to offer meaningful mentor incentives
- Establish a more formal relationship between Peer Mentorship and Support Groups across the state

Testimonials

“It’s really helped a lot being able to talk to (my mentor) weekly. And I wanted to thank you for finding her for me. It’s working out really well.”

- Peer mentorship participant

“My mama journeyed in July and the weekend allowed me to process. My senses were activated. The beauty of nature, those around me gave me time to appreciate my parents who no longer walk this land”

- A Mentor about the Peer Mentorship Program Retreat

“Being a mentor is a blessing and I am so grateful for the opportunity to support others.”

– Peer mentorship participant

“I can’t say enough good about this program. My mentor helped me through some very tough times and if I didn’t have her help I couldn’t say that today I accept that I have a brain injury, and all that comes with it. My confidence is better and I finally found my voice to set boundaries.”

– Peer mentorship participant

“Thank you so much for your affirming light handed leadership for the weekend. You helped make it a safe, supportive weekend! It was delightful! What a great community! I feel privileged to be a part of it.”

- A Peer about the Peer Mentorship Program Retreat

“(My mentor) is the best. I have no complaints! I love working with her”

– Peer mentorship participant

“The Retreat and this program have been very helpful to me. I was able to meet other survivors and found a new community. It’s so helpful hearing other stories, having support, a safe space, no judgement. Learning more about BIAC and resources available to me as well as recommendations from others on what has worked for them. It was the highlight of 2021 for me!”

- A Peer about the Peer Mentorship Program Retreat

“Thank you so much for this program. It has been more helpful for me than therapy.”

– Peer mentorship participant

“Working with (my peer) is and has been a tremendous blessing to me, and hopefully to them as well. It’s hard to watch the difficult struggle this (brain injury) has been for them, yet a blessing and an honor to be a small piece of the puzzle of navigating these challenges with them. My gratitude goes out to them, and to BIAC for granting me this opportunity.”

– Peer mentorship participant

Classes and Workshops

Program Overview

In FY22, BIAC had a total of 24 unique individual offerings of classes and workshops throughout Colorado to youth and adults living with a brain injury. There was a total of 137 unique clients who joined in FY22 compared to the 93 unique clients in FY21. As a result of the pandemic, classes include a hybrid model of virtual and in-person engagement when possible. This allows survivors to join in person in addition to virtual engagement for those residing in locations

distant from the host site and/or those who struggle with access to transportation assistance. Out of the 24 unique classes we offered this past fiscal year, 14 were virtual-only and some transitioned throughout the year to a total of 10 unique hybrid virtual/in-person class offerings. Some classes have remained a virtual-only option to engage participants statewide.

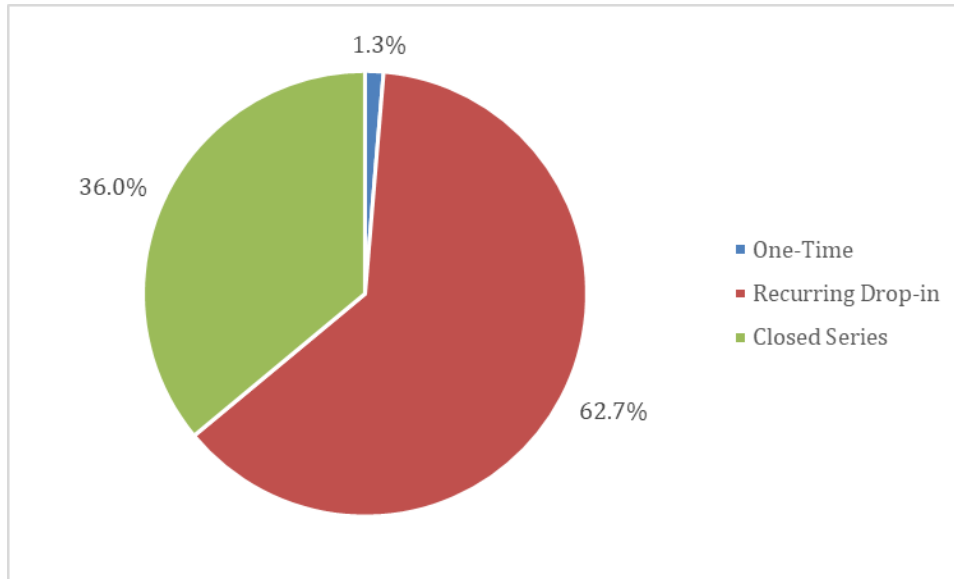
The selection of these classes and workshops were informed by feedback from multiple sources, including the classes and workshops satisfaction surveys from previous terms and anecdotal feedback from MINDSOURCE staff. Each class or workshop is linked to at least one recorded Resource Navigation or self-management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

Service Participation

One hundred and thirty-seven unique individuals attended at least one class or workshop in FY22. BIAC offered a total of 150 classes/workshops that included a total of 1,005 non-unique participants. On average, there were seven attendees per class/workshop. Last fiscal year there were a total of 93 unique individual names with a total of 613 attendees but only an average of six participants per class. In FY22 BIAC has experienced a significant increase in overall attendance, unique clients joining in services, and number of offered classes/workshops. To build upon our experiences and understandings from the pandemic, BIAC utilized a hybrid model of engagement if the class/workshop facilitator had the capacity to accommodate a hybrid model. This model allowed BIAC to continue to include all parts of the state by having survivors from almost every region join in a class or workshop as well as forming a more interpersonal connection with in-person attendees.

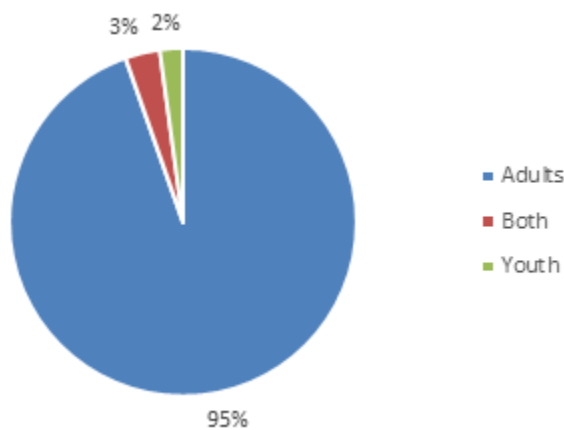
The charts that follow depict that the primary population served in workshops and classes were adults (*Figure 79*) in the Denver Metro area (*Figure 81*). The main type of classes/workshops we offered were recurring drop-in classes (*Figure 78*).

