Annual Report

Fiscal Year 2023

Executive Summary

As this report celebrates the collaboration and service delivery by the Brain Injury Alliance of Colorado and MINDSOURCE, we wish to acknowledge those who lost their battles with brain injury this year. The effort that this report represents is dedicated to them.

This report represents the work undertaken by the Brain Injury Alliance of Colorado (BIAC) under contract 22 IHEA 169121 during fiscal year (FY) 2023, July 1, 2022, to June 30, 2023 (FY23). This report outlines the successes and challenges of our service delivery this year. The report is separated into each of the program areas funded by MINDSOURCE: Outreach, Criminal Justice, Resource Navigation, Self-management, Youth Education Consultation, Peer Mentorship, and Classes & Workshops. This year, the Resource Navigation as an attached report from our contracted evaluation partners Intentional Inquiry.

Fiscal year '23 was full of new challenges and exciting changes at BIAC. Most notably was the opening of Valor on the Fax; a 72-unit permanent supportive housing complex. BIAC provides 24/7 services to the residents including resource navigation, mental health, and classes & workshops. MINDSOURCE participates in service delivery by funding 3 Resource Navigators who are based at Valor.

MINDSOURCE funded 20.79 FTE this fiscal year, accounting for 71% of BIAC's staff members *(Appendix J: BIAC Organizational Chart.)* These dedicated staff members proudly served 975 unique clients this fiscal year. This report provides a detailed breakdown of the services provided.

Outreach

Program Overview

BIAC's outreach is guided by a 5-year outreach plan developed in 2021 with support of the evaluation team at Joining Vision and Action (JVA) and established as anchor baseline data using sources that included BIAC's client services reports, Craig Hospital, Colorado Department of Public Health and Environment, Center for Disease Control and Prevention, and the US Census. Each year, in collaboration with MINDSOURCE, BIAC identifies areas of priority from this plan to determine which areas shall receive focus. With this information, BIAC can focus outreach efforts to address service gaps in alignment with the MINDSOURCE logic model.

BIAC's Outreach goals for FY23 are listed below. Efforts taken to meet these goals are explained throughout the "Outreach" portion of this report.

Goals for FY23

- **Goal 1: Increase awareness of BIAC services and resources, and support referrals to BIAC.** Activities will be updated in the MINDSOURCE dashboard and included in semi-annual and annual reports.

- **Goal 2: Increase engagement with groups that have a high prevalence of TBI.** Based on CDC Health Disparities findings, increase outreach efforts towards organizations that serve specific populations (including but not limited to American Indian/Alaska Native communities, people experiencing homelessness, and 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 (BIPNs) through meetings that allow for collaboration and growth in the brain injury community.

- **Goal 4: Continue professional growth of MINDSOURCE-funded BIAC staff through in-reach efforts.** Coordinate access to training on diversity, equity, inclusion, accessibility, and justice (DEIAJ), and person-centered training. Support acquisition of certifications as Certified Brain Injury Specialists.

- **Goal 5: Continue working with criminal justice systems (judicial, jails, DOC, and community corrections).** Maintain current partnerships with criminal justice agencies, support implementation of Department of Corrections pilot project, and provide outreach to community providers that engage with justice-involved survivors.

- **Goal 6: Increase outreach and service engagement with youth survivors of BI.** Provide 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 the 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.

- **Goal 8: Enhance BIAC's Resource Directory.** Explore opportunities to enhance utilization of the Resource Directory to benefit the brain injury community.

- **Goal 9: Non-TBI (nTBI) outreach.** Promote the use of nTBI screening tools and work with MINDSOURCE on a public campaign increasing awareness and education that is not only limited to traumatic brain injuries.

Outreach & Training

BIAC provides outreach and training to community agencies with the goal of building capacity within professionals who work with survivors of brain injury. These efforts also aim to solicit appropriate 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, the impacts brain injury can have on an individual, compensatory strategies when working with clients with brain injury, and what resources exist for the population they serve. 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 to screening tools, the *Achieving Healing through Education Accountability and Determination* (AHEAD) curriculum, and a short workshop session on how to administer these tools. BIAC also offers consultation, both ongoing and as needed, to support the long-term implementation of brain injury support, and any troubleshooting needs.

In addition to the professional development activities discussed in the [Training and Professional Development](#) portion of this report, BIAC supported 3 internal staff members to obtain their

Certified Brain Injury Specialist (CBIS) and 1 staff member to elevate their CBIS to a Certified Brain Injury Specialist Trainer (CBIST). These efforts are in alignment with **Goal 4** of the outreach plan.

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 8 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 and the State Office of Rural Health, while regions are defined by BIAC. Efforts related to **Goals 1, 2, 3, 5, 6, & 9** are partly demonstrated by the figures below.

Figure 1 and *Figure 2* provide context for the outreach activities that took place in comparison to FY22. **Overall, BIAC had a 33% increase in outreach related activities.**

Figure 1 - Outreach and Training Activities by Region

% by Region	FY22 (n=115)	FY23 (n=154)
Denver Metro	59	49
Southern	4	22
Central Mountain	10	2
Western Slope	10	12
Northern	12	8
Statewide	5	7

Figure 2 - Outreach and Training Activities by County Designation (n=154)

	Frontier	Urban	Rural	Statewide
▪ FY22	0	77%	7%	16%
▪ FY23	1%	84%	5%	10%
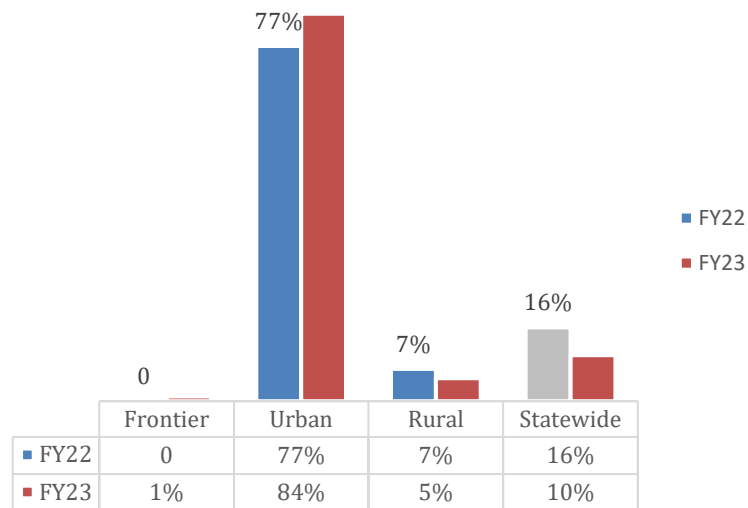
In FY23, 154 outreach activities and training took place. 2,282 audience members received training and consultation content, and outreach staff delivered over 200 hours of direct training and presentations. This demonstrates a **25% increase in the number of participating attendees**, which was up 34% from FY22. *Figure 3* displays the breakdown of outreach activities that were delivered to the various organizational sectors. While the Outreach Plan, especially **Goals 2, 3, & 5**, largely guide priority efforts, BIAC also responds to requests for education from additional agencies regularly.

Figure 3 - Outreach Training Activities by Organization Type (n=154)

Legend:
- Corporate
- Education
- Government
- Hospital
- Nonprofit
- Support Groups
- Foundation
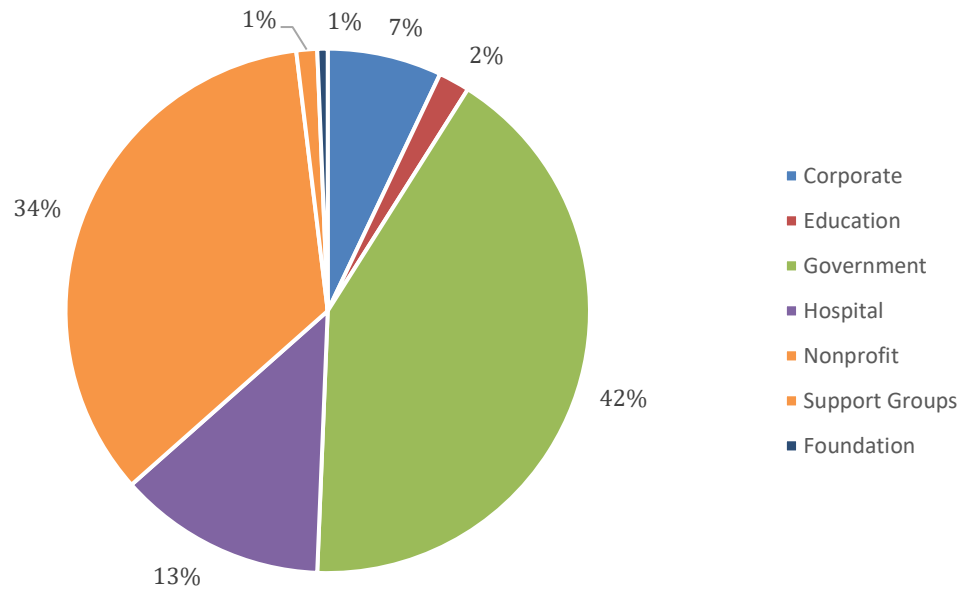
Referrals

Referral numbers and sources help guide the efforts of the outreach plan, however FY23 referral figures can be, at least in part, attributed to **Goals 5 & 9** to support the awareness of non-TBI and grow capacity of professionals in the criminal justice system, also referred to as the legal system. BIAC also receives referrals from professionals across various systems. Survivors may refer themselves, and can also be referred by friends and family members. *Figure 4* provides a visual representation of BIAC's 1365 services referrals, which is a **52% increase from the previous year**. BIAC receives referrals through fax, email, phone calls, social media messages, and an online referral form on BIAC's website. As was also the case in FY22, criminal justice agencies were the largest referral source category.

Figure 4 - Referrals by Type of Referral Source (n=1364)

Referral Source	Percentage
DVR	0.3%
Word of Mouth	3.8%
Website/Web search	18.0%
Support Group	0.3%
School	1.6%
Other	3.0%
Mental Health Provider	6.2%
Medical Provider	13.6%
Hospital	4.5%
Homeless Service Agency	4.3%
Event	0.4%
Criminal Justice	28.8%
Community Agency	15.2%
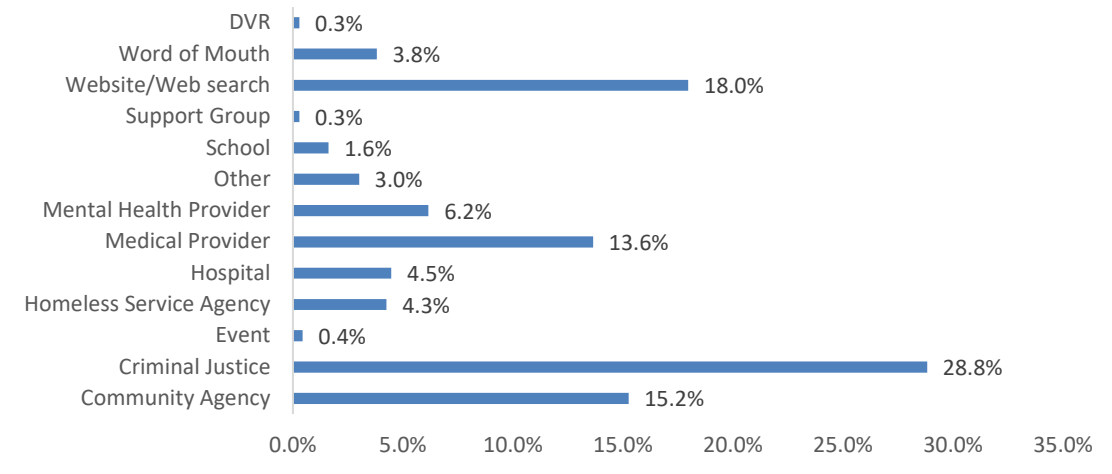
Resource Directory

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 this curated directory to navigate resources. During this reporting period, 60 new entries were submitted to the directory (*Figure 5).* In alignment with **Goal 8**, BIAC is considering several opportunities to enhance this resource list through a phased approach requiring published organizations to possess or acquire brain injury education. Due to the volume of entries, this will take several years to implement and is currently embedded into BIAC's strategic plan.

Figure 5 - New Resource Directory Entries by Type (n=60)

Type	Percent
Medical/Rehab	26%
Neuropsychology	3%
Legal	17%
Home Health	5%
Counseling /Mental Health	10%
Community Agency	27%
Alternative	12%
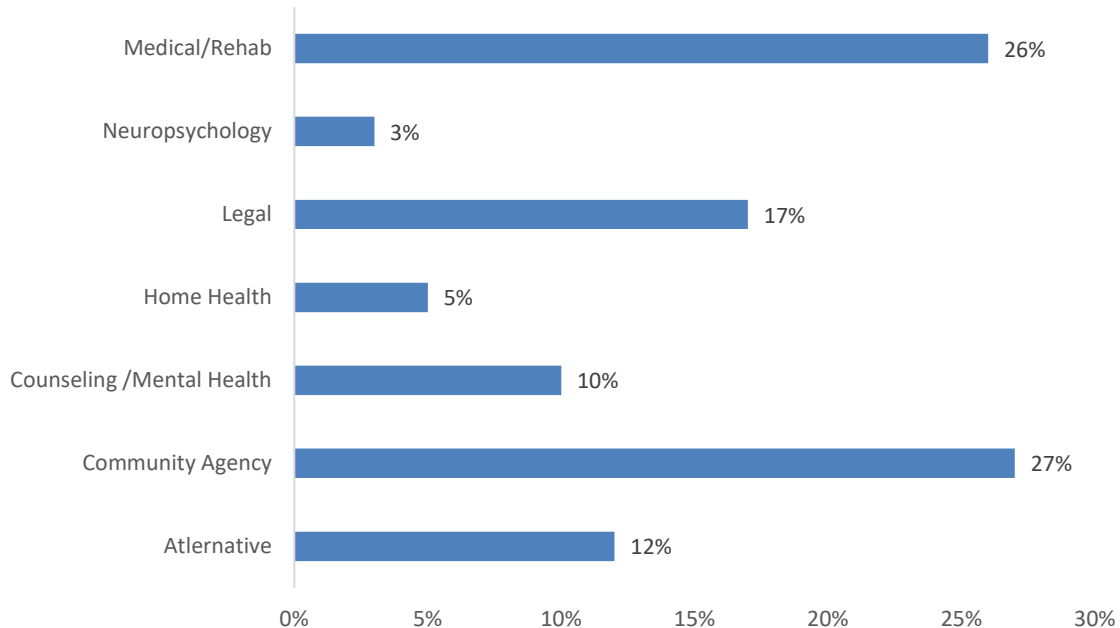
Criminal Justice

In relation to **Goal 5**, MINDSOURCE funded .75 FTE to specifically focus on the criminal justice system, also known as the legal system. This fiscal year BIAC's criminal justice program included efforts to support the implementation of Senate Bill 21-138 (SB 21-138): Improve Brain Injury Support in the Criminal Justice System. The Bill required the Department of Corrections (DOC) to create a brain injury pilot program to evaluate outcomes for people in the legal system with a brain injury who received screening and support while incarcerated. The pilot program was implemented at the La Vista Correctional Facility in Pueblo. Training began in October of 2022.

BIAC has continued outreach and capacity building by maintaining relationships with partner sites, all of whom continue to receive training refreshers as needed or requested and screen for brain injury. 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 and improvements to the brain injury screening protocol, and additional training needs.

A recurring issue across the legal system has been challenges with staff turnover, keeping staff updated on training, planning, schedules, workloads, and the diverse structure of judicial districts all over the State. These have proven to be some of the obstacles to scheduling probation training. For example, supervisors often want to delay sessions until their teams are fully staffed and some only have the authority to schedule training of their individual units versus whole departments. Despite these challenges, progress was still achieved on this front. Outreach and capacity building highlights include:

- Comprehensive training on the brain injury screening protocol for the Office of Civil and Forensic Mental Health (Outpatient Restoration Services), which included mental health providers from all over the state of Colorado. There were over 200 audience members in attendance.
- Comprehensive training on the brain injury screening protocol for non-governmental agencies that work with people, youth and parents involved in the legal system such as AYBOS Advocacy Services, the Second Chance Center, and Kids Crossing.
  - o AYBOS Advocacy Services was co-founded by Marchell Taylor, member of the SB 21-138 Task Force, and assists with community reentry, legal review, and business development.
  - o The Second Chance Center is a nonprofit community re-entry program offering case management, mentoring, and resources to assist people who are formerly incarcerated.
  - o Kids Crossing is based in Colorado Springs and provides foster care and therapeutic foster care. They have offices in Pueblo, La Junta, and Denver as well. They are one of the largest fostering agencies in Colorado and work with kids from birth to eighteen years old, who may have emotional and/or behavioral disorders, medical needs and/or developmental delays, substance abuse issues, delinquent behaviors, special education needs, histories of abuse and neglect, and so forth. Their extensive work includes interacting with parents involved in dependency and neglect cases.
- Presentation at the Ignite Colorado Problem Solving Court Conference about how to support brain injury survivors in the legal system, and an introduction to the brain injury screening protocol.
- Collaboration on presentation at the Mesa County Intimate Partner Violence/Abuse (IPV/A) Awareness Conference with the Director of Hilltop Brain Injury Services about how to support brain injury survivors of IPV/A and related intersectional ties.