Figure 78 - Classes and Workshops by Type (n=150)



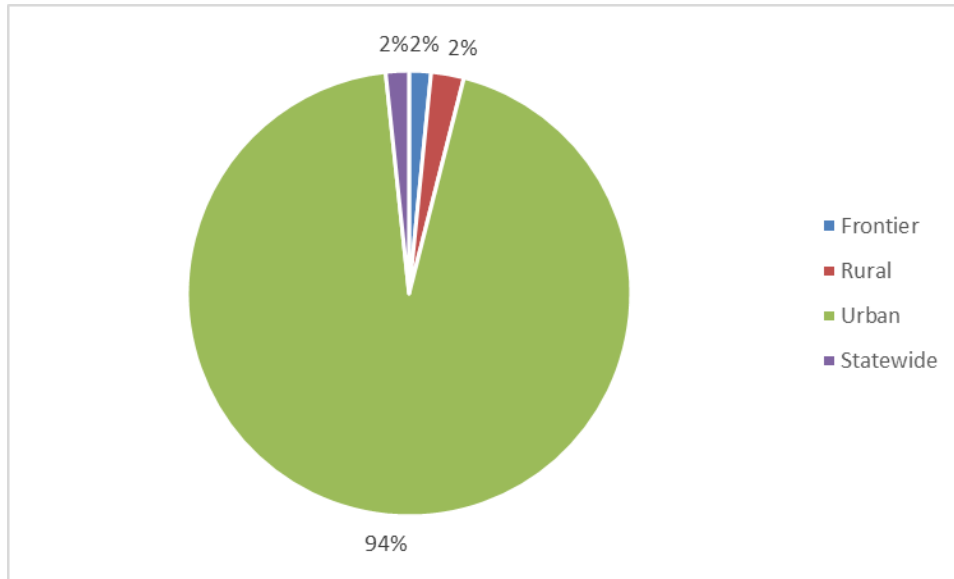
Recurring drop-in classes accounted for 63% of those offered in FY22. These are classes/workshops that are regularly offered weekly, biweekly, or monthly, allowing for many opportunities to participate. Closed series classes accounted for 36% of offerings, which include a four- to six-week series. In addition, 1% of offering were one-time workshops.

Figure 79 - Classes and Workshops, Adults and Youth (n=150)



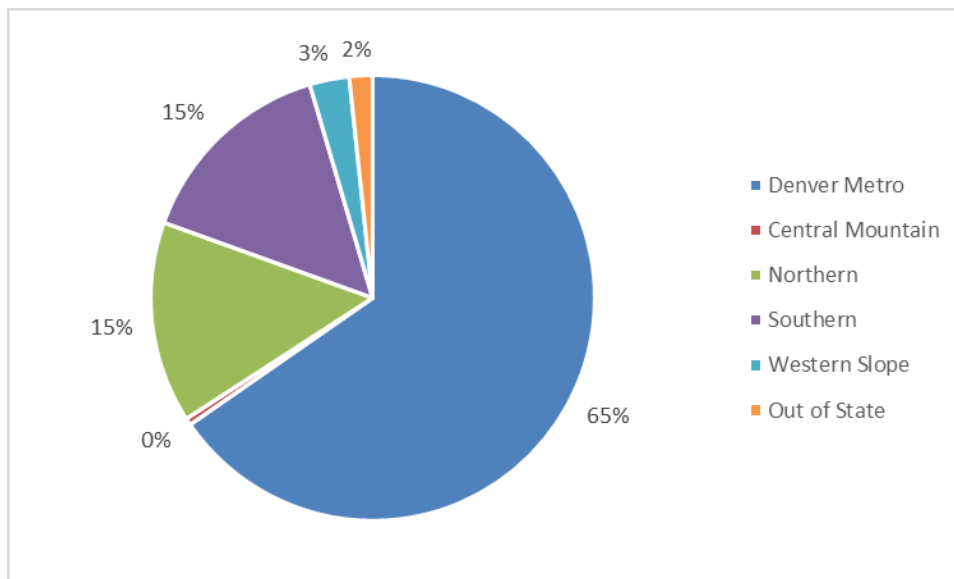
In regard to class/workshop participant age, BIAC offered most classes/workshops to adults (95%). There were limited classes/workshops offered to youth or both (5% total) this past fiscal year, which will be an important factor to coordinate more services toward this population in FY23.

Figure 80 - Classes and Workshops Attendance by County Designation (n=1,005)



Since all classes/workshops offered this past year included a virtual option, if possible, we were able to garner statewide attendance. Most attendees were from the urban areas (97%). We did, however, have an increase in participation in the frontier (2%), rural (2%) and statewide areas (2%) since last fiscal year.

Figure 81 - Classes and Workshops Attendance by Region (n=1,005)



As classes/workshops offered statewide virtual participation, BIAC tracked participant location by region. The greatest attendance was in the Denver Metro region (65%), followed by the Southern (15%) and Northern (14%) regions. The Western Slope (3%) and Central Mountain (1%) regions had the fewest participants in FY22, but engagement from these regions

represented an increase from previous years. BIAAC classes/workshops also had participants from non-Colorado locations (2%).

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 participant perspective. The results of the surveys are used for quality improvement purposes in addition to informing future offerings.

Methodology

All class and workshop participants were asked to complete our satisfaction survey (via an emailed survey link for virtual attendees or on paper if in person). BIAAC used SurveyMonkey for these surveys, which is an online surveying platform for survey creation and dissemination. 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. Survey responses are automatically saved by the online platform once completed virtually, or when entered into the online form by a BIAAC staff member from the paper copy.

Classes and workshops are offered primarily for 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. It is important to note that survey dissemination 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 |

Satisfaction surveys were administered 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. The full questionnaire is included in *Appendix H: Classes & Workshops Satisfaction Survey*.

It is observed that classes/workshops in the current fiscal year (FY22) had a lower response rate in person/virtual classes that had greater attendance per class offered, when **Error!** *Reference source not found.* and *Figure 83* are compared.

Figure 82 - Classes and Workshops Satisfaction Survey Response Rates by Class or Workshop (n=257)

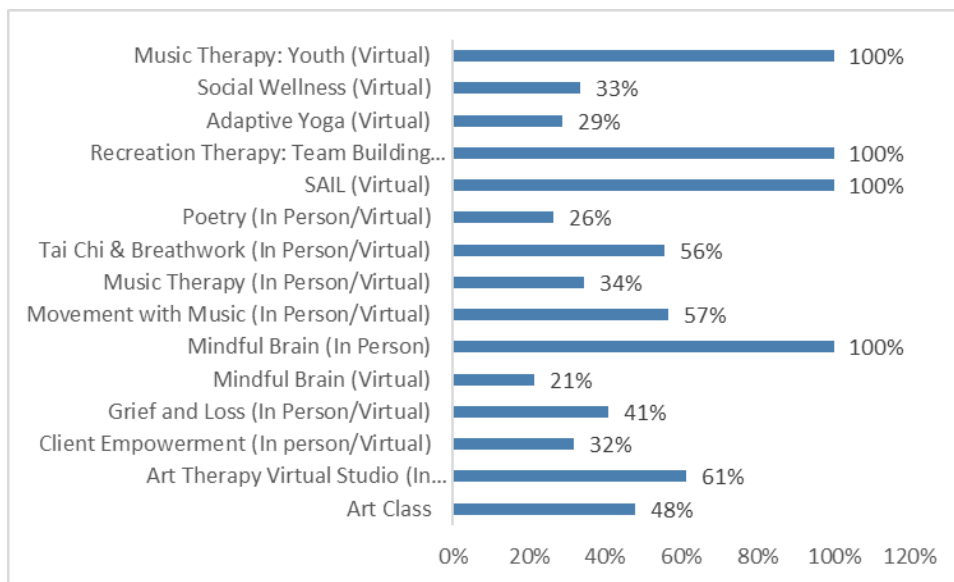
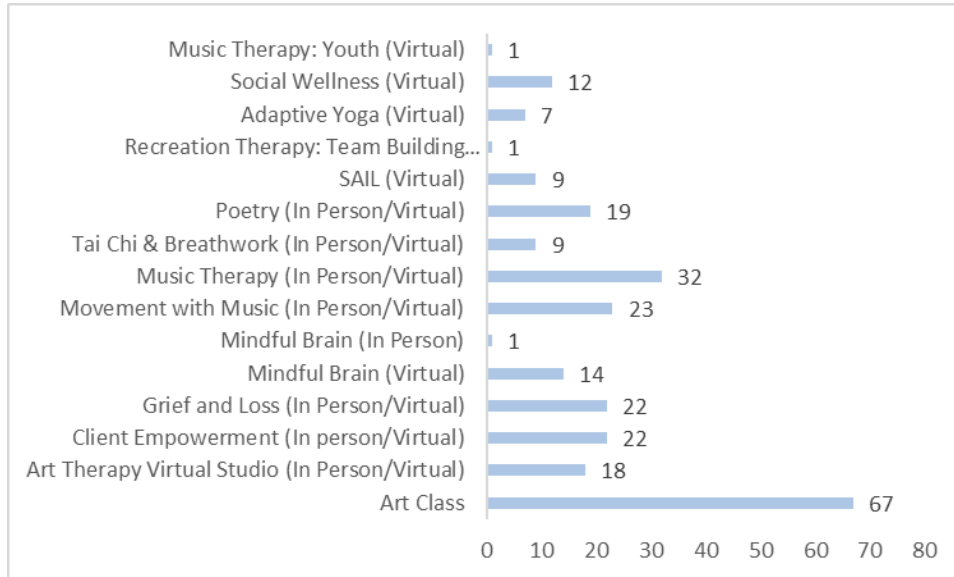