- Providing AHEAD group related training and follow-up support for veteran peer-facilitators that are incarcerated at the Limon Correctional Facility and in the BEACON program at the Skyline Correctional Facility.

Conclusions

BIAC was able to advance all outreach goals in the fiscal year as most Covid restrictions were lifted and in-person training was a viable option once again. As can be seen by the increase in referrals this year, it is believed that while outreach activities excelled, it put additional strain on the Resource Navigation team managing the incoming referrals. Extensive outreach was made possible through collaboration between BIAC and MINDSOURCE staff, and the ability to deliver content to professionals on virtual and in-person platforms.

Testimonials

"I appreciated the depth of this training! I know there's a whole lot more to learn, but this felt like a really effective start. Thank you!"

- Community Corrections Professional

"Thanks so much for presenting to our dept., really helpful and informational, especially in our Mental Health unit."

-10th Judicial District Probation Department

"Everyone loved the training and wish they would have had it sooner. Thank you for the opportunity to get more resources and direction in our little rural area."

-7th Judicial District Probation Department and Mental Health Professionals

"We have a few other facilities that are interested in utilizing this [A.H.E.A.D] curriculum, and it is creating a really positive change within DOC. Thank you so much for all you have done so far and everything you continue to offer."

- DOC Prison Programs Peer Specialist Administrator

"Great presenter. Wish it would have been a little longer - I think we missed a lot of good info on the slides."

– 19th Judicial District

"The training gave me a greater awareness of what my clients with TBIs are dealing with and how to better approach working with them."

– Colorado Coalition for the Homeless

"Thank you for this training as it was very helpful in providing better care and to meet another's needs, who suffer from TBI."

-Belmont Lodge Healthcare Center

"I thought the information was relevant to our program and clearly presented."

-Center Towards Self-Reliance

Evaluation

Knowledge Attainment

Background & Objectives

For BIAC-provided training, a QR code was developed to assess knowledge attainment and participant satisfaction. This QR code is presented at the end of presentations and is easily scanned by audience members. This system makes it easier for both in-person and remote attendees to participate.

Methodology

As referenced in **Goal 7**, audience members were asked to answer the statements below with either True/False or utilize a Likert scale on statement agreement following a BIAC training. The questions were slightly modified this past year, adding "*Because I took this training*" to better evaluate the perceived effectiveness by audience members. **84% of attendees (n=153) reported seeing the presentation for the first time. 98% (n=302) of attendees responded that they understood how people get brain injuries because of the training.** Results for the remaining questions are demonstrated in *Figure 6* below and have been consistently 90% or higher year after year.

The questions are listed below:

- True/False: Have you participated in a BIAC training before today?
- True/False: Because I took this training, my understanding of how people get brain injuries has increased.
- Strongly Agree/Disagree/Neutral/Agree/Strongly Disagree: Because I took this training, my knowledge of the common signs and symptoms of brain injury has increased.
- Strongly Agree/Disagree/Neutral/Agree/Strongly Disagree: Because I took this training, my understanding of how to support people with brain injuries has increased.

- Strongly Agree/Disagree/Neutral/Agree/Strongly Disagree: Because Following today's training, my knowledge of the resources available to survivors of brain injury has increased.

Results

When looking at participants responses, 90% of participants reported they strongly agreed or agreed that their knowledge of the resources available to survivors of brain injury increased. In addition, 91% of participants reported that because they took the training, their understanding of how to support people with brain injuries increased. When looking at participant responses regarding knowledge gained in the areas of common signs and symptoms of brain injury, 92% of participants stated their knowledge of common signs and symptoms had increased due to taking the training. Responses continue to yield high positive responses from attendees but given there are still responses that select disagree or strongly disagree, it is a reminder that there is still room for improvement for the facilitator, content delivered, and possibly more orientation is needed to the Likert scale and structure of the questions being asked. Monthly outreach meetings are held between MINDSOURCE and BIAC to address topics such as these.

Figure 6 - Outreach and Training Activities, Knowledge Attainment Summary (n=299)

Key Accomplishments

- BIAC was able to support three staff members to become Certified Brain Injury Specialists (CBIS) and one staff member to become a Certified Brain Injury Specialist Trainer (CBIST).
- As shown throughout the outreach section of this report, BIAC increased outreach activities, spent more time directly delivering content, and reached more professionals in FY23 than in FY22.
- BIAC saw an incredible increase of referrals in FY23 as compared to FY22.
- Training participants continued to report that the training provided an increased understanding of brain injury.

Goals for FY24

BIAC and MINDSOURCE, utilizing input from the MINDSOURCE logic model and available sources of anchor data, established the following goals for FY24:

- Increase awareness of BIAC services and resources, and support information about appropriate referrals to BIAC.
- Target engagement with groups that have a high prevalence of BI.
- Through capacity building, improve CO agencies engagement with survivors.
- Continue professional development of MINDSOURCE-funded BIAC staff through in-reach efforts.
- Continue working with criminal justice systems (judicial, jails, DOC, and community corrections).
- Increase outreach and service engagement with youth survivors of a BI both internally and externally.
- Engage in quality improvement to measure knowledge gained by training participants.
- Continue to develop structure around Resource Directory postings.

Direct Client Services

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

- Program Overview
- Client Demographics (Self-Management and Education Consultation)
- Service Participation
- Evaluation
- Testimonials
- Key Accomplishments
- Goals for FY24

Due to the large amount of outcomes data and feedback from the Resource Navigation program, BIAC has worked with outside consultant Amy Engleman, Ph.D. with Intentional Inquiry, to develop an external evaluation report which delves into the demographics, outcomes, and opportunities for this program. This report will be made available with this annual report.

Resource Navigation

As mentioned above, the external evaluation report of BIAC's Resource Navigation (RN) program performance in FY 23 will be submitted with this report. Below are several testimonials that reflect the impactful work of the RN team.

Testimonials

"*This gives us a little bit of hope. We needed this because we are all worn out, exhausted, and weary of what the future holds. Please know you do a wonderful service. Thank you very much, I'm so glad you're there.*"

> - Family friend of a client

"*I feel blessed to have people like you fighting for me in my corner. I feel a new sense of hope in my life.*"

> -Resource Navigation client

"*You don't even know how much this means to me. I'm just so excited right now because we've been going through it and haven't had any numbers to call or anything so thank you so much for that start.*"

> -Resource Navigation client

"*Thank you so very much. Just this phone call alone feels like so much weight off and I feel hopeful. My heart is hugging yours. You are the beacon of hope. I really needed this today. Thank you for all the work you all do.*"

> - Resource Navigation client

Figure 7 - Colorado County Map by Service Region
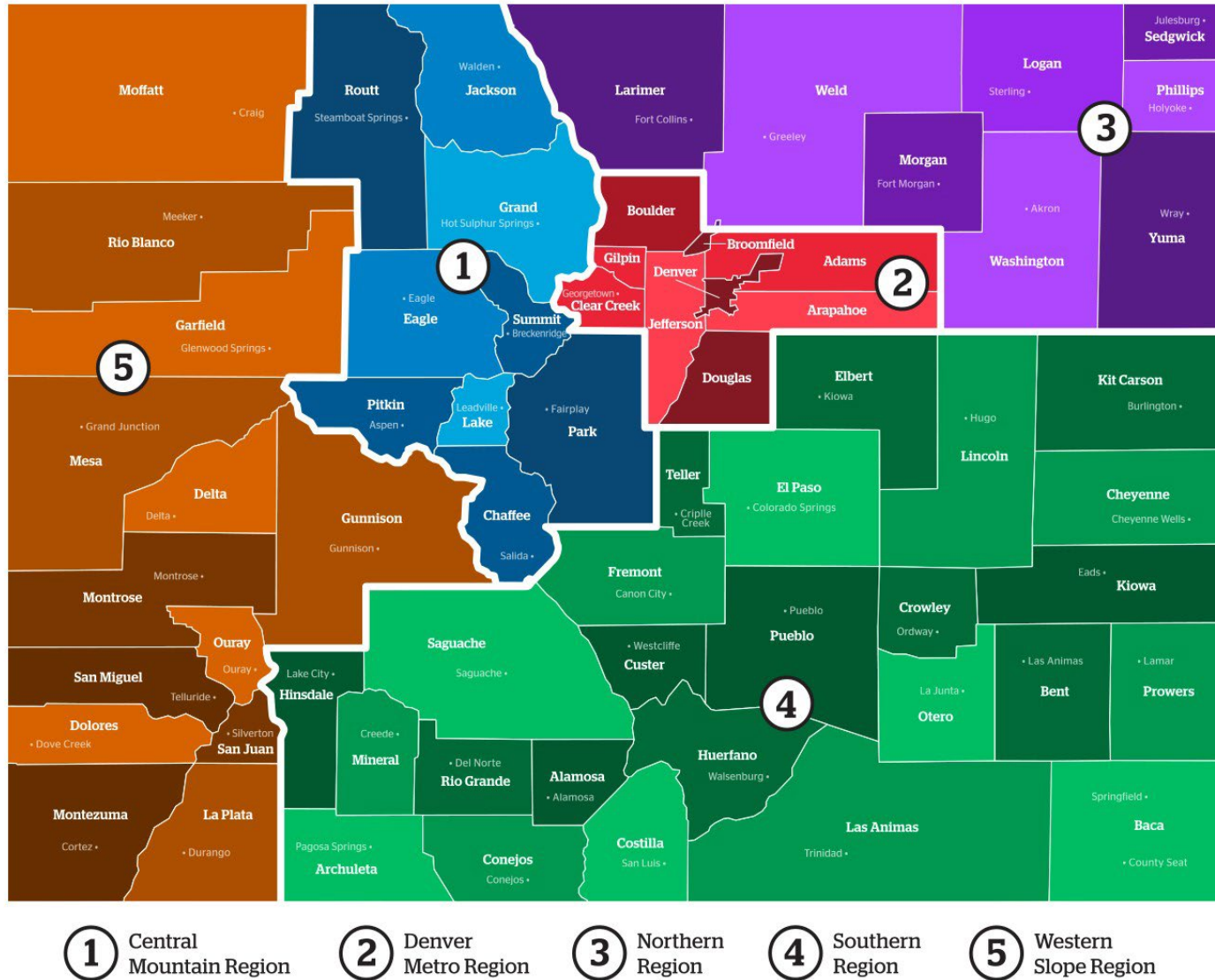
Figure 8 - Colorado County Map by County Designation

Colorado: County Designations, 2018

County Classifications

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

0   25   50 miles

Data Source Information.
Site addresses were collected and
geocoded by the State Office of
Rural Health, current as of
January 2016.
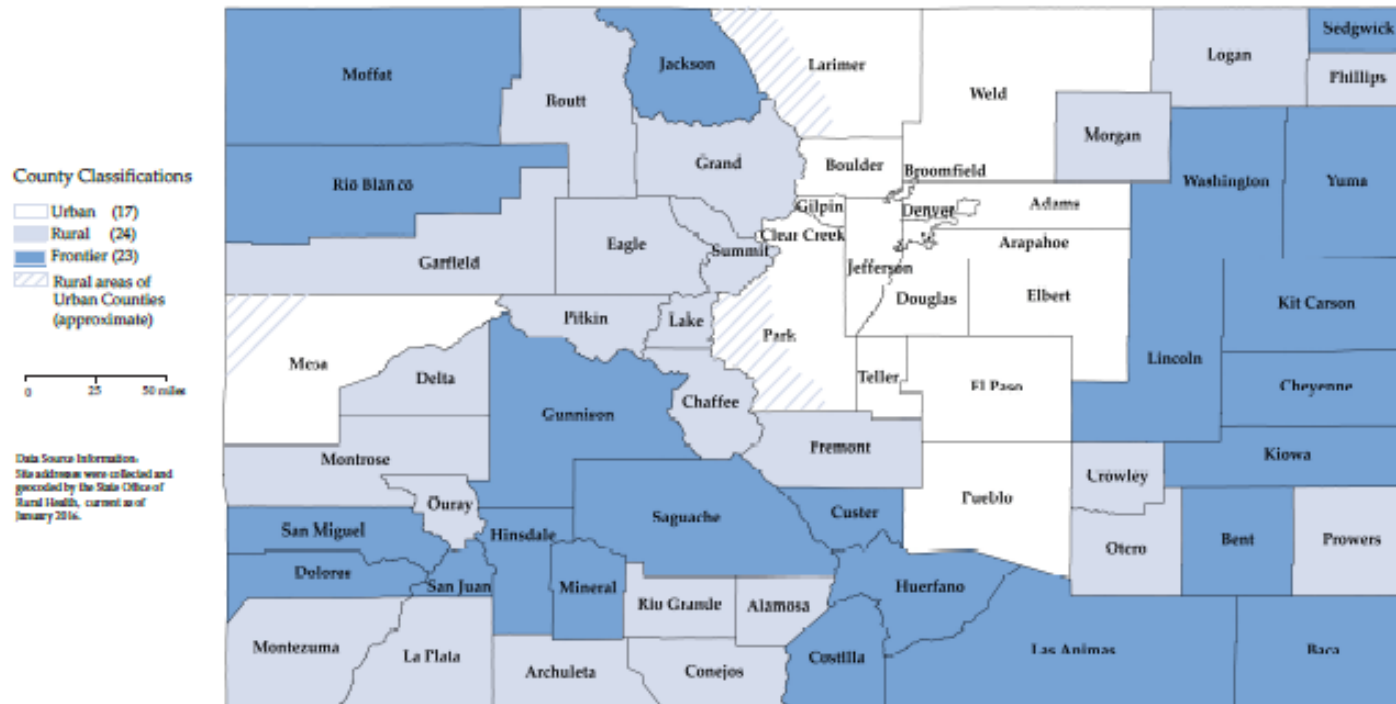
The definition of rural and frontier varies depending on the purpose of the program or policy in which they are used. Therefore, these are referred to as programmatic designations, rather than definitions. One designation commonly used to determine geographic eligibility for federal grant programs is based on information obtained through the Office of Management and Budget: *All counties that are not designated as parts of Metropolitan Areas (MAs) are considered rural.* The Colorado Rural Health Center frequently assumes this designation, as well as further classifies frontier counties as those counties with a population density of six or fewer persons per square mile. You may visit the Rural Health Grants Eligibility Advisor to determine if a county or address is designated rural, or contact the Office of Rural Health Policy at (301) 443-0835.

COLORADO RURAL HEALTH CENTER

The State Office of Rural Health

Self-management

Program Overview

Fiscal year 2023 marks the sixth year that BIAC has offered Self-management (SM) services to survivors sixteen-years-old and over. This program is designed and available for brain injury 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 a BIAC staff member, known as a Brain Injury Advisor, 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 Brain Injury Advisor for an average of four hours each month. Upon completion, clients must wait six months before reapplying.

Brain Injury Advisors collaborate 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 Brain Injury Advisor that is reviewed each time they meet.

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 Building & Completing Applications
Decision Making	Meal Planning	Preparing for the Workplace
	Completing Paperwork	

Once a participant has completed the program with their Brain Injury 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.

Services are provided in person, virtually, or by phone. Clients may choose a communication method or combination of methods that works best for them.

Client Demographics

In FY23, a total of 97 individuals applied for Self-management services, a slight increase from FY22. Of those 97 individuals who applied (and are considered as clients for reporting purposes) 83 were accepted to the program and 71 clients were served by Self-management within FY23. 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. Additionally, by the end of FY23, 68 unique individuals completed Self-management services (some of these were clients who began the program in FY22 but completed it in FY23).

In FY23, all clients served came from urban and rural areas, consistent with previous years' trends. There were no clients served from frontier counties, a decrease from FY22 (*Figure 9*) Denver Metro clients increased from 50% to 68% in FY23. The Southern Region experienced a drop from 33% in FY22 to 21% in FY23. The Western Region dropped from 6% in FY22 to 1% in FY23. The number of applicants from the Northern region decreased from 11% to 8% and 1% of applicants were from the Central region, which had no clients in FY22. (*Figure 10*) Some of the demographic shifts can be attributed to staff vacancies in both the Southern and Western regions for a portion of FY23.

Figure 9 - Self-management Clients by County Designation (n=71)

Unique Count of Contact ID

County Designation

Urban ●
Rural ●

71

68
(95.77%)
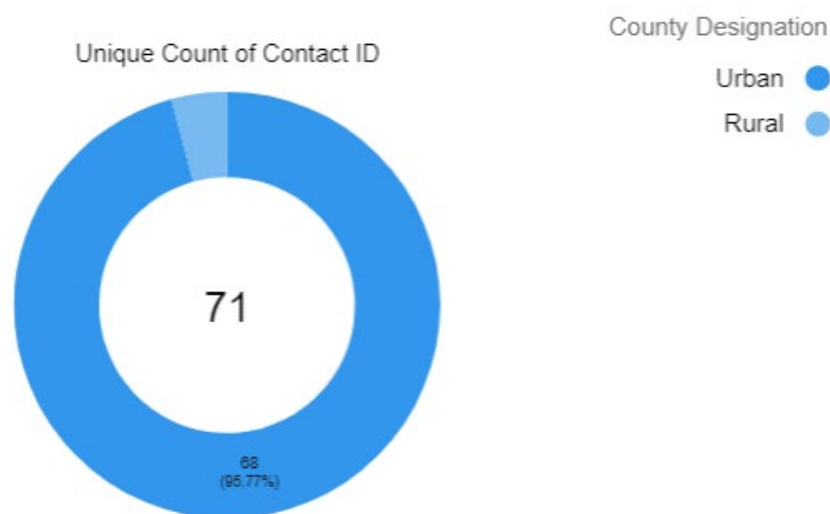
Figure 10 - Self-management Clients by Region (n=71**)**
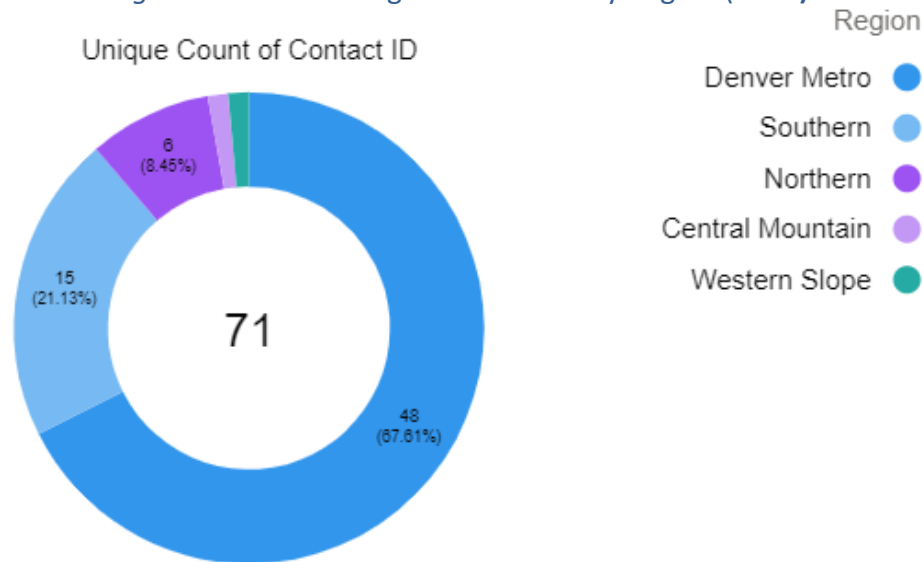
Self-management services are available for survivors who are 16 years or older and able to participate in the program independently. The youngest client in FY23 was 21 years old. This demonstrates **an opportunity to provide additional outreach to youth, which may be accomplished with support from BIAC's Program Manager- Education Consultation/Youth Services.** The largest group of participants in FY23, ages 41-55 years, increased from 30% in FY22 to 39% in FY23(*Figure 11).* The other age group ranges remained consistent, apart from the 70+ group, which decreased from 7% in FY22 to 6% in FY23.

Figure 11 - Self-management Clients by Age (n=71)
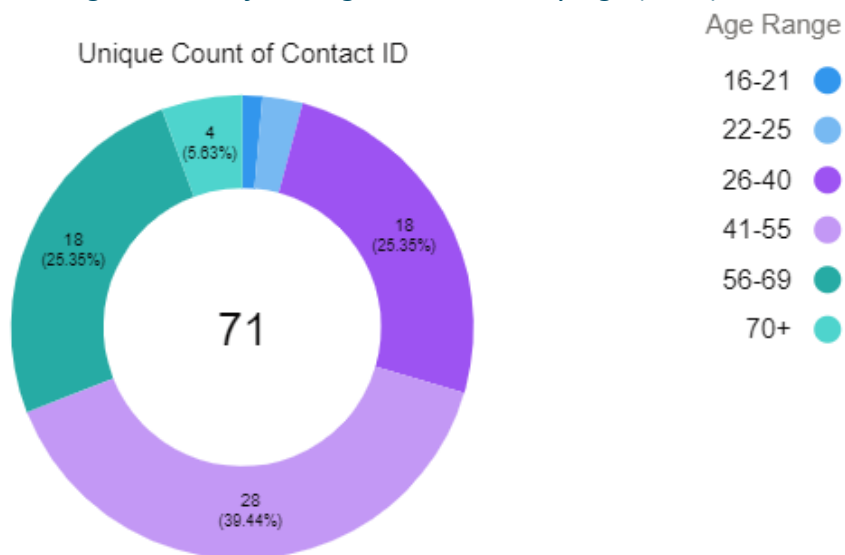
The gender distribution in Self-management demonstrated 58% of individuals identifying as female and 41% identifying as male. These numbers are comparable to FY22 numbers. FY23 is the second year BIAC has recorded gender representation other than Male or Female. One Self-management participant selected non-Binary. These numbers represent changes made to the BIAC intake process which has become more inclusive to encompass clients of many gender identities.

All races/ethnicities included in BIAC's data collection were represented in Self-management in FY23 except Pacific Islander. Survivors identifying as Caucasian/White represented most clients served in Self-management at 73%. The '"Unknown" category typically represents clients who decline to provide their race/ethnicity. One hundred percent of clients indicated English as their preferred language. BIAC is exploring options for expanding outreach to Spanish speaking communities.

BIAC acknowledges that clients identifying as non-Caucasian/non-White were more underrepresented in Self-management in FY23 than in FY22. **BIAC is making concerted efforts to increase the number of non-Caucasian/White clients by increasing outreach to historically underserved groups and utilizing Self-management services, including collaboration with BIAC's DEIAJ committee and Program Manager – Systems Outreach**.

Figure 12 - Self-management Clients by Race/Ethnicity (n=71)
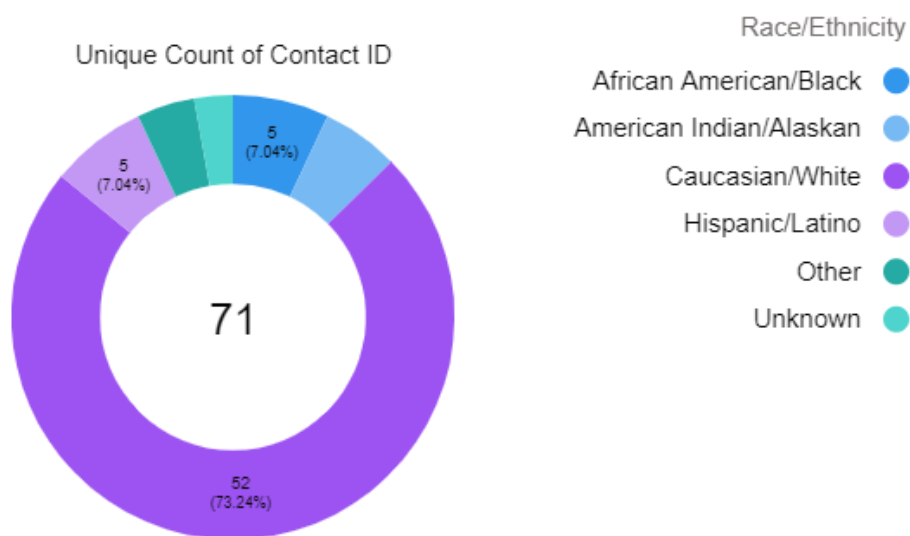
In FY23, BIAC served 5 veterans (7%), up from just 1 in FY22. Eighty-six percent of clients identified as civilians and the remaining seven percent were unknown. The increase in veteran clients may be attributed to targeted outreach efforts in the Southern region, and the fact that the new Southern Region Brain Injury Advisor is a veteran.

Figure 13 – Self-management Clients by Military Status (n=71)

Military Status

Veteran
Civilian
Unknown

Unique Count of
Contact ID

71

61
(85.92%)
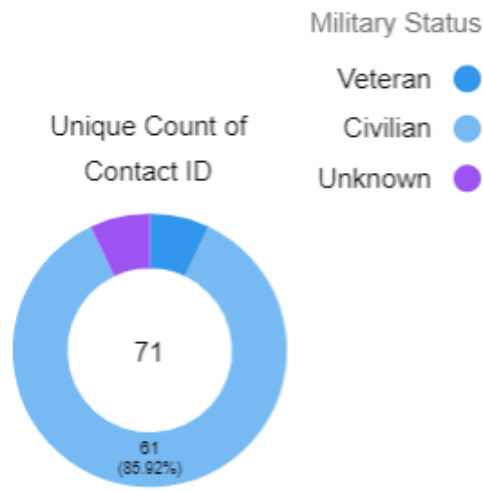
Over half (68%) of SM clients were first-time applicants and 32% were repeat clients. Thirty-one former clients re-applied (though not all became clients again) to the program for a second or third time. This is the fourth consecutive year where the number of repeat clients increased, indicating that they continue to find value in the program and want to further benefit from this service. Clients have also expressed their desire for the program duration to be extended, which is the primary reason for so many re-applying.

Figure 14 - Self-management Clients, First-time and Repeat (n=74)

Unique Count of Contact ID

New or Repeat SM Client?

First SM Case   50

Repeat SM Case   24
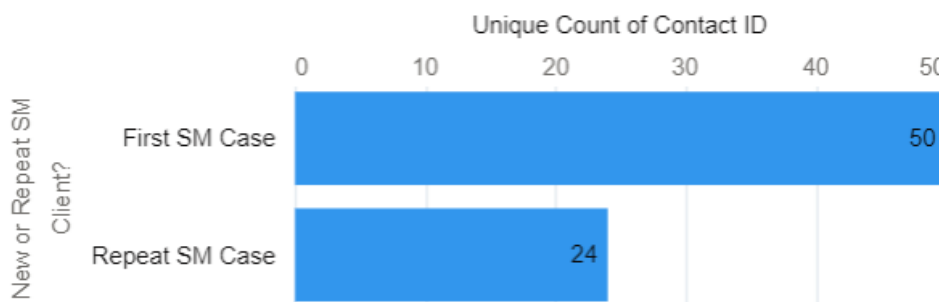
Service Participation

Clients apply for the Self-management program by submitting an application. 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 Brain Injury Identification method (OSU BI-ID) which can be conducted by trained BIAC staff. Clients identify the specific skill areas (functional tasks) they want to build or improve upon and

are then assigned to a Brain Injury Advisor. Clients will work with that assigned Advisor for the program's duration. The Advisor and client collaborate on the creation of specific goals (functional task goals). Seventy-four individuals started services in FY23.

Collectively, clients worked on 130 functional task goals, with an average of 1.9 functional task goals per client (*Figure 15 and Figure 16*). Urban area clients averaged 2.2 tasks per person, rural clients averaged 1 task per person, and there was no data for frontier counties because the program served no clients in that region. Regionally, the Denver Metro area averaged 2.4 tasks per client, the Southern region averaged 1.8 tasks per client, and the Northern Region averaged .5 tasks per client. There was no data for the Central or Western regions as the program served no clients in that region for most of FY23.

Figure 15 - Average Number of Functional Task Goals per Client by Geography Designation (n=130)
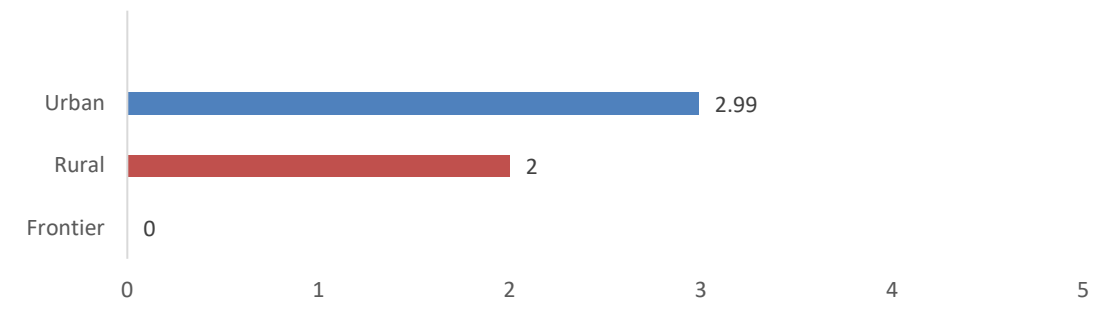
Figure 16 - Average Number of Self-management Functional Task Goals per Client by Region (n=130)
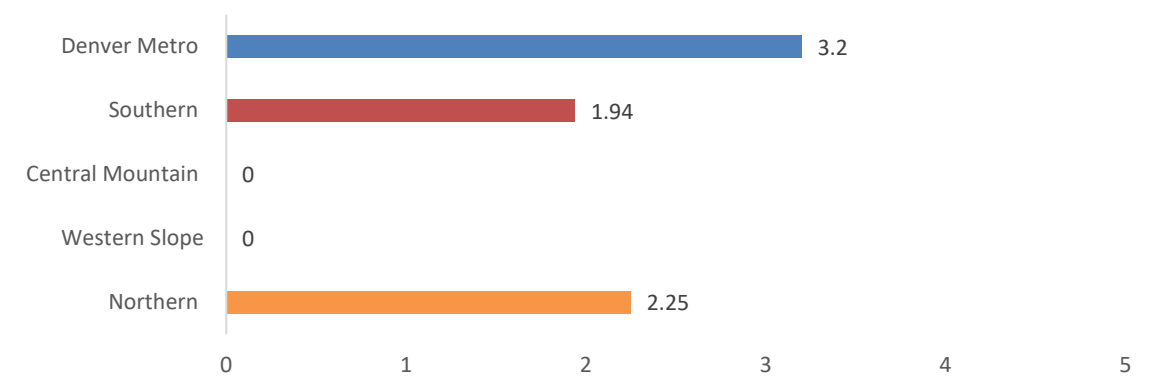
Of the 130 functional task goals, Home Skills was chosen by 51.5% of clients, 41.5% chose Personal Skills, and 6.9% chose Vocational Skills. This is a shift from FY22 numbers in which 35.6% chose Home Skills, 62.5% chose Personal Skills and 1.9% chose Vocational Skills. The Vocational Skills category was a new offering on the program application last year, so no data

was available for comparison. This second year indicates a growing interest in Vocational Skills (*Figure 17*).

Figure 17 - Percentage of Self-management Functional Task Goals by Category (n=130)
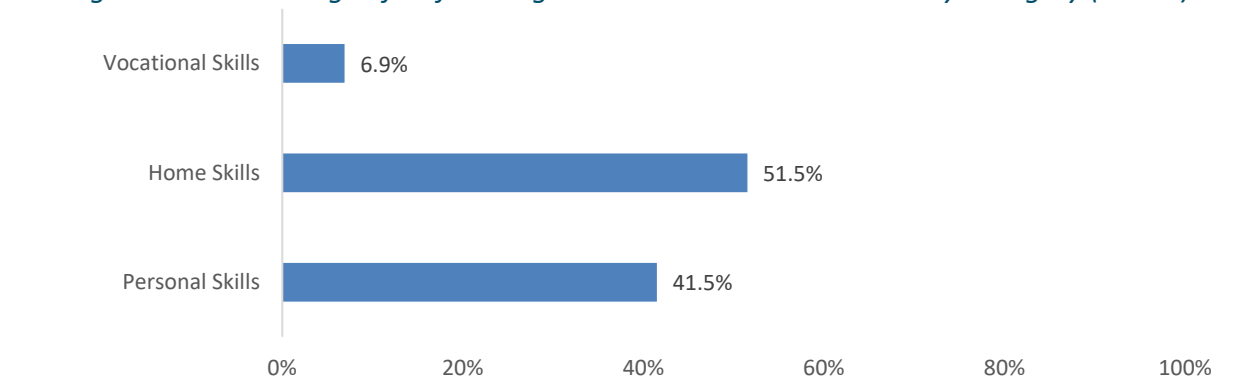
The proportions amongst the Skills Categories were not as consistent across all regions as they had been in previous years. Home Skills were the most popular in the Denver Metro region, while Personal Skills were selected more frequently in the Northern and Southern regions. Vocational Skills were not chosen in the Central Mountains, Westen Slopes, or Northern regions, indicating a need for staff in other regions to assess clients for vocational needs.