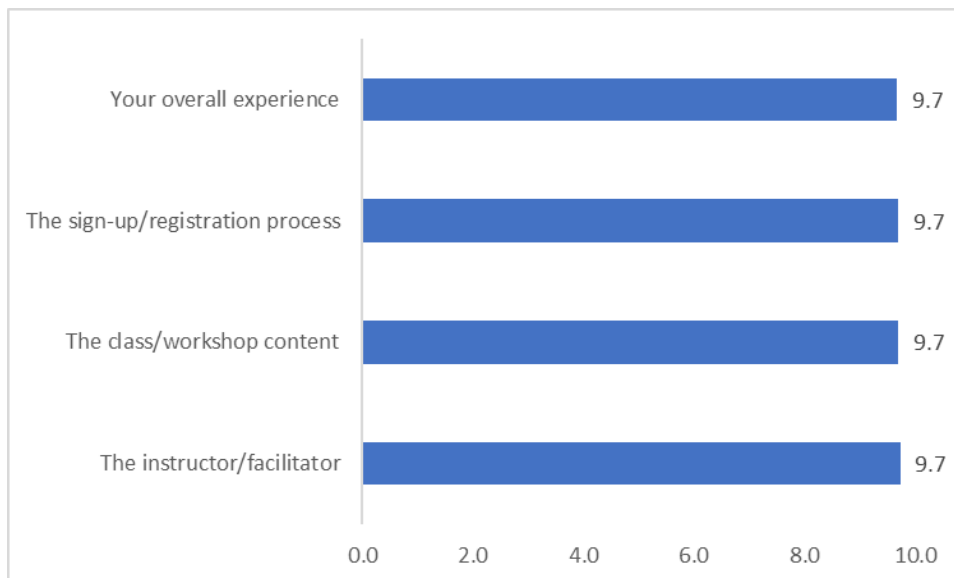
Figure 83 - Classes and Workshops, Number of Attendees per Class or Workshop with Survey Offered (n=257)



Results

Across all classes and workshops, on a scale of 1 to 10, with 1 being “not at all satisfied” and 10 being “completely satisfied,” average ratings were at or above 9.6, indicating that clients were mostly satisfied with their experience (Figure 84). This is a higher average rating than last year (FY21).

Figure 84 - Classes and Workshops Satisfaction Survey, Average Satisfaction Summary (n=114)



After classes and workshops were switched to a hybrid platform as possible, participants were asked if the physical space on virtual participation was inviting for people with brain injuries; 92% responded affirmatively and stated they liked having both options to join in person and virtually. The other 8% of answers being “N/A” and “No”. These responses indicate that most were satisfied with the new hybrid setting given the slow transition back from the pandemic circumstances. When asked if participants would recommend these classes/workshops to other survivors, 96% indicated they would recommend them to another survivor, demonstrating that 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, 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, “keep zoom meetings an option. some of us don't live in Denver, can't drive to the class, and/or have issues that prevents us from being there in person.” BIAAC will continue to offer hybrid opportunities in FY23. As new classes were piloted, survey feedback was used to inform if they would be continued at all, if they would be continued as offered or they needed modification in response to participant feedback. This process creates a natural, ongoing feedback and improvement loop, which is intended to maintain high participant satisfaction over time.

This past fiscal year, the majority, if not all, classes moved to a hybrid platform of providing an in-person opportunity as well as a virtual option for survivors across the state, which accommodates those who live far from the host location and/or experience challenges accessing transportation. The change to a hybrid platform also required BIAAC to reassess how we demonstrate participation, as we previously reported where the session was *hosted* and now we examine where the participants are *located*. This approach will provide a more detailed understanding of participation reach as we can quantify participant locations by region.

In FY22 we observed that in-person survey distribution experienced a much higher response rate when compared with surveys administered by email. It has proven difficult to obtain consistent feedback from emailed survey links, and BIAAC is identifying opportunities to improve this process in the future. As in-person opportunities become more of a regular occurrence, administration of hard copies and response rates should experience a significant increase in the next coming year (FY23). Finally, as mentioned in previous sections, MINDSOURCE program areas and service offerings have diversified, and the frequency at which BIAAC 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 appreciate this connection to people living with an injured brain and their caregivers. It validates that we've had similar experiences. The shared discussion gives hope for the future and makes us not feel so isolated in our experiences."

– Self Advocacy of Independent Life (SAIL) participant

"[Art Therapy] helps me to cope with my emotions, while strengthening my hand-eye coordination"

– Art Therapy Virtual Studio participant

"Everything. My 7-year-old was engaged and really enjoyed it. It was a wonderful experience for him"

– Music Therapy for Youth parent of participant

"Thank you so, so much for this. Just the first installment of this workshop provided me with so many resources and I've already been able to make several quality-of-life adjustments. I can't express how much all this assistance means to me."

– Client Empowerment: Taking Charge of Your Health participant

"Mimi brings so much content to her class! I learn so much every month! I take pages of notes and then she sends an email recap with more resources. Most valuable class offered"

– Social Wellness participant

Key Accomplishments

- Classes and workshops were offered in hybrid format with in-person opportunities paired with a virtual platform to continue to reach all five regions of the state and survivors with transportation barriers.
- Classes and workshops were offered statewide rather than region-specific with the continuation of virtual sessions after in-person classes started again, which expanded services to more individuals across Colorado.
- Continued partnerships with class/workshop facilitators were maintained to offer new recurring classes such as client empowerment, adaptive yoga, social wellness, art classes, and music therapy for youth.
- Youth specific classes such as music therapy and recreation therapy were offered to improve youth-specific opportunities and to improve our engagement with youth participants.

- Increased the total number in survivors that attended a BIAC class or workshop from 613 total attendees in FY21 to 1,005 total attendees in FY22.