Figure 18 - Percent of Self-management Functional Task Goals by Category and Region (n=130)
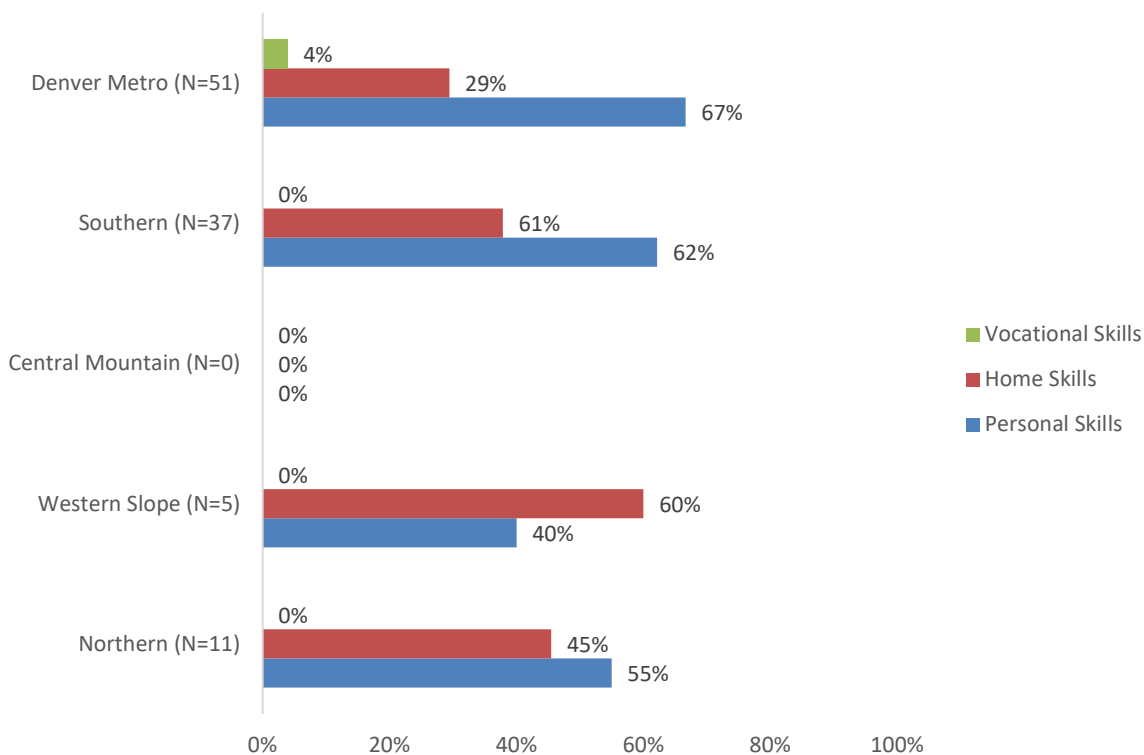
Due to staff turnover in frontier regions of the state, there were no clients in counties designated as frontier, as displayed below (*Figure 19).* Performance in other counties was comparable to FY22. In the coming FY, BIAC will seek new ways to reach potential clients in frontier areas of the State.

Figure 19 - Percent of Self-management Functional Task Goals by Category and County Designation (n=104)
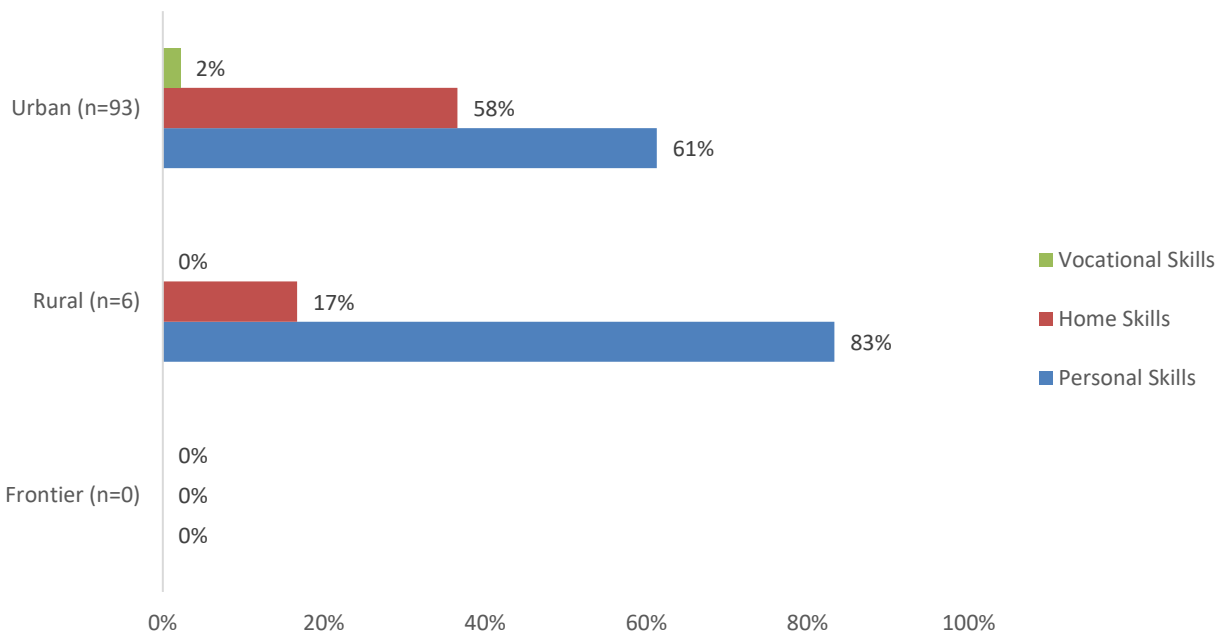
Evaluation

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 parties that have been used in various formats of the Cognitive Rehabilitation setting for brain injury with proven success. GAS offers both the client and the Brain Injury 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 the refrigerator.*
- *Keep sticky notes by front door to remind client to take their planner to appointments.*
- *Write new appointments down in the planner immediately – take an extra minute at the doctor's office to do this.*
- *Write in pencil in case an appointment changes.*
- *Transfer all appointments to a 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:

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

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

Results (Goal Attainment Scales)

In FY23, from baseline to completion, GAS scores across all functional task goals had an average change of 19.25% (from +2.23 in FY22) 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. Vocational Skills demonstrated the most significant growth (*Figure 20)*. This indicates client achievement in all functional task categories, indicating program success. **It is also important to note that no clients regressed or had a reduction in level of function.**

Figure 20 - Self-management Average Change in Goal Attainment Scaling by Functional Task Category (n=104)
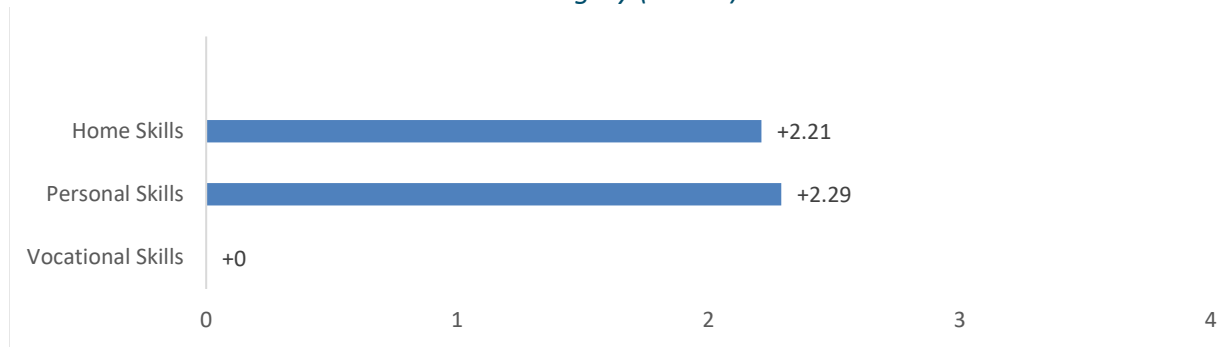
Conclusions (Goal Attainment Scales)

In the Self-management program, clients continue to show improvement in their efforts to attain, develop, and improve new skills. This 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 the impact of services over time.

Background & Objectives (Confidence Scales)

Like 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 with a more subjective view into how much more confident the client feels in their ability to achieve a goal, regardless of measurable achievement. The reason BIAC uses this to measure success is two-fold. First, BIAC believes progress should be recognized in all forms, especially emotional forms that may be holding a client back from achieving their goals. Low self-confidence in one's ability to perform a task can be a detriment throughout all aspects of life, such as attempting to learn a new skill. In many cases, confidence in oneself is the first step on the path to goal attainment. The second reason BIAC evaluates program outcomes with client confidence is because of the frequent issues with initiation that survivors of brain injury face, which lead to inaction. BIAC believes that if confidence in one's ability to perform a task increases, 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 in FY23 than FY22 (2.96 vs 2.51), 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 20% increase in confidence for FY23 (*Figure 21*) at the completion of the program. Building confidence correlates to goal achievement and this creates an opportunity for Advisors to develop new strategies for building self-confidence in this population.

Figure 21 - Self-management Average Change in Confidence Score
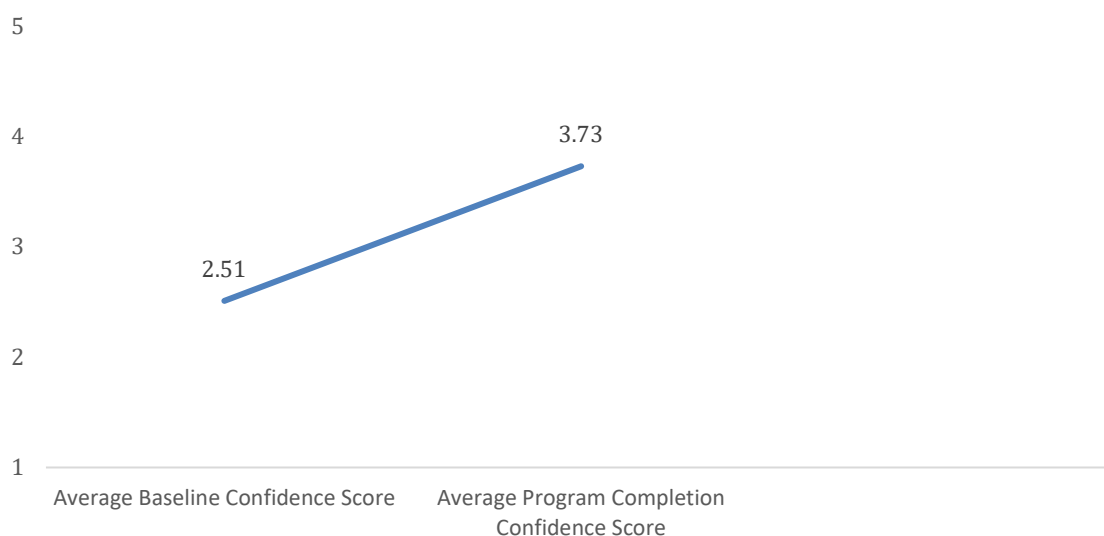
Breaking down client confidence by functional task category, clients entered services with the highest confidence in Vocational Skills, but overtime, showed no change in confidence. Clients entered the program with similar confidence in Home Skills and Personal Skills tied at 2.5. By program completion, the greatest improvement in confidence occurred in Home Skills. (*Figure*).

Figure 22 - Self-management Average Change in Confidence by Functional Task Category
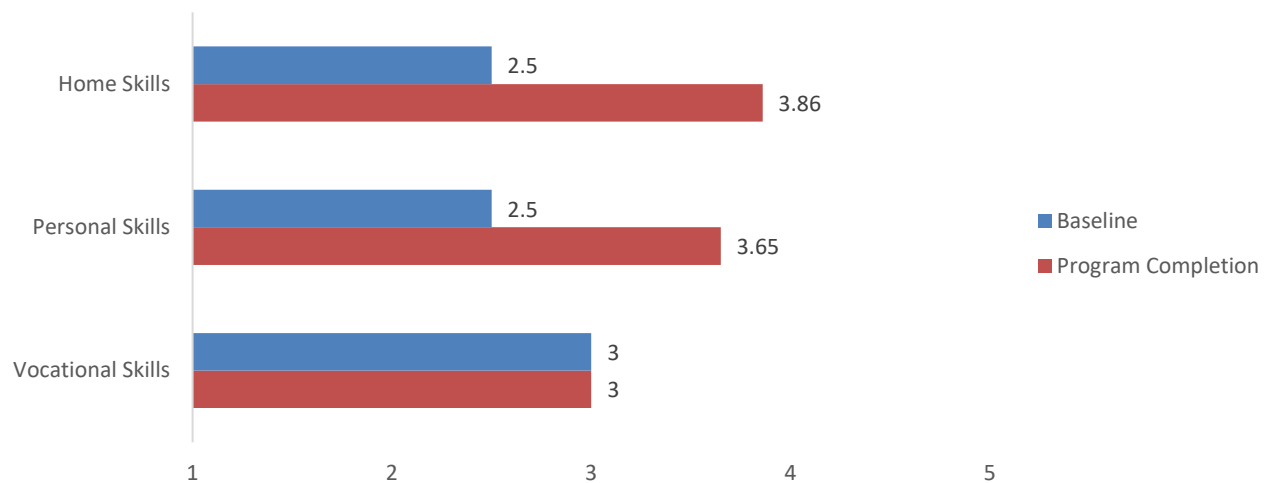
Conclusions (Confidence Scales)

Confidence scale scores increased in all functional task areas, with the greatest increase in Vocational Skills. As the program continues into its sixth year, 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 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 Brain Injury Advisor. Surveys were available to the client in two formats: 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.[1] Participation in the survey was voluntary but encouraged.

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[1] 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 FY23, 71 individuals (100% of Self-management clients) were offered the opportunity to complete the end of program satisfaction survey. Of those 71, 28 submitted responses (39%). This demonstrates a decrease from the response rate of 56% in FY22. This decrease could be because repeat applicants had already filled out a survey and did not want to complete another. Response rates were highest in urban counties at 96%. By region, response rates were highest in the Denver Metro and Southern regions (Figure 23, Figure 24) with 23 responses from the Denver region and 5 responses from the Southern region. There was one response from rural counties and one response from Frontier counties (likely from a client who ended service in FY22 but returned the survey during the FY23 data capture).

Figure 23 - Self-management Satisfaction Survey Response Rates by County Designation (n=28)
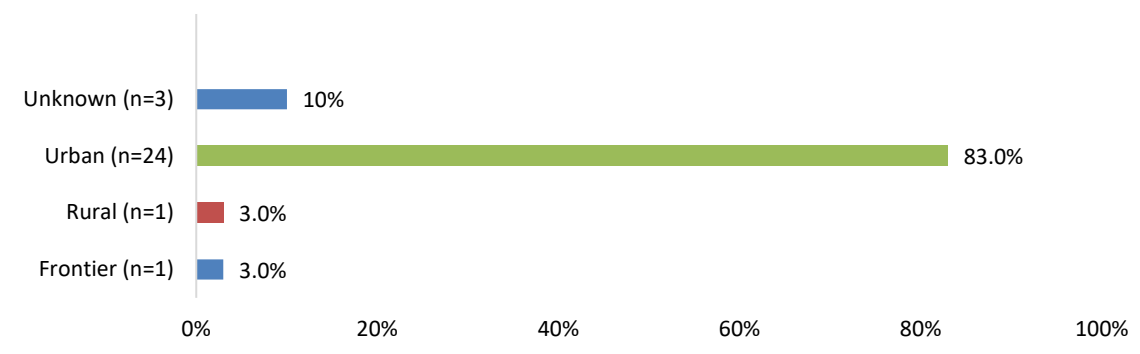
on the client's preferred method of (cont.) communication. This can lead to inconsistencies in the completeness of survey responses (i.e., a "required" question on an electronic survey can be left blank on a hard-copy survey).

Figure 24 - Self-management Satisfaction Survey Response Rates by Region (n=30)
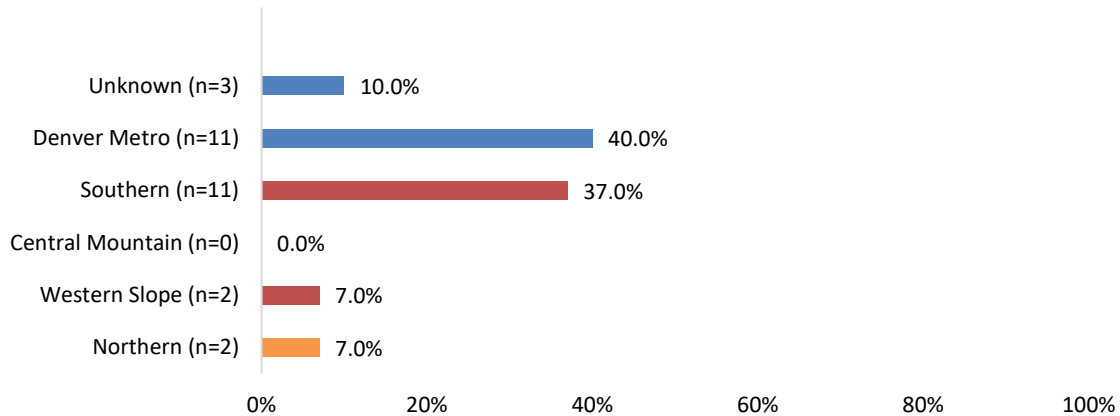
When asked, "Overall, how self-sufficient do you feel since you began participating in BIAC's Self-management program?" most respondents who completed the program (88.8%) indicated that they felt "much more self-sufficient" or "more self-sufficient" (*Figure* . These figures are just slightly higher than in FY22. Three respondents indicated they felt about the same level of self-sufficiency. No one responded less or much less to this question.

Figure 25 - Self-management Satisfaction Survey, Question: Overall, how self-sufficient do you feel since you began participating in BIAC's Self-management Program? (n=28)
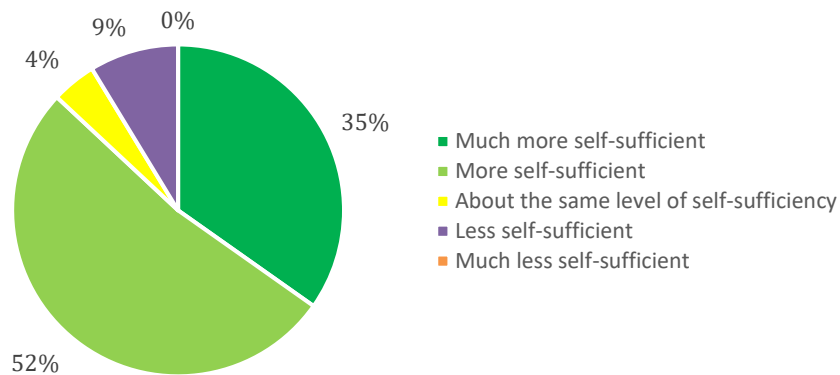
When asked, "Which of the words below would you use to describe BIAC's Self-management Program? Select all that apply." The feedback was nearly all positive. Most respondents said the program was high quality (81%), worthwhile (85%), met my needs (66%), and easy to understand (59%). All these metrics increased from FY22 with the exception of "easy to

understand" which decreased slightly from 65% to 59%. One respondent indicated the program did not meet their needs (*Figure 26*). [2]

Figure 26 - 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=27)
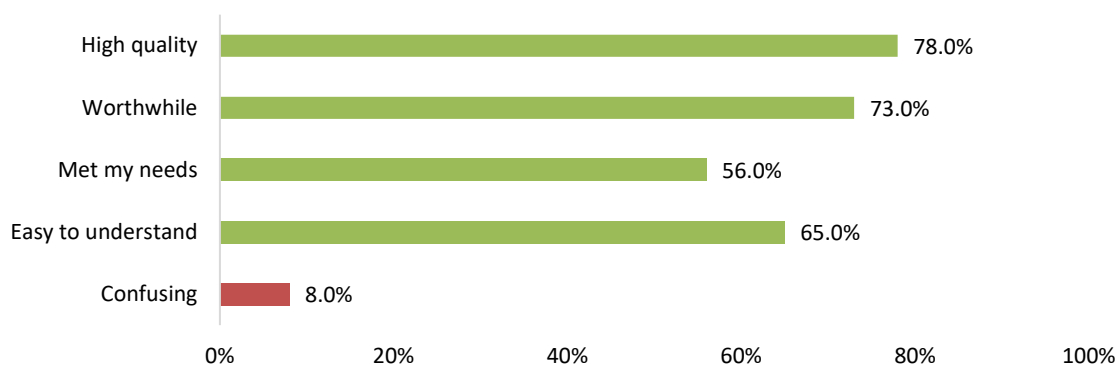
Overwhelmingly, clients indicated the working relationships with their Brain Injury Advisor were very positive. When asked, "Which of the words below would you use to describe your Brain Injury Advisor? Select all that apply." All clients had positive feedback about the staff's approach. **In fact, not one negative descriptor was selected by any client** (*Figure 59*). [3] This was also the case in FY22.

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[2] 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.

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

Figure 27 - Self-management Satisfaction Survey, Question: Which of the words below would you use to describe your Brain Injury Advisor? Select all that apply. (n=27)
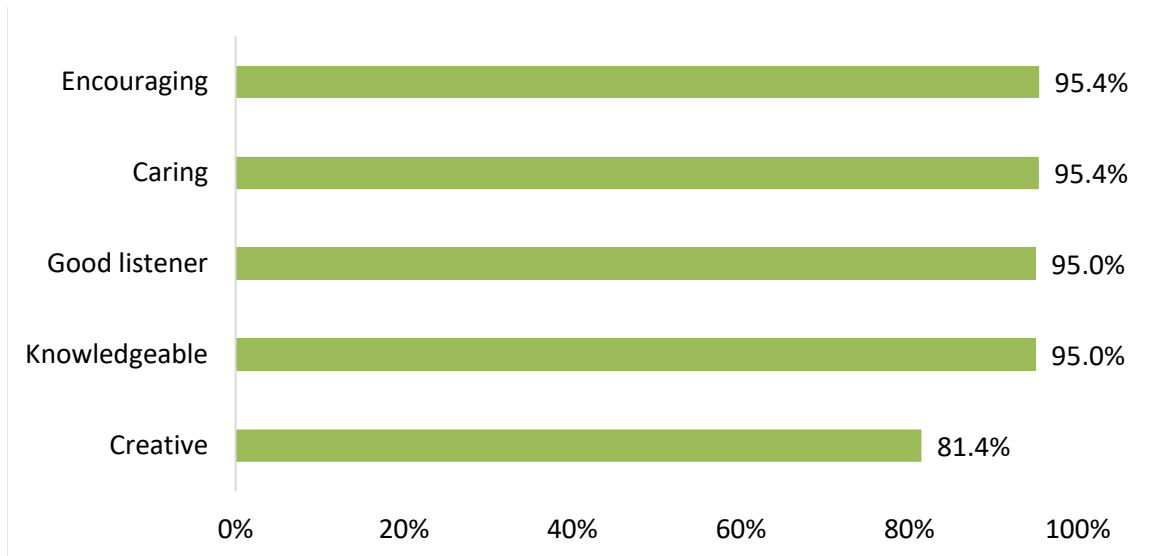
Eighty-nine percent of respondents indicated that the Self-management Program greatly exceeded or exceeded their expectations. This is a slight increase from FY22. Two clients (7.1%) did not respond to this question. One client indicated the program fell far below their expectations (*Figure 28*).[4] Nearly all respondents said they would recommend the program to others.

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[4] 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.

4%

13%

The program greatly exceeded my expectations

The program exceeded my expectations

52%

The program met my expectations

31%

The program fell below my expectations
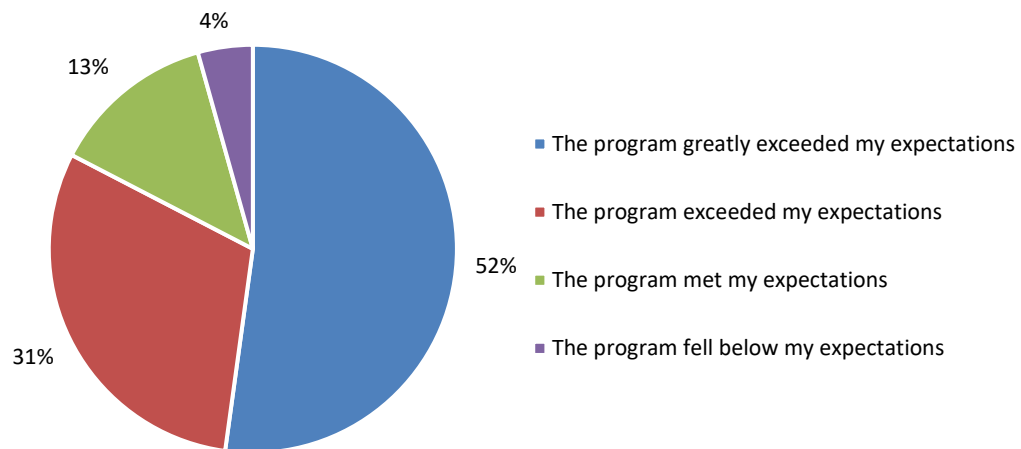
When assessing the components of the Self-management Program, regular meetings with Advisors ranked as the most valuable element with an average rating of 3.6 out of 4. Relationship mapping was the least valuable tool at 2.1. These findings are consistent with FY22[5] (*Figure*).

Figure 29 - Self-management Satisfaction Survey, Question: In your experience, how valuable were each of the following components of BIAC's Self-management Program in helping you become more self-sufficient? (n=27)

Regular meetings with a brain injury advisor	3.6
Regular homework assignments between…	3.3
Development of strategies for building specific…	3.0
Development of a transition plan	3.0
Self-assessment of weaknesses	3.1
Self-assessment of strengths	3.1
Development of goal attainment scales	3.1
Relationship mapping	2.1
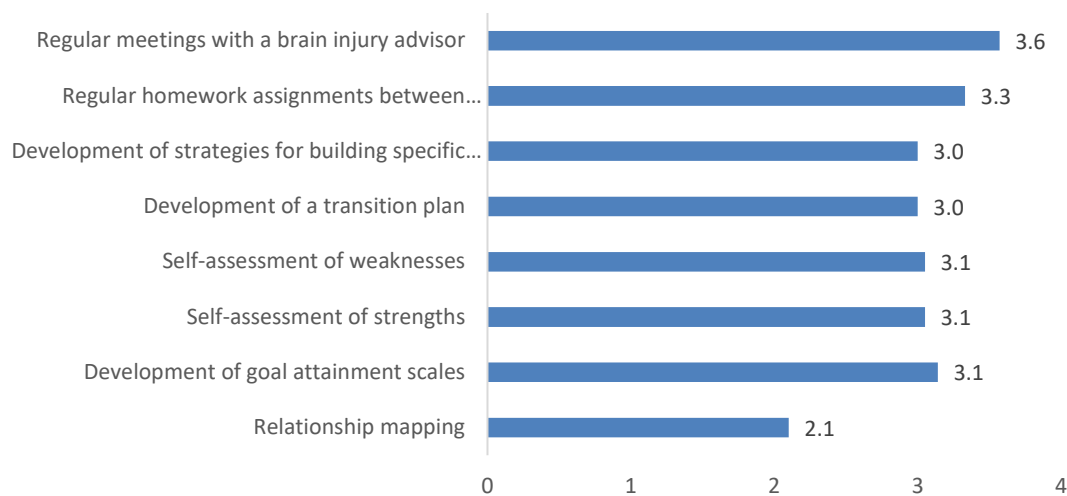
For this question, 0 = does not apply to me, 1 = not at all valuable, 2 = a little bit valuable, 3 = somewhat valuable, and 4 = very valuable.

Conclusions (Satisfaction Surveys)

It should be noted that MINDSOURCE program areas and service offerings have diversified, and that the frequency at which BIAC 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. 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.

Response rates in FY23 were at 39 % which is lower than FY22 (56%). This presents an opportunity to make changes to the length of the survey and to emphasize the importance of this tool to Self-management clients. The Self-management team has been working with the Vice President of Client Programs and outside consultant Amy Engleman (Intentional Inquiry) to streamline the re-assess and streamline the survey to make it manageable for survivors with cognitive challenges.

Overall, feedback on the Self-management Program remained very positive in FY23 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 state that they would recommend it to others.

Testimonials

"I stayed sane with all the amazing changes I am currently dealing with. Having someone who understood my brain injury and situation was really helpful."

> – Self-management client

"I learned so much about myself and that I can regain my independence. Learning now to set goals and achieve them gave me hope for the future."

> – Self-management client

"So grateful for the program and the way it enhanced my life. My advisor was professional and caring. I continue to work on my goals, and I hope to participate again."

> – Self-management client

"I can't possibly thank the folks at BIAC for all you do for us brain injury survivors...I'm very thankful for the [Self-management] Program."

> – Self-management client

Key Accomplishments

- Increased total clients served by 16% compared to FY22.
- Made hybrid meeting options available to clients (a combination of in-person and visual services.)
- Maintained returned survey responses above 25%.
- Developed a more concise and person-centered outcome survey for deployment in FY24.
- Increased number of clients re-entering the program for a second and third time.

Goals for FY24

- Continue collaborating with the Program Manager- Systems Outreach, the Program Manager- Education Consultation/Youth Services, and BIAC's DEIAJ committee in an attempt to diversify the clients who participate, with increased focus on outreach with the Western Slope and other frontier regions.
- Assess the usability of the revised survey (revisions focused on shortening the SM survey to potentially increase the return rate) and review follow-up for SM return procedures periodically with staff.
- Consider data analysis to find patterns in client outcomes for those returning to the program multiple times. Examine task categories selected to determine if repeat clients are choosing to work on improving the same skill areas or if they are opting for new skills when returning to the program. This information will assist BIAC in better understanding the needs of repeat clients over the long term.
- 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.

Youth Education Consultation

Program Overview

The education support provided by BIAC is available for 10 months and aligned with the school year, with services being available August through May of FY23. The Program Manager – Education Consultation/Youth Services delivered consultative services in all five regions of Colorado to parents, school professionals, and community providers. The services provided in FY23 are the same as those provided in previous years of the contract, and include:

- o Phone, video and in-person meetings with parents and school teams to discuss individual student's strengths, challenges, and education plans.
- o Classroom observations.
- o Guidance to BIAC staff on youth resources and education information.
- o Collaboration with district-level BrainSTEPS team members.
- o 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.).
- o Professional presentations at conferences and professional development for school personnel and community agency staff.

Client Demographics

In FY23, a total of 41 unique individuals received Education Consultation services, an increase from 25 clients in FY22. Most youth clients (90%) accessed services in urban areas, and 10% accessed services in rural areas. Zero clients accessed services in frontier areas (*Figure 30*). Services were concentrated in the Denver Metro region, with 59% of clients accessing services there; however, services were provided in most regions of the state, with 17% of clients accessing services in the Southern region, 20% in the Northern region, and 5% in the Central Mountain region (*Figure 31*).

Figure 30 - Education Consultation Clients by County Designation (n=41)
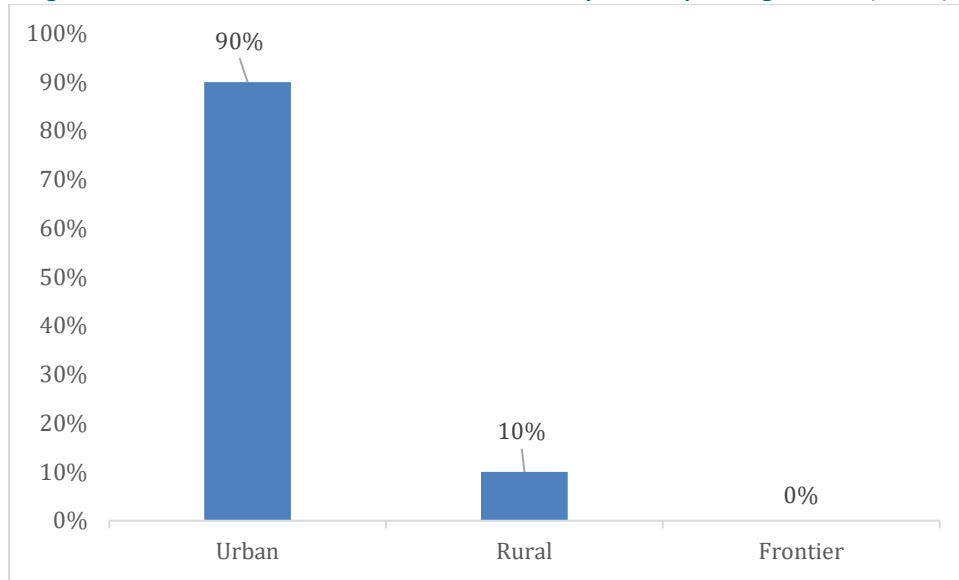
Figure 31 - Education Consultation Clients by Region (n=41)
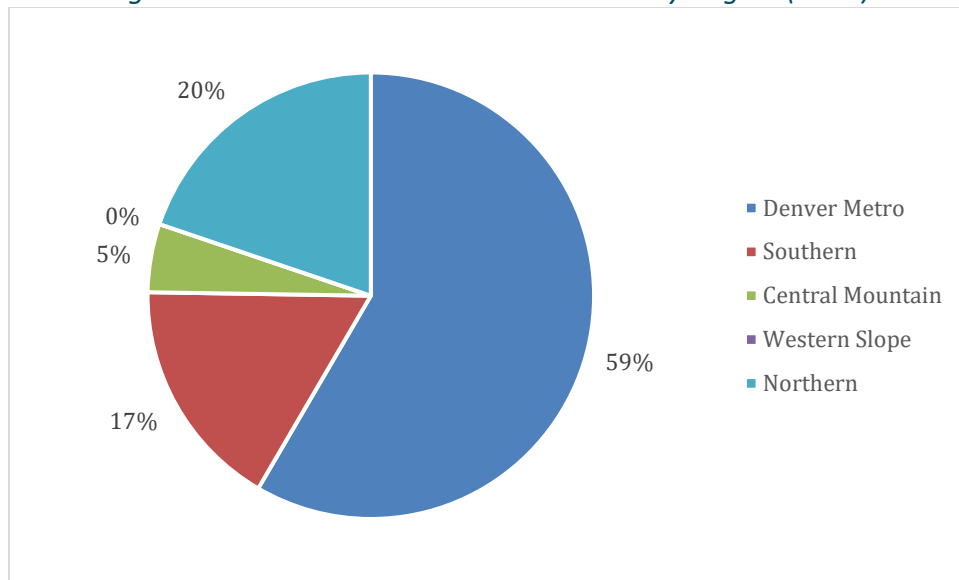
Youth clients must be 21 years old or younger to be eligible for Education Consultation services. Clients were primarily between the ages of 13 to 15 (27%) and 16 to 21 (46%). A smaller number of clients were in the 0 to 5 age range (10%) or between 6 to 12 (17%). These age ranges also correspond with educational periods, namely early childhood education, elementary school, middle school, and high school (*Figure 32*).