Goals for FY23

- Continue to offer hybrid classes and workshops, with in-person location in southern and northern regions
 - Continue virtual offering to accommodate those who cannot or prefer to attend from home (health issues, lack of transportation, no support/assistance, etc.)
 - Expand services across the state
- Improve satisfaction survey response rates through monitoring and ongoing quality improvement efforts
- Provide hard-copy surveys for completion at classes/workshops
- Provide hard copy mailed surveys to class/workshop participants, as needed
- Pilot an incentive program to encourage participants to respond to the satisfaction survey including communication with participants to communicate survey value
- Provide 5-6 youth specific classes and workshops including music therapy and recreation therapy in a hybrid platform of in-person and virtual opportunities
- Expansion of hybrid classes/workshops specifically identifying in-person hosts located in the northern and southern regions

Administration

Activities

Staffing

In FY22, 14 positions were fully funded by MINDSOURCE (13.75 FTE), and ten positions were partially funded by MINDSOURCE, one at .04 FTE, one at .07 FTE, one at .35 FTE, one at .2 FTE, four at .7 FTE, and two at .8 FTE for a total of 18.81 FTE. MINDSOURCE-funded positions comprise 80% of BIAC's total staff and 70% of BIAC's total 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 FY22, all but three eligible employees who were not yet certified completed 12 hours of training led by Jaime Horsfall, BIAC's Vice President of Professional Programs/MINDSOURCE Outreach Director and Mikayla Florian, Program Manager – Resource Navigation, and completed the required exam to receive certification. Two employees did not take the exam due to scheduling conflicts but are scheduled to take the exam in the fall of 2023, and the third employee is no longer employed with BIAC. All staff who were already certified completed at least the minimum of 10 continuing education credit hours necessary to maintain their certifications. Overall, eight employees maintained their CBIS certification, one employee maintained their CBIS-T certification, two employees received their CBIS certification, one employee received their CBIS-T certification, and two employees were not yet eligible for certification; 86% of eligible staff requiring certification are certified.

BIAC requires annual training and professional development for MINDSOURCE positions. [Table 3](#) summarizes those required of all client-facing MINDSOURCE positions in FY22:

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

| Type | Topic(s) | Hours |
|----------|---|--------|
| Training | Cultural Competence: Pronouns & LGBTQ+ | 2 |
| Training | Cultural Competence: Indigenous Client Relations & Outreach | 2 |
| Training | Two Other Cultural Competence Trainings | Varies |
| Training | One Employment/Vocational Engagement Training | Varies |

| Type | Topic(s) | Hours |
|--------------|----------|---------------|
| Total | | Varies |

In addition, BIAC invited MINDSOURCE-funded employees to complete employee-selected training or professional development throughout the year. Employees participated in a variety of opportunities, including webinars, lunch and learns, wellness and self-care activities, networking events, trainings, and conferences. The topics of focus were similarly diverse and included, but were not limited to, justice-involvement, inclusivity, housing and homelessness, intimate partner violence, vision impairment, pediatric brain injury, brain injury and behavioral health, benefits navigation, and COVID-19 brain implications.

In summary, MINDSOURCE-funded employees participated on average in 19 trainings and professional development activities in FY22.

Budget

Table 4 - MINDSOURCE Budget vs Actuals FY 2021-2022 Summary

| INCOME | Budget | % of Total Budget | Actual | Over/Under Budget | % of Line Budget Spent | Notes |
|---------------------------------------|-----------------------|-------------------|-----------------------|--------------------|------------------------|----------------------------------|
| INCOME TOTAL | \$1,363,461.00 | 100.00% | \$1,282,924.00 | \$80,537.00 | 94% | |
| | | | | | | |
| EXPENSES | Budget | % of Total Budget | Actual | Over/Under Budget | % of Line Budget Spent | Notes |
| PROGRAM EXPENSE | \$11,650.00 | 1% | \$2,804.00 | \$8,846.00 | 24% | Support Groups & ACBIS Training |
| EVENT EXPENSES | \$12,500.00 | 1% | \$17,300.00 | -\$4,800.00 | 138% | Classes & Workshops |
| PROG MARKETING AND ADVERTISING | \$6,500.00 | 0.48% | \$2,143.00 | \$4,357.00 | 33% | Website, Printing, Newsletter |
| PROGRAM EXPENSE - OTHER | | 0.00% | | | | Translation Services |
| SALARIES & WAGES | \$962,408.00 | 71% | \$891,541.00 | \$70,867.00 | 93% | Personnel Costs |
| PAYROLL TAXES & BENEFITS | \$194,767.00 | 14% | \$169,287.00 | \$25,480.00 | 87% | Personnel Costs |
| OTHER EMPLOYEE EXPENSES | \$4,750.00 | 0.35% | \$5,674.00 | -\$924.00 | 119% | Training, Lodging, Meals, Hiring |
| OCCUPANCY EXPENSES | \$65,450.00 | 5% | \$66,626.00 | -\$1,176.00 | 102% | Rent |

| | | | | | | |
|--|-----------------------|-------------|-----------------------|--------------------|------|---|
| OFFICE EXPENSES | \$32,660.00 | 2% | \$34,105.00 | -\$1,445.00 | 104% | Supplies, Subscriptions, Internet, Phone, IT Hardware, Copier |
| CONTRACT & PROFESSIONAL SERVICE | \$42,860.00 | 3% | \$69,795.00 | -\$26,935.00 | 163% | Accounting, Payroll, Admin, Database |
| TRANSPORTATION | \$20,000.00 | 1% | \$13,877.00 | \$6,123.00 | 69% | Mileage, Parking, Travel |
| TAXES, INSURANCE & INTEREST | \$9,916.00 | 1% | \$9,772.00 | \$144.00 | 99% | Liability Insurance |
| Total Expenses | \$1,363,461.00 | 100% | \$1,282,924.00 | \$80,537.00 | | |

Budget

The total budget for FY22 was \$1,363,461.00 which included personnel costs as well as operating expenses. At the end of the FY22 year, BIAC had been reimbursed \$1,282,924.00, which is 94% of the budgeted amount.

Legislation

It was a busy legislative session for brain injury-related bills:

| Bill # | Short Title | Sponsors | Status |
|-----------|---|---|---|
| HB22-1031 | Consumer Right to Repair Powered Wheelchairs | House: Titone (D), Ortiz (D); Senate: Zenzinger (D), Cooke (R) | PASSED - This bill outlines requirements for manufacturers of powered wheelchairs to provide documentation and tools to independent repair providers and creates a deceptive trade practice for failure to abide by these requirements. |
| SB22-057 | Violent Crime Victim Brain Injury Screening Program | House: Weissman (D); Senate: Fields (D), Cooke (R) | PASSED - The bill creates a task force to develop a plan for a pilot program that screens victims of violent crime for brain injuries. |
| SB22-099 | Sealing Criminal Records | House: Larson (R), Tipper (D); Senate: Hisey (R), Rodriguez (D) | PASSED - The bill requires all records that are eligible to be sealed under current law to be automatically sealed by July 1, 2024. The bill excludes the use of sealed records in consumer reports. |

| | | | |
|---------------------------|---|---|---|
| SB22-154 OPPOSE | Increasing Safety In Assisted Living Residences | House: Young (D), McCormick (D), Lindsay (D); Senate: Danielson (D) | PASSED - In response to concerns about neglect and abuse in assisted living facilities, the bill creates new process for involuntary evictions, increases the maximum limit on fines, and requires specific administrator training. It is important to note that the bill allows the department to determine the amount of the fine based on size of residence, actual or potential harm, prior violations or a pattern of violations and the level of fine that will deter future violations. We worked extensively on this legislation. While we were not able to kill it (nor were any of the other groups opposed) we did make several changes to "make it less bad." These include protections around the ability to involuntarily discharge if a resident presents a danger or for nonpayment. And requiring CDPHE to take into account factors such as size of a facility in determining fines. This bill is an example of how BI facilities get caught up in larger assisted living facility issues because of the regulatory classification. |
| SB22-187 | Supporting Recovery Programs Persons Who Wander | House: Cutter (D), Lindsay (D); Senate: Danielson (D) | PASSED - The bill expands the Recovery Program for Persons Who Wander Grant Program administered by the Colorado Bureau of Investigation and adds local governments as eligible grant recipients. It also requires the CBI to establish a website with information on recovery programs. |

Key Accomplishments

- BIAC was able to fill open program manager positions with current staff that are talented and highly qualified.
- Despite continued disruption to in-person meetings due to COVID-19, BIAC continued to provide seamless resource navigation to clients in need and referrals to other BIAC programs.
- MINDSOURCE-funded employees continue to grow the depth and diversity of their skills through ongoing virtual and in-person training and professional development.