Figure 32 - Education Consultation Clients by Age Range (n=41)
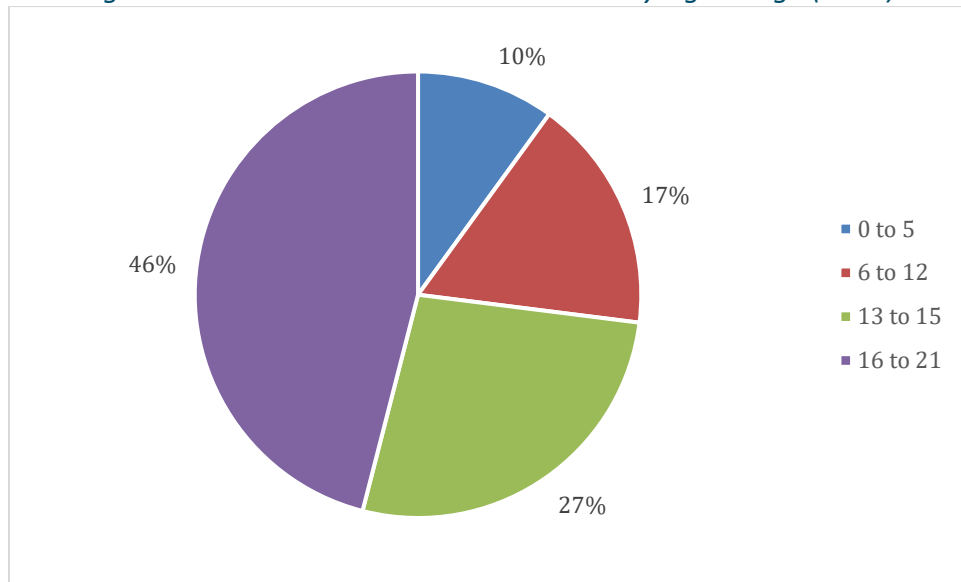
59% of FY23 youth clients identify as male, and the 41% identify as female (*Figure 33)*.

Figure 33 - Education Consultation Clients by Gender (n=41)
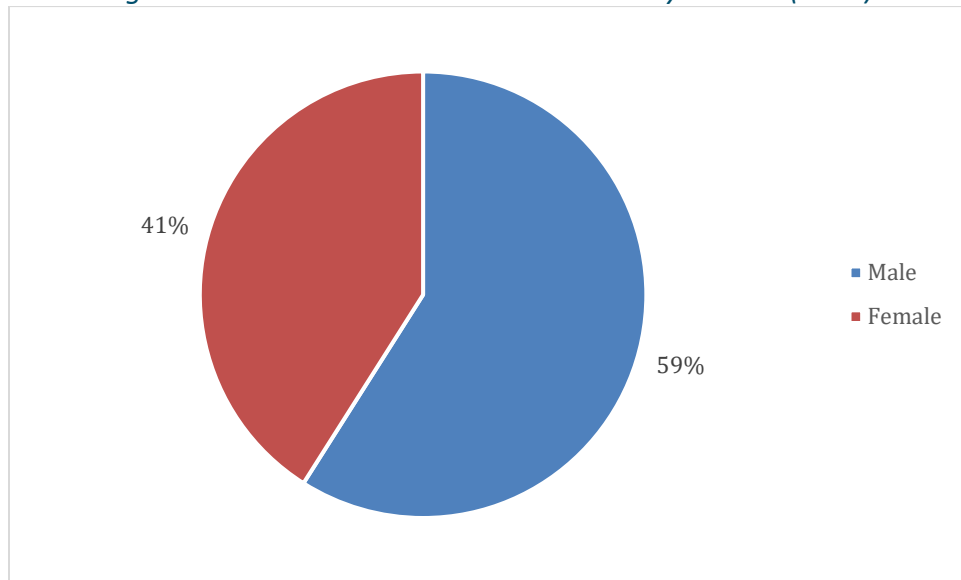
In regard to Race/Ethnicity, 66% of FY23 Education Consultation clients identify as Caucasian/White 20% identify as Hispanic/Latino, 10% identify as African American/Black,2% identify as Other 2% identify as Unknown. (*Figure 34*).

Figure 34 - Education Consultation Clients by Race/Ethnicity (n=41)
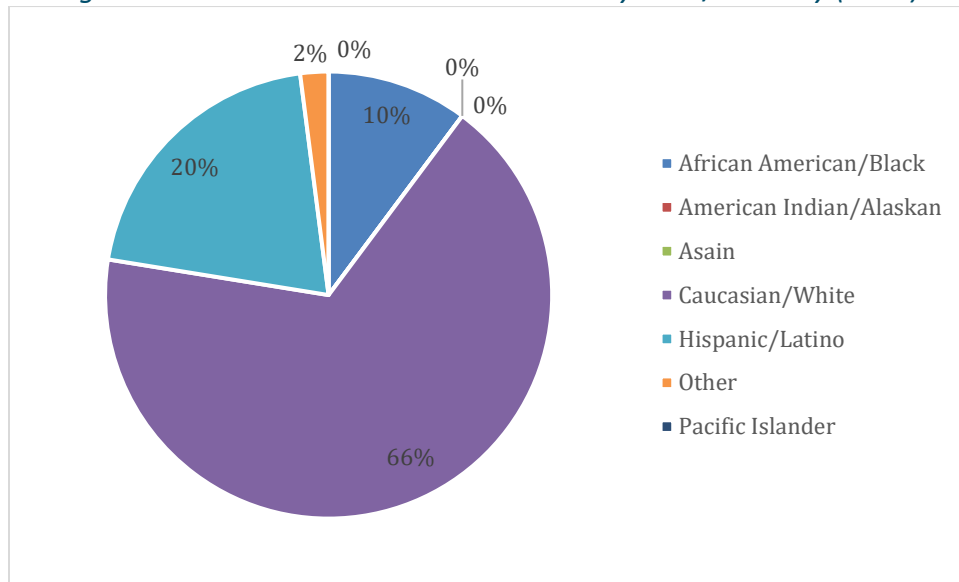
English was the preferred language for most youth clients (98%), with the remaining 2% preferring Spanish and zero preferring Other (*Figure 35*).

Figure 35 - Education Consultation Clients by Preferred Language (n=41)
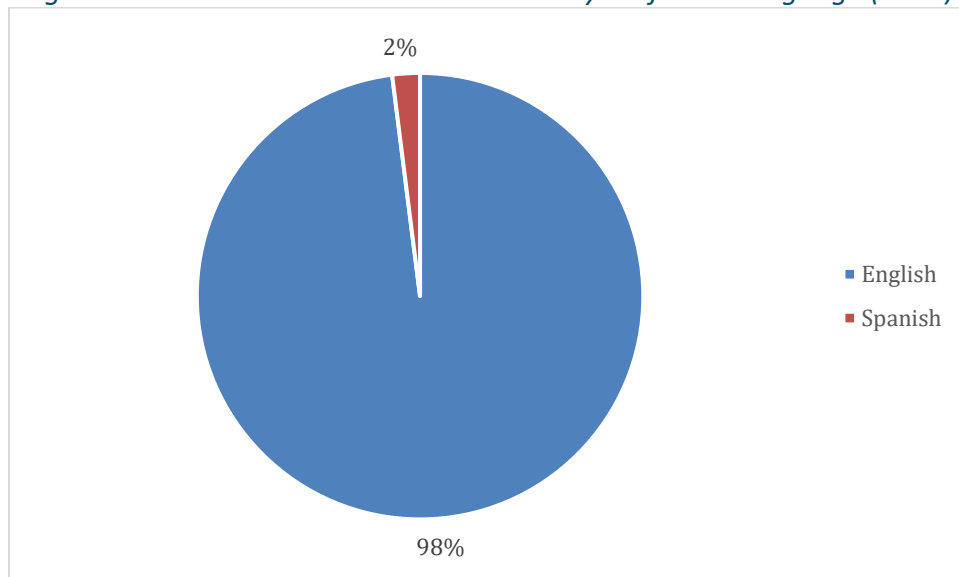
BIAC also collected data from first-time Education Consultation clients about their injury history via self-reporting (*Figure 36*). It is important to note that this figure includes all causes of brain injury – both traumatic (TBI) and non-traumatic (nTBI) - however, all clients represented in the data reported at least one brain injury, making them eligible for services. A total of 25 injuries were reported by clients receiving Education Consultation services for the first time. Only 2 (5%) reported two or more injuries, while 95% of clients reported one injury. The average number of injuries per youth client was 1.07, and the average age of youth clients at the time of

their first injury was 8.5 years old. The most common types of injuries reported by youth clients were medical/disease (16%), anoxia (12%), fall (12%), sports/rec (12%), gunshot (8%), motor vehicle accident (8%), shaken baby syndrome (8%), struck by/struck against (8%), domestic violence (4%), suicide attempt (4%), surgical intervention (4%), and other (4%)

Figure 36 - Frequency of Injury by Cause of Injury as Self-reported by New Education Consultation Clients (n=25)
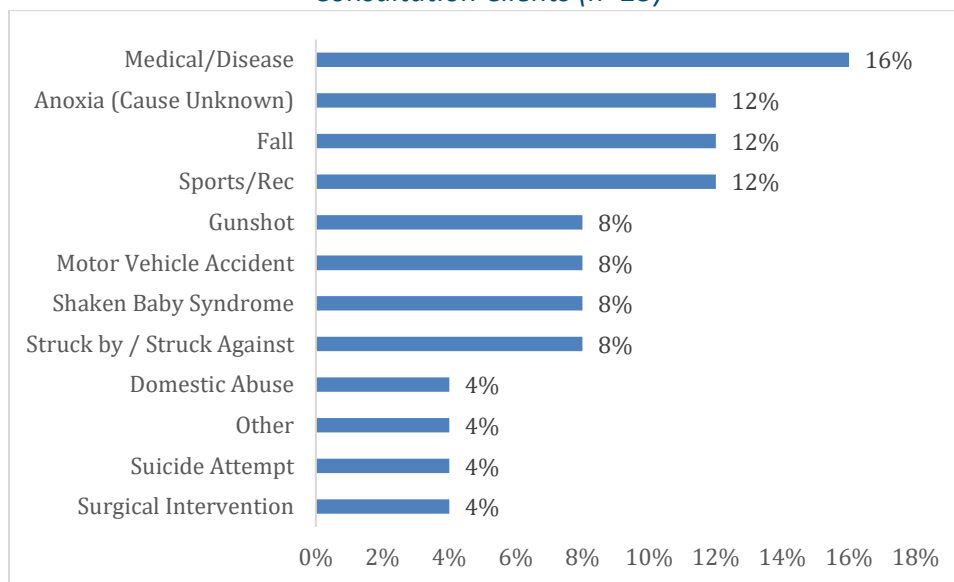
Service Participation

During FY23, 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 approximately 70 youth might be served by Education Consultation in FY23. During the school year, 41 clients accessed Education Consultation services, of which 25 (59%) were first-time clients.

Once a case is opened, one or more goals are created related to the client's needs. A total of 42 goals were created during the year. All the goals were academic-based and included ensuring academic needs of each client were being met (*Figure 37*).

Figure 37 - Education Consultation Goals by Type (n=42)
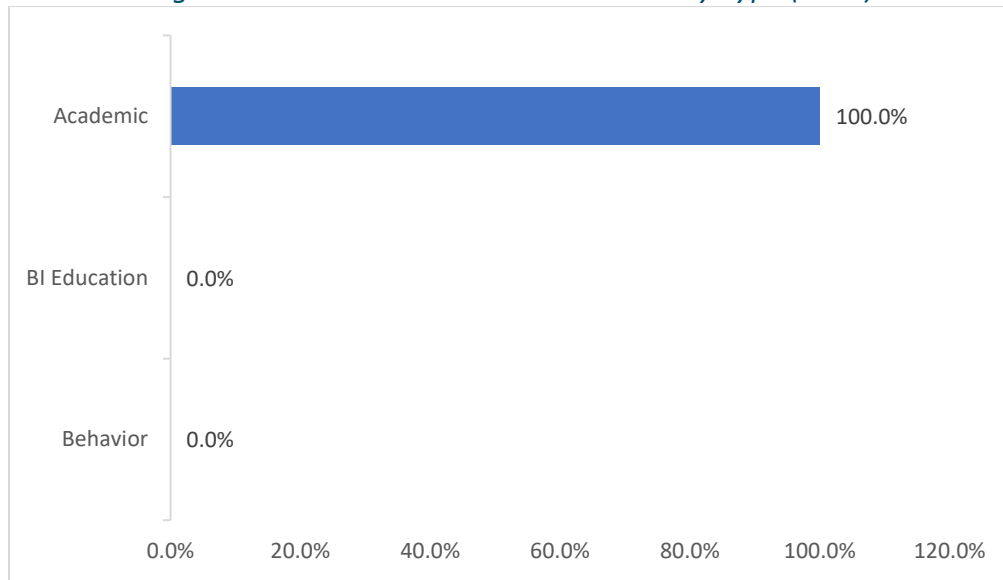
Evaluation

Satisfaction Surveys

Background & Objectives

Like BIAC's other services, Education Consultation client satisfaction surveys are used to assess the quality and effectiveness of 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 41 clients that received education consultation services during the fiscal year were invited to complete the education consultation client satisfaction survey at the end of the 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 BIAC staff member. All responses were automatically collected within SurveyMonkey when the client completed the survey online.[6]

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

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 41 surveys distributed to Education Consultation participants, 10 were completed in December and 6 were completed in May. Of the 16 completed surveys, 11 came from urban areas and 5 came from rural areas (*Figure 38*). By region, 36% of completed surveys were from clients in the Denver Metro region, 36% were from clients in the Southern region, 9%were from clients in the Northern region, and 18% were from clients in an Unknown region (*Figure 39*).