Changes for FY23

- Resource navigation for the Denver Metro region will consist of 3 FTE instead of 5 FTE.
- Resource navigation for clients housed at Valor on the Fax will consist of 3 FTE.
- MINDSOURCE funding for the program manager – criminal justice systems position will increase from .7 FTE to .75 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) | Kevin'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, fresh fruits and veggies, applying for food stamps, holiday food programs, dieting, weight management with a food focus | Needing support with the physical act of feeding oneself (see Self Care and Daily Routine) |

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 |
|---|---|---|--|
| Health Insurance/Long Term Care | Medicaid, Medicare, Private Insurance, HCBS | Help applying for Medicaid, help getting an assessment for the BI Waiver, working with an SEP to help clarify waiver status, finding out if a service is covered by insurance, help picking a Medicare plan | |
| Home (Furniture & Housewares) | Help with needs related to non-permanent items within the home | Help finding a new mattress, couch, chair, TV, kitchen appliance. ARC vouchers for dishes and cookware, help getting a hospital bed, CM assisting with the setup of furniture / housewares | Anything related to the upkeep or modification of the home itself and its external surrounding (see Home (Repair / Modification / Maintenance)) |
| Home (Organization) | Filing/organizing paperwork in general, creating systems for organization within the home | Help sorting mail, help setting up filing system, help using a paper calendar or planner for doctors' appointments | Completing paperwork (should go in the category the paperwork is related to, i.e., if paperwork is an SSDI application, goal category would be Financial; if paperwork is a SNAP application, goal category would be 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 | | |

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 |
|---|--|---|---|
| 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 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 | |

Appendix A: Resource Navigation Goal Category Explanations

| Category | What belongs in the category | What it sounds like / keywords (these are examples, not an exhaustive list) | What doesn't belong in the category |
|---|--|--|--|
| Personal Support System (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 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 | Urban | Rural | Frontier | Grand Total | % of all Goal categories |
|---|--------------|--------------|-----------------|--------------------|---------------------------------|
| <i>Education (BI Self Understanding)</i> | 85 | 4 | 2 | 91 | 5% |
| <i>Education (Continuing Education)</i> | 7 | 0 | 0 | 7 | 0.4% |
| <i>Education (Higher Education)</i> | 3 | 0 | 0 | 3 | 0.2% |
| <i>Education (Other)</i> | 13 | 1 | 0 | 14 | 0.8% |
| <i>Education (Pre-K -12)</i> | 2 | 0 | 0 | 2 | 0.1% |
| <i>Employment (Accommodations)</i> | 1 | 0 | 0 | 1 | 0.1% |
| <i>Employment (Job Search / Modification / Maintenance / Development)</i> | 40 | 3 | 0 | 43 | 2.4% |
| <i>Employment (Other)</i> | 3 | 0 | 0 | 3 | 0.2% |
| <i>Financial</i> | 119 | 7 | 1 | 127 | 7.0% |
| <i>Food / Nutrition</i> | 18 | 0 | 1 | 19 | 1.0% |
| <i>Goal Development</i> | 25 | 0 | 2 | 27 | 1.5% |
| <i>Health Insurance/Long Term Care</i> | 65 | 3 | 0 | 68 | 3.8% |
| <i>Home (Furniture & Housewares)</i> | 16 | 0 | 1 | 17 | 0.9% |
| <i>Home (Organization)</i> | 13 | 0 | 0 | 13 | 0.7% |
| <i>Home (Other)</i> | 1 | 1 | 0 | 2 | 0.1% |
| <i>Home (Repair / Modification / Maintenance)</i> | 8 | 2 | 0 | 10 | 0.6% |

Appendix B: Resource Navigation Goal Categories by County Designation

| Goal Category | Urban | Rural | Frontier | Grand Total | % of all Goal categories |
|---|-------|-------|----------|-------------|--------------------------|
| <i>Housing (Financial Assistance)</i> | 28 | 3 | 0 | 31 | 1.7% |
| <i>Housing (Other)</i> | 18 | 0 | 0 | 18 | 1.0% |
| <i>Housing (Search)</i> | 98 | 4 | 1 | 103 | 5.7% |
| <i>Housing (Stability)</i> | 14 | 1 | 0 | 15 | 0.8% |
| <i>Legal (Complaints / Appeals)</i> | 38 | 4 | 0 | 42 | 2.3% |
| <i>Legal (Family / Guardianship / POA)</i> | 20 | 1 | 0 | 21 | 1.2% |
| <i>Legal (Other)</i> | 74 | 5 | 1 | 80 | 34.4% |
| <i>Medication</i> | 3 | 0 | 0 | 3 | 0.2% |
| <i>Mental Health</i> | 101 | 6 | 3 | 110 | 6.1% |
| <i>Paperwork</i> | 95 | 7 | 3 | 105 | 5.8% |
| <i>Personal Support System (Family / Friends)</i> | 16 | 0 | 0 | 16 | 0.9% |
| <i>Personal Support System (Professionals)</i> | 364 | 20 | 3 | 387 | 21.4% |
| <i>Personal Support System (Service Animal / Pet)</i> | 6 | 0 | 0 | 6 | 0.3% |
| <i>Personal Support System (Support Groups)</i> | 99 | 6 | 0 | 105 | 5.8% |
| <i>Physical Health (Dental)</i> | 7 | 1 | 0 | 8 | 0.4% |
| <i>Physical Health (Other)</i> | 14 | 3 | 1 | 18 | 1.0% |
| <i>Physical Health (PCP /</i> | 140 | 11 | 0 | 151 | 8.3% |

Appendix B: Resource Navigation Goal Categories by County Designation

| Goal Category | Urban | Rural | Frontier | Grand Total | % of all Goal categories |
|--|--------------|-------------|-------------|-------------|--------------------------|
| <i>Specialist)</i> | | | | | |
| <i>Physical Health (Vision)</i> | 7 | 1 | 0 | 8 | 0.4% |
| <i>Rec/Leisure</i> | 32 | 0 | 0 | 32 | 1.8% |
| <i>Self-Care / Daily Routine</i> | 4 | 1 | 0 | 5 | 0.3% |
| <i>Substance Use</i> | 3 | 0 | 0 | 3 | 0.2% |
| <i>Technology (Acquisition)</i> | 11 | 2 | 0 | 13 | 1% |
| <i>Technology (Other)</i> | 5 | 0 | 0 | 5 | 0% |
| <i>Technology (Setup / Troubleshooting)</i> | 10 | 1 | 1 | 12 | 0% |
| <i>Technology (Training)</i> | 4 | 0 | 0 | 4 | 0% |
| <i>Transportation</i> | 36 | 0 | 0 | 36 | 2% |
| <i>Volunteering</i> | 3 | 0 | 0 | 3 | 0% |
| <i>Other</i> | 21 | 2 | 0 | 23 | 1.3% |
| Grand Total | 1690 | 100 | 20 | 1810 | |
| % of goals across all county designations | 93.4% | 5.5% | 1.1% | | |

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) | 67 | 10 | 1 | 4 | 9 | 91 | 5.0% |
| Education (Continuing Education) | 6 | 1 | 0 | 0 | 0 | 7 | 0.4% |
| Education (Higher Education) | 3 | 0 | 0 | 0 | 0 | 3 | 0.2% |
| Education (Other) | 7 | 1 | 2 | 0 | 4 | 14 | 0.8% |
| Education (Pre-K - 12) | 1 | 0 | 0 | 0 | 1 | 2 | 0.1% |
| Employment (Accommodations) | 1 | 0 | 0 | 0 | 0 | 1 | 0.1% |
| Employment (Job Search / Modification / Maintenance / Development) | 27 | 9 | 0 | 5 | 2 | 43 | 2.4% |
| Employment (Other) | 2 | 1 | 0 | 0 | 0 | 3 | 0.2% |
| Financial | 96 | 11 | 2 | 6 | 12 | 127 | 7.0% |
| Food / Nutrition | 13 | 5 | 0 | 0 | 1 | 19 | 1.0% |
| Goal Development | 16 | 5 | 1 | 2 | 3 | 27 | 1.5% |
| Health Insurance/Long Term Care | 42 | 12 | 1 | 3 | 10 | 68 | 3.8% |
| Home (Furniture & Housewares) | 14 | 1 | 1 | 1 | 0 | 17 | 0.9% |
| Home (Organization) | 6 | 5 | 0 | 1 | 1 | 13 | 0.7% |

Appendix C: Resource Navigation Goal Categories by Region

| Goal Category | Denver Metro | Southern | Central Mountain | Western Slope | Northern | Grand Total | % of all Goal categories |
|--|--------------|----------|------------------|---------------|----------|-------------|--------------------------|
| Home (Other) | 0 | 0 | 1 | 1 | 0 | 2 | 0.1% |
| Home (Repair / Modification / Maintenance) | 6 | 3 | 0 | 0 | 1 | 10 | 0.6% |
| Housing (Financial Assistance) | 15 | 8 | 1 | 2 | 5 | 31 | 1.7% |
| Housing (Other) | 14 | 2 | 0 | 1 | 1 | 18 | 1.0% |
| Housing (Search) | 73 | 24 | 1 | 1 | 4 | 103 | 5.7% |
| Housing (Stability) | 9 | 0 | 1 | 3 | 2 | 15 | 0.8% |
| Legal (Complaints / Appeals) | 25 | 1 | 1 | 1 | 14 | 42 | 2.3% |
| Legal (Family / Guardianship / POA) | 15 | 2 | 1 | 2 | 1 | 21 | 1.2% |
| Legal (Other) | 60 | 10 | 1 | 5 | 4 | 80 | 4.4% |
| Medication | 3 | 0 | 0 | 0 | 0 | 3 | 0.2% |
| Mental Health | 71 | 14 | 3 | 4 | 18 | 110 | 6.1% |
| Paperwork | 60 | 27 | 2 | 3 | 13 | 105 | 5.8% |
| Personal Support System (Family / Friends) | 13 | 1 | 0 | 1 | 1 | 16 | 0.9% |
| Personal Support System (Professionals) | 216 | 134 | 8 | 10 | 19 | 387 | 21.4% |
| Personal Support System (Service Animal / Pet) | 4 | 2 | 0 | 0 | 0 | 6 | 0.3% |
| Personal Support System (Support | 65 | 14 | 1 | 3 | 22 | 105 | 5.8% |

Appendix C: Resource Navigation Goal Categories by Region

| Goal Category | Denver Metro | Southern | Central Mountain | Western Slope | Northern | Grand Total | % of all Goal categories |
|--------------------------------------|--------------|--------------|------------------|---------------|--------------|--------------|--------------------------|
| Groups) | | | | | | | |
| Physical Health (Dental) | 4 | 4 | 0 | 0 | 0 | 8 | 0.4% |
| Physical Health (Other) | 3 | 8 | 3 | 1 | 3 | 18 | 1.0% |
| Physical Health (PCP / Specialist) | 87 | 17 | 2 | 3 | 42 | 151 | 8.3% |
| Physical Health (Vision) | 2 | 0 | 0 | 1 | 5 | 8 | 0.4% |
| Rec/Leisure | 25 | 3 | 0 | 0 | 4 | 32 | 1.8% |
| Self-Care / Daily Routine | 2 | 2 | 0 | 1 | 0 | 5 | 0.3% |
| Substance Use | 2 | 1 | 0 | 0 | 0 | 3 | 0.2% |
| Technology (Acquisition) | 8 | 3 | 0 | 1 | 1 | 13 | 0.7% |
| Technology (Other) | 3 | 2 | 0 | 0 | 0 | 5 | 0.3% |
| Technology (Setup / Troubleshooting) | 5 | 2 | 0 | 1 | 4 | 12 | 0.7% |
| Technology (Training) | 3 | 0 | 0 | 0 | 1 | 4 | 0.2% |
| Transportation | 24 | 8 | 0 | 1 | 3 | 36 | 2.0% |
| Volunteering | 2 | 0 | 0 | 0 | 1 | 3 | 0.2% |
| Other | 13 | 0 | 0 | 2 | 8 | 23 | 1.3% |
| Grand Total | 1,133 | 353 | 34 | 70 | 220 | 1,810 | |
| % of goals across all regions | 62.6% | 19.5% | 1.9% | 3.9% | 12.2% | | |

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

Please continue to next page...

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

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

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

This completes the questionnaire and application. Thank you.

Signature

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

Signature: _____ Date: _____

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

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

SUBMIT VIA EMAIL

skills@biacolorado.org

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

Appendix F: Self-management Satisfaction Survey

BIAC's Self-management Program Satisfaction Survey 2021-2022

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

| | |
|--------------------------------|----------------------|
| First Name: | <input type="text"/> |
| Last Name: | <input type="text"/> |
| Date of Birth (mm/dd/yyyy): | <input type="text"/> |
| City: | <input type="text"/> |
| Phone Number: | <input type="text"/> |
| Email Address: | <input type="text"/> |

Appendix F: Self-management Satisfaction Survey

BIAC's Self-management Program Satisfaction Survey 2021-2022

2. Region:

3. Geography:

4. Brain Injury Advisor Name:

Appendix F: Self-management Satisfaction Survey

BIAC's Self-management Program Satisfaction Survey 2021-2022

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

* 5. 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:

* 6. 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:

Appendix F: Self-management Satisfaction Survey

* 7. Did you feel listened to and respected during your interaction with BIAC?

- Yes
 No

Optional Comment:

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

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

* 9. 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:

Appendix F: Self-management Satisfaction Survey

* 10. 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:

* 11. 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:

12. 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

Appendix F: Self-management Satisfaction Survey

BIAC's Self-management Program Satisfaction Survey 2021-2022

* 13. 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.

Appendix F: Self-management Satisfaction Survey

BIAC's Self-management Program Satisfaction Survey 2021-2022

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

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

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

Appendix F: Self-management Satisfaction Survey

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

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

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

* 19. 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:

Appendix F: Self-management Satisfaction Survey

20. 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.