Figure 38 - Education Consultation Satisfaction Survey Response Rates by Geography (n=16)
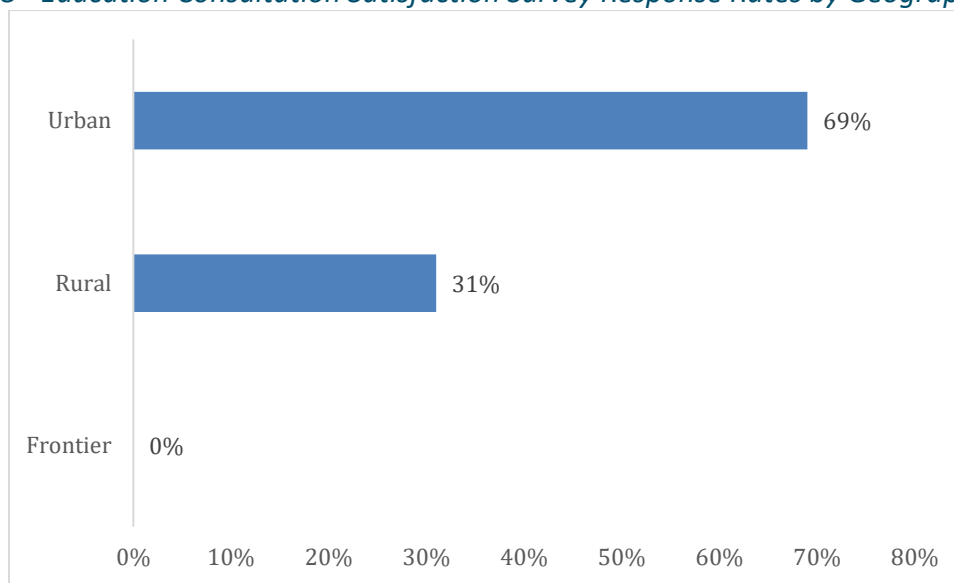
(continuation) completeness of survey responses (i.e., a "required" question on an electronic survey can be left blank on a hard-copy survey).
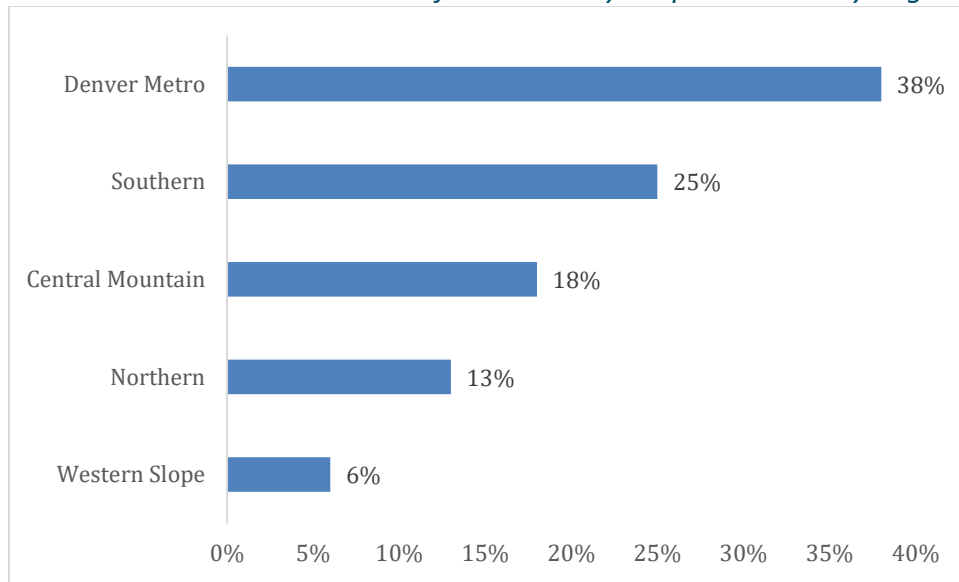
When asked, "Overall, how supported do you feel since you began receiving Education Consultation services from BIAC this school year?" 82-percent of respondents indicated they felt much more supported (63%) or more supported (19%). (*Figure 40)*. [7]

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

Figure 40 - 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=16)
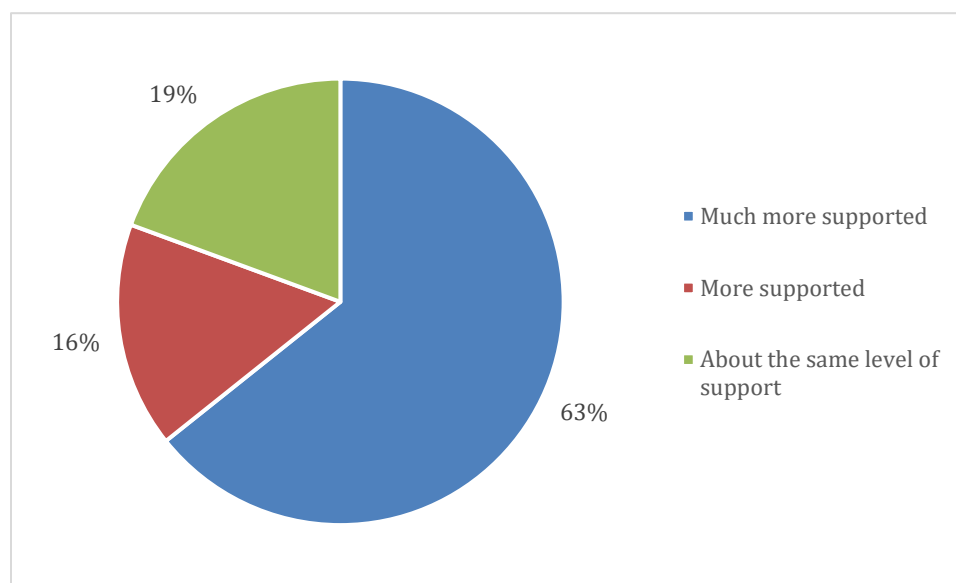
When asked which words describe the Education Consultation services, most respondents selected high quality (75%), worthwhile (56%) and met my needs (50%). Just under half (44%) selected easy to understand (*Figure 41*).[8]

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[8] 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 41 - 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=16)
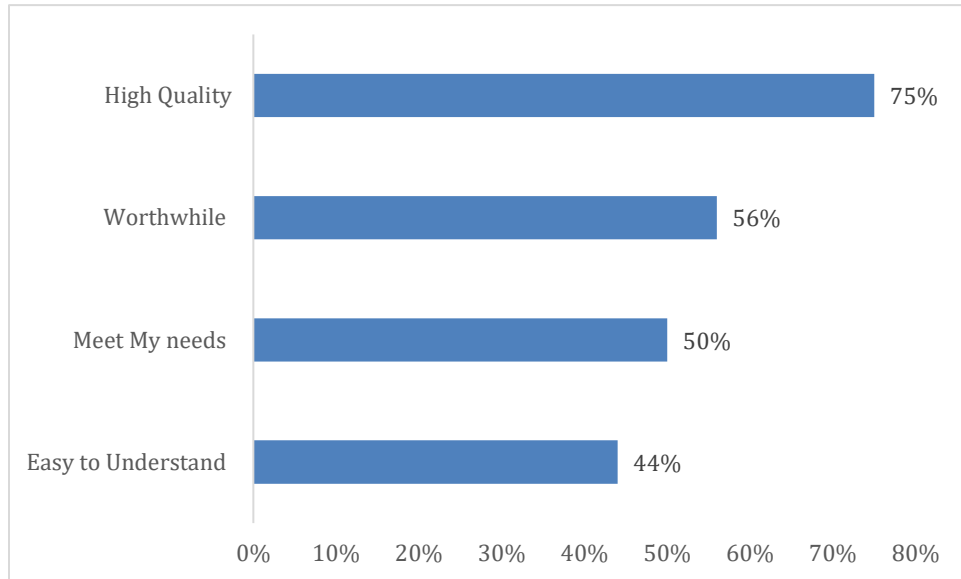
All respondents described their working relationship with the Program Manager as very positive. When asked which words describe the Program Manager – Education Consultation/Youth Services, 94% selected encouraging, good listener and knowledgeable, 88% chose caring, and 63% chose creative. *(Figure 42)*.[9]

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

Figure 42 - Education Consultation Satisfaction Survey, Question: Which of the words would you use to describe the Program Manager – Education Consultation/Youth Services? (n=16)
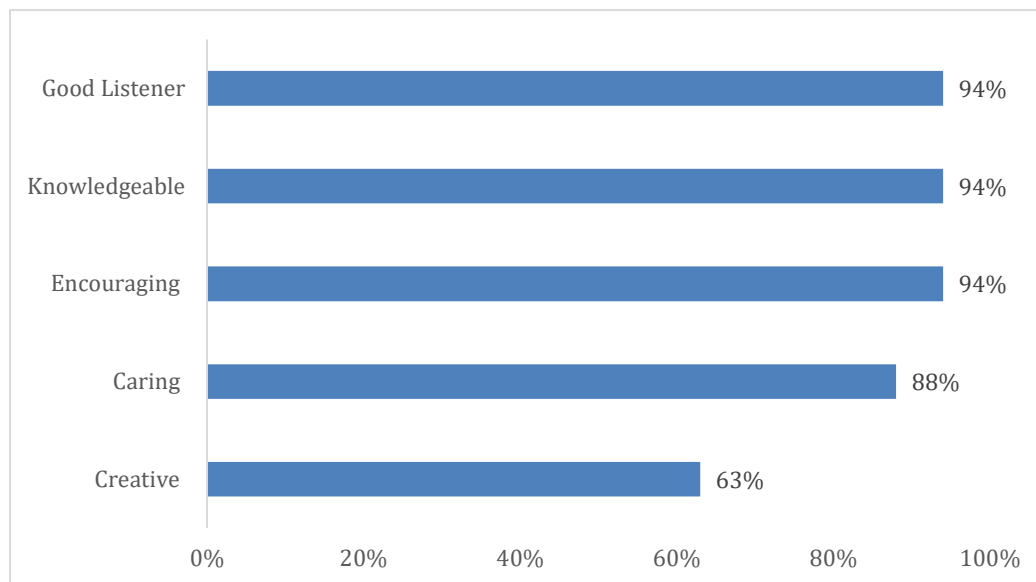
Similarly, respondents said that BIAC's Education Consultation services either greatly exceeded (69%), exceeded (13%), or met (19%) their expectations (*Figure 43*). [10] All respondents (100%) said they would recommend BIAC's Education Consultation services to others.

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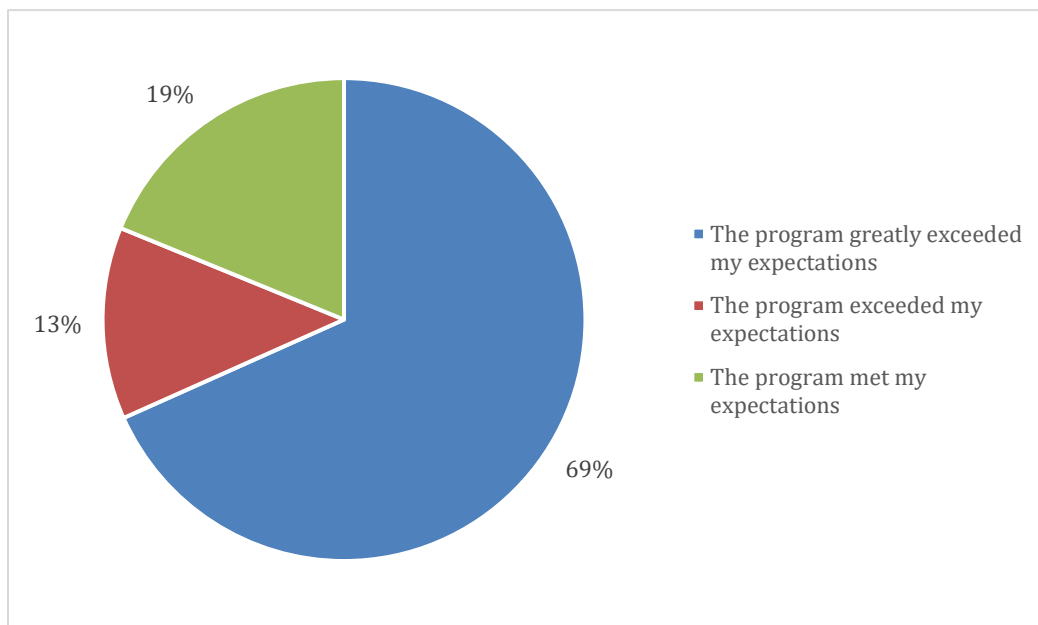
Conclusions

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

The Education Consultation/Youth Services Program is unique compared to other BIAC programs because staff work with the student, family, and school to provided resources through 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 allows us to get constructive feedback in a timely manner.

Overall, feedback on Education Consultation services remained very positive in FY23. Schools returning to in-person learning allowed for more in-person meetings, classroom observations, and in-person training at the schools. This face-to-face interaction allows for a deeper

understanding of each student's needs and allows BIAC to build a positive rapport to work with the schools.

Testimonials

"I'm grateful for Kevin Taulman checking in when he does, as well as always prompt and timely for IEP meeting, assessments, observations, and phone calls / consults."

> – Parent of Education Consultation client

"Mr. Kevin has been working with me and my son for a couple of years and he has always been wonderful at communicating with us and providing resources for our needs. He has supported us beyond regular expectations and has a beautiful spirit which makes things even better! Mr. Kevin has been more than we can ask for as far as a case manager. I want to personally thank him for all he has done for me and my family. There have been some hard times but there has never been a time where he made us feel that it was the end. He always gave wonderful support and a wonderful listening ear. Thank you so much for everything, you are the best. Don't know where we would be without you."

> – Parent of Education Consultation client

"We had a video meeting with Kevin and his impact on my son was huge. He said some things my son needed to hear, and he suggested some modifications to his IEP that have really helped, especially in his first year of finals."

> – Parent of Education Consultation client

"This is the first time in more than a year that I have felt listened to, noticed, and respected."

> – Parent of Education Consultation client

"He previously came to observe my child. What I find phenomenal is that the school and district staff all respect him. They can be dismissive of other advocates."

> – Parent of Education Consultation client

"Consistency, great and timely communication, works will with our advocate, helps portray point of view from a brain injury perspective. "

– Parent of Education Consultation client

"The expertise provided and willingness to visit my child's school and watch her in the education setting."

– Parent of Education Consultation client

"Kevin knows what he's talking about, he has good ideas about meeting my child's needs. He's a very clear and concise communicator."

– Parent of Education Consultation client

"Kevin has been a huge part of my son's support time. He has showed wonderful concern and help for him. A huge advocate for us."

– Parent of Education Consultation client

"Kevin Taulman and the services provided by BIAC has been amazing and beyond what I was even expecting."

– Parent of Education Consultation client

Key Accomplishments

- BIAC engaged in a concerted outreach effort which resulted in the opportunity to participate in the CDE's new BrainSTEPS team trainings and presentations on BIAC services with two of the largest school districts in the state (DPS and DougCO).
- BIAC re-examined its 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.
- BIAC increased the number of Education Consultation clients from 25 in FY22 to 41 in FY23.

Goals for FY24

- 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.

- 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, Peer Mentorship, and parent & 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 Program Manager 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 was funded by The Colorado Health Foundation through May of 2023. MINDSOURCE began funding the program mid-June of 2023.

The Peer Mentorship Program is designed to connect survivors of a brain injury to a volunteer mentor who is also a survivor. Mentors work with a peer one-to-one. Mentors 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. Matches are active for up to one year in length, or until a point where the peer has met their goals and no longer has a need for mentorship. Mentors establish weekly contact with peers unless a different schedule is agreed upon. The day, time, and communication methods are determined by the participants based on their schedules. If location, transportation, and funds allow, participants are encouraged to meet monthly in the community. Following the completion of a match, mentors are welcome to be matched with another peer. Peers are welcome to be matched with another mentor or become a mentor themselves.

Mentors are recruited, onboarded, and trained by the Program Manager. Each mentor completes an application and orientation process. Mentors are not expected to work with more than one peer at a time, however they may request additional peers. Mentors report to the Program Manager at least monthly, and The Program Manager provides ongoing support to mentors throughout their match. Peers are primarily referred to the program through Resource Navigation. Each peer completes an application and program introduction prior to being matched with a mentor. Both mentors and peers receive a copy of the Program Manual prior to entering a match.

Mentors continue to facilitate SAIL (Self-Advocacy for Independent Living) workshops through BIAC's Classes and Workshops.

Mentors can enhance their professional development through training and orientation refreshers, and online webinars provided by the Program Manager. **With funding from MINDSOURCE, BIAC is introducing additional opportunities to mentors in FY24 in the form of cash stipends, in-person professional development workshops, and additional training and webinars.** Utilization of these opportunities is not required.

Service Participation

This fiscal year, 76 unique peers were matched with a mentor through one-to-one matching. Forty-three of those matches began in FY23. While fewer one-to-one matches were made in FY23 than in FY22 (49) **the average Connor-Davidson Resilience Scale scores submitted by peers increased considerably**, indicating a positive increase in the quality of services provided by BIAC and its team of volunteer mentors.

Evaluation

Background & Objectives

Peer Mentorship matches are tracked in Salesforce. Each match is opened as a "case" and relevant documents pertaining to the match including participant pre-surveys, monthly peer reports, and post-surveys are uploaded into the match case. These data tracking elements allow BIAC to observe a peer's progress, and help peers get connected to resources when they may be struggling.

BIAC used the Connor-Davidson Resilience Scale (CDR Scale) as its evaluation tool in FY23 per the Colorado Health Foundation grant requirement. The scale is used to measure how well a person is demonstrating characteristics of resilience. A participant completes the scale twice over a period. If the score the second time is higher, it indicates that that person is demonstrating higher levels of resilience. The objective for the Peer Mentorship Program was for participants to score higher on the scale after the completion of a mentorship match.

Starting in June of 2023, use of the scale was discontinued, and a new Peer Mentorship Program survey (*Appendix K:* Peer Mentorship Program Outcome Survey) has been implemented. This new survey was designed specifically for the Peer Mentorship Program in a collaboration between BIAC and Evaluation Consultant Amy Engelman. Feedback from program participants on how the evaluation process could be improved was taken into consideration, and the survey was reviewed and approved by MINDSOURCE. BIAC has no data to report on from this survey currently.

BIAC decided to discontinue the Connor-Davidson Resilience Scale for several reasons. Survivors have reported that some of the language in the scale was uncomfortable and triggering, and participants reported being made to feel uneasy when filling out the scale. Participants' responses tended to be impacted by their mood at the time of completion. In one case, a peer asked to retake the scale the day after they initially completed it, due to them reporting having been in a negative mood at the time they filled it out. Their second score was significantly higher than what their score had been the day prior.

Since the scale was only designed to measure a person's resilience, there were many areas of a participant's experience in the program that were not being captured. Rather than add an

additional survey, BIAC was intentional in building a new, single survey that evaluated a participant's resilience, understanding of brain injury, knowledge of resources, and perceived quality of life. The new survey is also shorter and more user friendly than the Connor-Davidson Resilience Scale, which BIAC hopes will increase the completion rate.

Methodology

Both peers and mentors were asked to complete the Connor-Davidson Resilience Scale before and after a match. The scores were calculated, and the difference between the two scores was taken to determine if the participant is showing increased levels of resilience.