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

Appendix G: Youth Education Consultation Satisfaction Survey



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

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.

Appendix G: Youth Education Consultation Satisfaction Survey



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

* 1. Overall, how supported do you feel since you began receiving education consultation services from BIAC 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? 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:

Appendix G: Youth Education Consultation Satisfaction Survey

* 3. Did you feel listened to and respected during your interaction with BIAC?

- Yes
 No

Optional Comment:

* 4. Which of the words below would you use to describe the Program Manager - Education Consultation/Youth Services? Select all that apply.

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

* 5. Which of the phrases below best describes your working relationship with the Program Manager - Education Consultation/Youth Services?

- very positive
 somewhat positive
 neutral
 somewhat negative
 very negative

Optional Comment:

Appendix G: Youth Education Consultation Satisfaction Survey Survey

* 6. 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:

Appendix G: Youth Education Consultation Satisfaction Survey



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

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

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

* 9. 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:

Appendix G: Youth Education Consultation Satisfaction Survey

10. 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.

* 11. 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: | <input type="text"/> |
| Child's First and Last Name: | <input type="text"/> |
| Child's Date of Birth (mm/dd/yyyy): | <input type="text"/> |
| City: | <input type="text"/> |
| Phone Number: | <input type="text"/> |
| Email Address: | <input type="text"/> |

Appendix H: Classes & Workshops Satisfaction Survey



Classes and Workshops Survey FY22

1. Admin Use Only

Title:

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

Date:

Instructor/Facilitator:

Venue/Location:

BIAC Staff Responsible:

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

First and Last Name:

Date of Birth (mm/dd/yyyy):

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

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

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

Appendix H: Classes & Workshops Satisfaction Survey

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: FY22 Reporting Table

| All Programs | Classes and Workshops | Resource Navigation | Self-Management | Education Consultation | Outreach / Training / Professional Consultation | Peer Mentorship | Staff Training & Professional Development |
|---|---|---|---|---|--|--|---|
| (Monthly) Due by 7th of: July, August, Sept, Oct, Nov, Dec, Jan, Feb, Mar, April, May, June | minimum of 30 hours over the contract year, 25 hours shall be dedicated to adults and 5 hours shall be dedicated to children/youth/families. This will include two (2) offerings of the SAIL series | 612-1150 clients; minimum of 795 cases | 64-124 clients | 60-100 clients | | | |
| <ul style="list-style-type: none"> • Total # of unduplicated clients served to date in FY <ul style="list-style-type: none"> ○ # and % By geog. ○ # and % by region ○ # and % by age ○ # and % by gender ○ # and % by race/ethnicity | <ul style="list-style-type: none"> • Number of classes offered • Total attendance • Hours of classes/workshop offered YTD (next to minimum req'd?) <ul style="list-style-type: none"> ○ By adult/youth | <ul style="list-style-type: none"> • Total # of clients who opened at least one case <ul style="list-style-type: none"> ○ # and % first-time ○ # and % nonTBI vs TBI ○ # and % youth ○ # and % adults • Total # of cases opened in previous month • Total # of cases closed in previous month | <ul style="list-style-type: none"> • Total # of applications received # and % approved <ul style="list-style-type: none"> ○ # and % denied ○ # and % pending • Total # of clients starting self-mgmt <ul style="list-style-type: none"> ○ # and % first-time ○ # and % repeat ○ # and % youth ○ # and % adults ○ # and % nonTBI vs TBI • Total # of clients ending self-mgmt • Total # of clients on waitlist to start self-mgmt on last day of month <ul style="list-style-type: none"> ○ # by region | <ul style="list-style-type: none"> • Total # of clients referred for Ed. Cons. <ul style="list-style-type: none"> ○ # and % eligible ○ # and % ineligible ○ # and % pending • Total # of clients who opened at least <ul style="list-style-type: none"> ○ # and % nonTBI vs TBI ○ # and % first-time • Total # of Ed. Cons. cases opened • Total # of Ed. Cons. cases closed | <ul style="list-style-type: none"> • Total # of outreach activities & trainings delivered <ul style="list-style-type: none"> ○ Amount of time spent ○ # of attendees ○ By organization type ○ By training type (outreach event, training, consultation, etc) | none | none |
| (Semi-Annual) Due by 14th of: Jan & July | C&W | RN | SM | EC | Outreach | PM | Staff |
| | <ul style="list-style-type: none"> • Total # of classes and workshops offered in previous six months <ul style="list-style-type: none"> ○ # and % by type | <ul style="list-style-type: none"> • Total # of unduplicated clients served to date in FY <ul style="list-style-type: none"> ○ # and % by nonTBI/TBI ○ # and % By geog. ○ # and % by region | <ul style="list-style-type: none"> • Total # of unduplicated clients served to date in FY <ul style="list-style-type: none"> ○ # and % by nonTBI/TBI ○ # and % By geog. ○ # and % by region | <ul style="list-style-type: none"> • Total # of unduplicated clients served to date in FY <ul style="list-style-type: none"> ○ # and % by nonTBI/TBI ○ # and % By geog. | <ul style="list-style-type: none"> • Total # of referrals received <ul style="list-style-type: none"> ○ # and % by referral source type | <ul style="list-style-type: none"> • Total # of peers <ul style="list-style-type: none"> ○ # and % by nonTBI/TBI • Total # of mentors <ul style="list-style-type: none"> ○ # and % by nonTBI/TBI | none |

| | | | | | | | |
|---------------------------------|---|--|---|--|--|---|-------|
| | <ul style="list-style-type: none"> ○ # 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 of classes attended per unique individual in previous 12 months | <ul style="list-style-type: none"> ○ # and % By geog. ○ # and % by region ○ # and % by county ○ # and % by city ○ # and % by age ○ # and % by gender ○ # and % by race/ethnicity ○ # and % by language ○ # and % by military status ○ avg # of cases per client ○ avg # of goals per client ○ # and % who accessed in-person support • Total # of cases closed in the previous six months <ul style="list-style-type: none"> ○ # and % by closure reason ○ Avg # of goals per case ○ Avg length of time from case creation to case closure ○ Satisfaction survey results ○ Satisfaction survey response rate (total received/texts sent) • Total # of goals created in cases closed in the previous six months <ul style="list-style-type: none"> ○ # and % by goal type ○ # and % by status (closed or achieved) • # of appeals or grievances in the previous six months <ul style="list-style-type: none"> ○ By type | <ul style="list-style-type: none"> ○ # and % by county ○ # and % by city ○ # and % by age ○ # and % by gender ○ # and % by race/ethnicity ○ # and % by language ○ # and % by military status ○ avg # of functional tasks per client • Total # of func. task created in cases closed in previous six months <ul style="list-style-type: none"> ○ # and % by func. Task type ○ Avg goal attainment score change (from baseline to completion) ○ Avg. perception of confidence score change (from baseline to completion) • Satisfaction survey results • Satisfaction survey response rate • # of appeals or grievances in the previous six months <ul style="list-style-type: none"> ○ By type | <ul style="list-style-type: none"> ○ # 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 <ul style="list-style-type: none"> ○ By type | <ul style="list-style-type: none"> • Total # of outreach activities & trainings delivered <ul style="list-style-type: none"> ○ Amount of time spent ○ # of attendees ○ % new ○ By region and geography ○ By organization type ○ By training type (outreach event, training, consultation, etc) • Total # of new Resource Directory entries <ul style="list-style-type: none"> ○ % by referral source type | <ul style="list-style-type: none"> • Total # of current matches • Total # of orientations or trainings • Outcome or evaluation check-in on satisfaction? | |
| Due by the last day of: July | C&W | RN | SM | EC | Outreach | PM | Staff |

| | | | | | | |
|--|---|---|--|--|---|--|
| <ul style="list-style-type: none"> • Total # of classes and workshops offered in previous twelve months <ul style="list-style-type: none"> ○ # and % by type ○ # and % by region ○ # and % By geog. • Classes and workshops satisfaction survey results • Total # of unique attendees of classes and workshops in previous 12months • Average number of classes attended per unique individual in previous 12 months | <ul style="list-style-type: none"> • Total # of clients who opened at least one case in the previous twelve months <ul style="list-style-type: none"> • # and % by nonTBI/TBI • # and % first-time • # and % youth • # and % adults • Total # of clients who closed at least one case in the past FY • # and % by nonTBI/TBI <ul style="list-style-type: none"> ○ # and % By geog. ○ # and % by region ○ # and % by county ○ # and % by city ○ # and % by age ○ # and % by gender ○ # and % by race/ethnicity ○ # and % by language ○ # and % by military status ○ avg # of cases per client <ul style="list-style-type: none"> ▪ By geog. ▪ By region ○ avg # of goals per client <ul style="list-style-type: none"> ▪ By geog. ▪ By region ○ # and % who accessed in-person support <ul style="list-style-type: none"> ▪ By geog. ▪ By region ○ Satisfaction survey results <ul style="list-style-type: none"> ▪ By geog. ▪ By region ○ Satisfaction survey response rate (total received/texts sent) <ul style="list-style-type: none"> ▪ By geog. ▪ By region | <ul style="list-style-type: none"> • Total # of applications received in previous twelve months <ul style="list-style-type: none"> ○ # and % by nonTBI/TBI ○ # and % approved ○ # and % denied ○ # and % pending ○ Avg. length of time from application received to approved/denied ○ Avg. length of time from application approved to first meeting with advisor • Total # of clients starting self-mgmt in previous twelve months <ul style="list-style-type: none"> ○ # and % by nonTBI/TBI ○ # and % first-time ○ # and % repeat ○ # and % youth ○ # and % adults • Total # of clients on waitlist to start self-mgmt on last day of previous twelve months <ul style="list-style-type: none"> ○ # by region ○ # By geog. • Avg length of time spent on waitlist before starting self-mgmt on last day of previous twelve months <ul style="list-style-type: none"> ○ By region ○ By geog. • Total # clients ending SM in past FY <ul style="list-style-type: none"> ○ # and % by nonTBI/TBI ○ # and % By geog. ○ # and % by region ○ # and % by county ○ # and % by city ○ # and % by age ○ # and % by gender ○ # and % by race/ethnicity ○ # and % by language ○ # and % by military status ○ # and % by injury ○ avg # of functional tasks per client | <ul style="list-style-type: none"> • Total # of clients referred for Ed. Cons. in previous twelve months <ul style="list-style-type: none"> ○ # and % by nonTBI/TBI ○ # and % eligible ○ # and % ineligible ○ # and % pending • Total # of clients who opened at least one Ed. Cons. case in previous 12 months <ul style="list-style-type: none"> ○ # and % first-time • Total # of unduplicated clients receiving Ed. Cons. served <ul style="list-style-type: none"> ○ # and % By geog. ○ # and % by region ○ # and % by county ○ # and % by city ○ # and % by age ○ # and % by gender ○ # and % by race/ethnicity ○ # and % by language ○ avg # of goals per client <ul style="list-style-type: none"> ▪ By geog. ▪ By region ○ Parent/family satisfaction survey results ○ Parent/family satisfaction survey response rate (total received/texts sent) <ul style="list-style-type: none"> ▪ By geog. ▪ By region • Total # of goals created in cases closed in the previous 12 months <ul style="list-style-type: none"> ○ # and % by type <ul style="list-style-type: none"> ▪ By geog ▪ By region ○ # and % by status <ul style="list-style-type: none"> ▪ By geog | <ul style="list-style-type: none"> • Total # of referrals received <ul style="list-style-type: none"> ○ % by referral source type • Total # of outreach activities & trainings delivered <ul style="list-style-type: none"> ○ Amount of time spent ○ # of attendees ○ % new ○ By region and geography ○ By organization type ○ By training type • Total # of new Resource Directory entries <ul style="list-style-type: none"> ○ % by type • BIPN Overview (locations, meeting summary, attendee info, annual survey results) • Audience Response Data • Testimonials | <ul style="list-style-type: none"> • Total # of peers <ul style="list-style-type: none"> ○ # and % by nonTBI/TBI • Total # of mentors <ul style="list-style-type: none"> ○ # and % by nonTBI/TBI • Total # of current matches • Total # of orientations or trainings • Outcome or evaluation check-in on satisfaction? | <ul style="list-style-type: none"> • Staff Training & Professional Development <ul style="list-style-type: none"> ○ Avg. # of trainings attended per staff member ○ # of staff member that are ACBIS certified |
|--|---|---|--|--|---|--|

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| | | <ul style="list-style-type: none"> • Total # of cases opened in the previous twelve months <ul style="list-style-type: none"> ○ By geog. ○ By region • Total # of cases closed in the previous twelve months <ul style="list-style-type: none"> ○ By geog. ○ By region ○ # and % by area of need <ul style="list-style-type: none"> ▪ By geog. ▪ By region ○ Avg # of goals per case <ul style="list-style-type: none"> ▪ By geog. ▪ By region ○ Avg length of time from case creation to case closure <ul style="list-style-type: none"> ▪ By geog. By region <p>Injury “Landscape”</p> <ul style="list-style-type: none"> • % nonTBI vs TBI • Total # of reported brain injuries <ul style="list-style-type: none"> ○ # and % by type of injury • Avg number of brain injuries per client • Avg age of client at time of first brain injury • # and % of clients with two or more brain injuries | <ul style="list-style-type: none"> ▪ By geog. ▪ By region ○ # and % By func. task <ul style="list-style-type: none"> ▪ By geog. ▪ By region ○ Avg goal attainment score change (from baseline to completion) <ul style="list-style-type: none"> By func. task <ul style="list-style-type: none"> ▪ By geog. ▪ By region ○ Avg. perception of confidence score change (from baseline to completion) <ul style="list-style-type: none"> ▪ By geog. ▪ By region ○ Avg. time 1 perception of confidence score <ul style="list-style-type: none"> ▪ By func. task ▪ By geog. ▪ By region ○ Avg. time 2 perception of confidence score <ul style="list-style-type: none"> ▪ By func. task ▪ By geog. ▪ By region ○ Satisfaction survey results <ul style="list-style-type: none"> • By geog. • By region ○ Satisfaction survey response rate <ul style="list-style-type: none"> • By geog. • By region <p>Injury “Landscape”</p> <ul style="list-style-type: none"> • % nonTBI vs TBI • 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 | <ul style="list-style-type: none"> ▪ By Region <p>Injury “Landscape”</p> <ul style="list-style-type: none"> • % nonTBI vs TBI • Total # of reported brain injuries <ul style="list-style-type: none"> ○ # and % by type of injury • Avg number of brain injuries per client • Avg age of client at time of first brain injury • # and % of clients with two or more brain injuries | | | |
|--|--|--|--|---|--|--|--|