Results

From the scores calculated from peers who completed the program in FY23, 91% of participants showed an increase in their score, demonstrating higher levels of resilience than prior to entering a mentorship match. This is an increase of 21% from FY22. 9% of participants showed a decrease in their score, a decrease of 21% from FY22.

From the scores calculated from mentors who completed the program in FY23, 50% of participants showed an increase in their score, which is consistent with FY22's percentage. 42% showed a decrease in their score, an 8% decrease from FY22. 8% of participants' scores remained the same.

Figure 44 - Mentor Connor-Davidson Resilience Scale Scores Post-Match FY22 vs. FY23
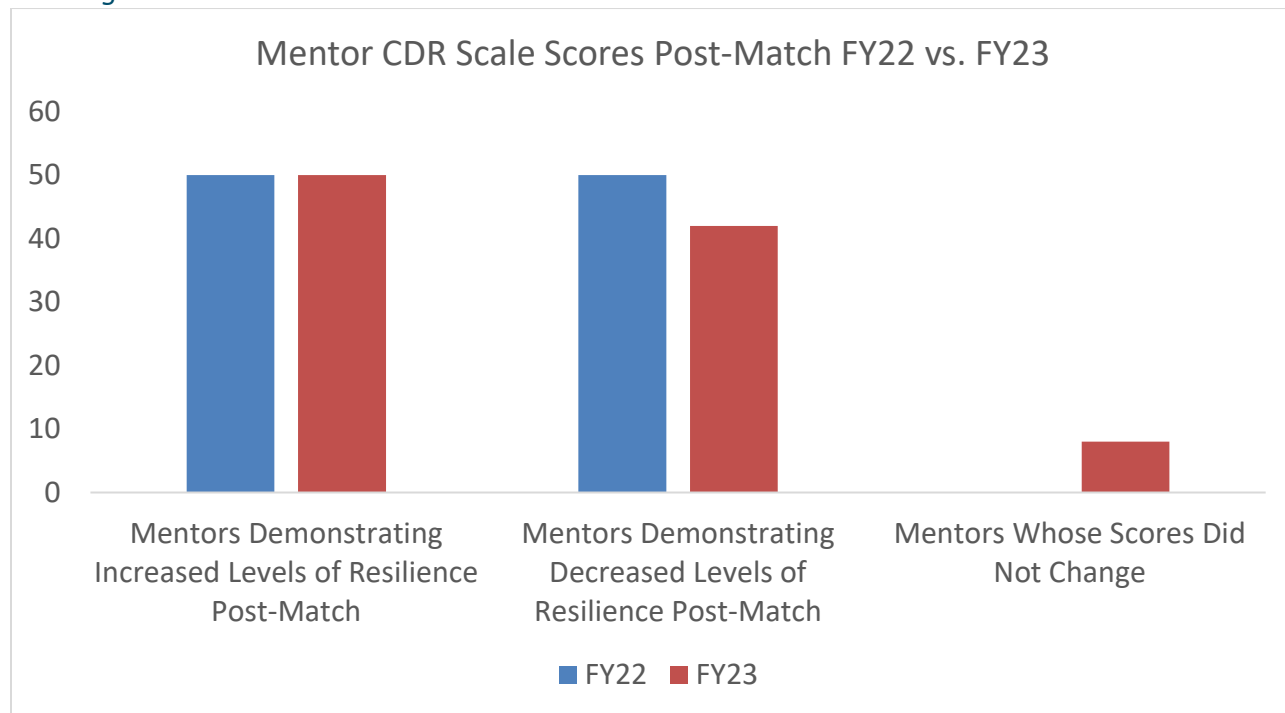
Peer CDR Scale Scores Post-Match FY22 vs. FY23
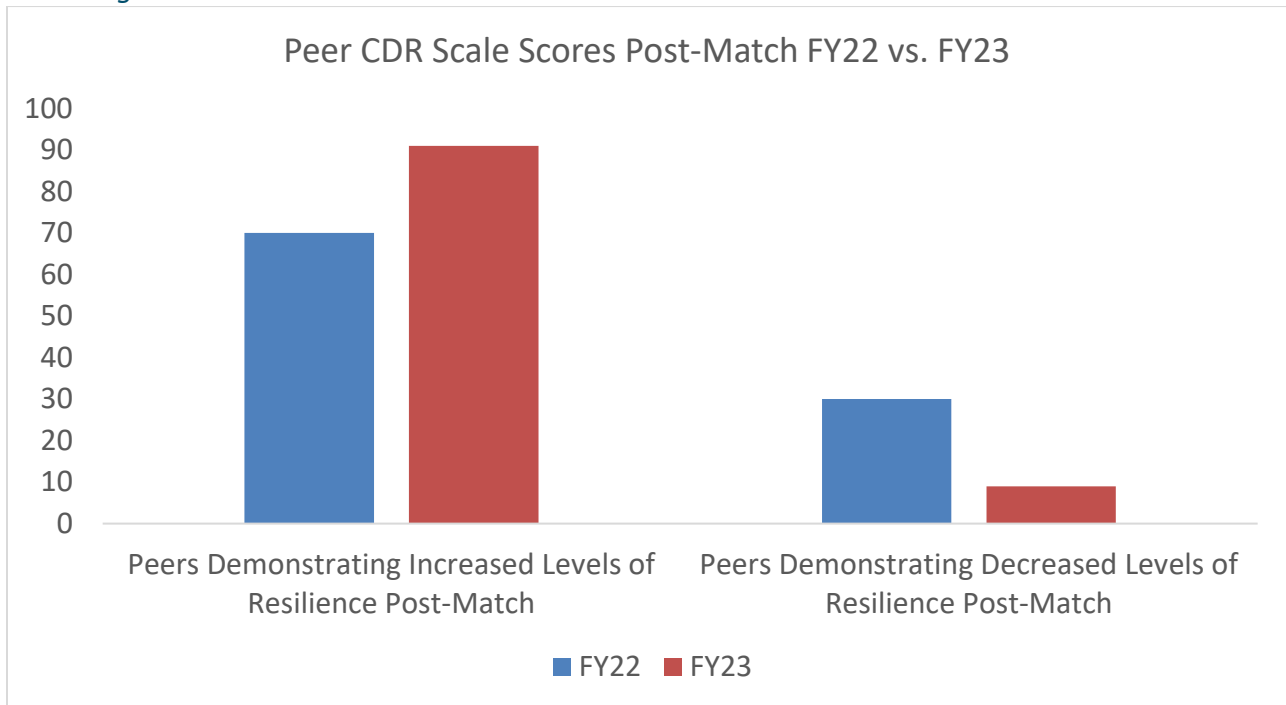
Conclusions

BIAC is pleased to report a significant increase in peers scoring higher on the scale, and attributes this to the quality of services being provided by mentors, more inner-agency collaboration with the Peer Mentorship Program and other programs and services, and various external factors.

BIAC will continue to prioritize increasing support for mentors in FY24. **With funding for mentor incentives secured, BIAC can further invest in the professional development, wellness, and morale of their volunteer mentors in a way that previously was not possible.**

Testimonials

"I got so much from doing this! I hadn't realized how much talking with another person with a TBI would validate my experience in ways that my friends and family don't."

> - Peer Mentorship Program Participant

"I absolutely learned so much from this program. I learned that recovery from a brain injury has no one set category, no matter the length since one's injury, including continued injuries. I found that I connected with individuals that have suffered trauma by our systemic injustices on every aspect. I have also learned that not only did I provide support and education, I was also given

support and education. We learned from each other. We built trust and a long lasting supportive aspect in becoming move active in Recovery on all levels."

- Peer Mentorship Program Participant

"I liked it. I felt less alone. I found my purpose in life, to make people feel less alone. I liked my mentor, and I think it's very important to have a community to that understands."

– Peer Mentorship Program Participant

"Such a joy to work with (my peer). We shared so many things like our art backgrounds and TBI. I love how things have improved over these years with the mentoring program. Zach is so approachable and is very willing to help. I feel like I have a connection with other mentors through our meetings and events. I love the "light" going on and the peers finding their own power."

– Peer Mentorship Program Participant

"(My mentor) has been a tremendous support for me through this past year. Thank you for the gift of her!"

- Peer Mentorship Program Participant

"(My mentor) was a fabulous Peer Mentor. He was compassionate, consistent, resourced and always helpful. I learn so much from him about resilience and adaptation to my "new normal." He was flexible and available to support me when I needed it. He is kind and listens very well and is a great human being. Thank you for this fabulous gift! It got me through some very hard times and I got to laugh with someone who understood the good times. I loved having someone I knew I could talk to every week that would also be a guide on this journey."

– Peer Mentorship Program Participant

"Overall, the Peer Mentorship Program has offered me an opportunity to focus on another with challenges in their recovery from injuries sustained. Questions broadened my view of life purpose & what assists one in finding joy in life. Viewpoints on topics were exchanged with mutual compassion and acceptance of differences. My horizons were broadened and I felt less alone in my recovery. There is not just one way to recover. There is not just one opportunity to recover out there. The recognition of these points relaxed me and reduced my own anxiety and tension. Differences of opinion and alternative points of view were exchanged in a way that I felt purpose and meaning in my own life. Every conversation reminded me of my own tasks and capabilities. Unconditional personal regard of another with deep sharing was an emotionally healing experience"

- Peer Mentorship Program Participant

"I've had great experiences so far with the mentor program, and I've grown as much as the people I'm mentoring. Lots of support from BIAC staff too. It's one of the best resources out there for TBI survivors. Look forward to keeping it going."

    – Peer Mentorship Program Participant

"Being a Mentor has provided me with increased purpose in my life than what is already present. I enjoy being a mentor as it allows an opportunity to share life and brain injury experiences. It brings about positive outcomes to talk with others whom have similar experiences to allow them to feel understood and for myself to feel understood. I have learned a lot about myself throughout this experience. It has been wonderful sharing experiences with others as it allowed myself to learn about how other(s) deal/solve problems."

    – Peer Mentorship Program Participant

Key Accomplishments

- 76 peers were connected to a mentor.
- 43 new mentorship matches were made.
- 13 new mentors entered the program.
- BIAC has been awarded $15,000 annually through MINDSOURCE to introduce mentor incentives into the program beginning in FY24.
- BIAC was awarded a one-time grant of $7,500 through The HobbleJog Foundation to invest in the Peer Mentorship Program how BIAC chooses. The grant will be used to host a weekend long mentor retreat, and further enhance the four professional development days.
- BIAC launched a mentor training and orientation refresher. A virtual training and orientation refresher is now offered to mentors bi-monthly.
- BIAC began providing additional training and professional development opportunities to mentors in the form of free webinars.
- BIAC discontinued the Friendly Caller Program and did not pursue the creation of group mentorship opportunities. Instead, the Peer Mentorship Program established stronger connections and collaboration between support groups, classes and workshops, recreation, and self-management. In doing so, BIAC was able to focus exclusively on the creation and quality of 1:1 matches and connect peers awaiting a match to well-established programs and services.
- Mentors continue to facilitate SAIL workshops through BIAC, further empowering mentors and giving unmatched peers the option to be connected to a mentor through a data-driven workshop.

- One mentor launched a podcast for BIAC which empowers survivors across the state to share their stories. Multiple mentors and peers have gone on the podcast as guests.
- Three mentors and one peer have successfully launched new support groups with the support of BIAC.
- In a collaboration between the Program Manager, a mentor, a peer, and BIAC's DEIAJ committee, a new support group for survivors who identify a BIPOC (black, indigenous, and people of color) was launched. This group is the first brain injury intersectionality support group of its kind in Colorado and continues to be a safe, welcoming space for BIPOC survivors. The group continues to be facilitated by a peer and meets twice a month via Zoom.
- One mentor spoke at BIAC's Brain Injury Symposium in November of 2022 as a keynote speaker.
- Four mentors participated as panelists in BIAC's Brain Injury Symposium in November of 2022. The panel titled "Peer Support: The Importance of a Community with Lived Experience" also included one support group leader and was facilitated by The Program Manager.
- Six mentors are celebrating their four-year anniversary of volunteering in the Peer Mentorship Program. These mentors have been working with peers since the program's inception. Another six mentors are celebrating their three-year anniversary in the program.

Changes for FY24

FY23 was the final year that the Peer Mentorship Program was funded by the Colorado Health Foundation. The Peer Mentorship Program will now be entirely funded by MINDSOURCE for the remainder of the contract. While the program structure and policies and procedures will not change in FY24, significant changes regarding evaluation and mentor incentives will be implemented.

- The Connor Davidson Resilience Scale will be discontinued and replaced with the Peer Mentorship Program Outcome Survey.
- Mentors will have the option to utilize multiple mentor incentives, including:
    1. Cash stipends.
        i. Each mentor will have the option to receive $100.00 per peer match. The mentor will receive $25 at the beginning of the match, and $75 upon match closure. Mentors will be required to complete the monthly peer update forms and outcome survey to receive the full $100.

ii. Each mentor who is active or has been active in the program during each fiscal year will receive a $20 gift card in December.

2. In-person Professional Development Days.
    i. Mentors will have the option to participate in any of five in-person Professional Development Days.
    ii. One Professional Development Day will be hosted in each region of the state BIAC services each fiscal year.
    iii. Each Professional Development Day will be a half-day session and feature an ice breaker activity, lunch, and three topics related to brain injury and mentoring.

3. Funding for community outings with peers.
    i. Unused monies from match stipend, gift card, and Professional Development funds will be divided amongst mentors to fund a community outing with their peers.
    ii. Monies will be divided equally amongst matches. Mentors will be given a gift card to fund the community outing.
    iii. Mentors will be required to provide an outline of the community outing, along with the cost before the date of the community outing.
    iv. Mentors will be required to provide a brief written description of the community outing.
    v. Unused funds may also be used to provide mentors with BIAC and/or Peer Mentorship Program specific merchandise for mentors.

4. Additional training and professional development.
    i. The Program Manager will support mentor's professional development throughout their time in the program.
    ii. Mentors will be informed of free training, webinars, and education opportunities related to mentoring, brain injury, resources, and more.
    iii. The Program Manager will compose monthly emails for mentors regarding mentorship specific skills & practices.

- Two mentor focus groups will be held in FY24 to evaluate how the new incentives have impacted their experience in the program.
- BIAC will actively advertise mentor incentives as part of a mentor recruitment process.

Classes and Workshops

Program Overview

In FY23, BIAC had a total of 16 unique individual offerings of Classes and Workshops for youth and adults living with brain injury. In total, 131 unique clients participated in a Class or Workshop in FY23, a slight decrease from 137unique clients in FY22. Classes and Workshops are hybrid (offered both virtually and in-person) when possible. Out of the 16 unique classes BIAC offered, 6 were virtual-only and 10 were hybrid offerings. Some classes have remained a virtual-only option to engage participants statewide and meet demand.

The selection of these classes and workshops was informed by feedback from multiple sources, including the Classes and Workshops satisfaction surveys from previous years, and feedback from MINDSOURCE staff. Classes and Workshops are evidence-based modalities intended to assist clients in making functional improvements in their everyday lives. Some of the skills these classes and workshops aim to enhance goals associated with Self-Management and Resource Navigation, providing additional services for clients who have utilized these programs and seek to continue working on the goals they created in them through a recurring class or workshop.

Service Participation

In FY23, 173 unique individuals attended at least one class or workshop. BIAC offered a total of 145 classes/workshops that included a total of 1,055 participants this past fiscal year, an increase from 1,005 participants in FY22. On average, there were 8 attendees per class/workshop, an increase from FY22. In FY22, there were a total of 137 unique individuals with a total of 1,005 attendees but only an average of 7 participants per class. In FY23 BIAC experienced a significant increase in overall attendance and unique clients engaging in services. BIAC did have a decrease in the number of classes and workshops offered yet saw an increase in average attendees per class/workshop. BIAC continued to utilize a hybrid model of engagement when the class or workshop facilitator had the capacity to manage that approach. This model allowed BIAC to continue to include all parts of the state and survivors from almost every region join in at least one class or workshop as well as forming a more interpersonal connection with in-person attendees.

The tables that follow depict that the primary population served in Classes and Workshops were adults in the Denver Metro area. The main type of classes/workshops offered were recurring drop-in classes.

In FY23 BIAC had a slight shift in how classes and workshops were offered with a decrease in recurring drop-in classes to 54.5% of the total offerings compared to 62.7% in FY22 (Figure 46). BIAC had an increase in educational closed-series offerings for survivors such as Self Advocacy for Independent Living (SAIL), an eight-week program, and a memory workshop that also ran for eight-weeks. These closed-series classes accounted for 44.8% of Classes and Workshop offerings. These closed-series classes are regularly offered weekly, biweekly, or monthly, allowing for many opportunities to participate. Each of these opportunities were also available through Zoom for survivors across the state to participate if they could not make it in person.

Figure 46 - Classes and Workshops by Type

Classes and Workshops by Type	FY22 (n=150)	FY23 (n=145)
One-Time	1.3%	0.7%
Recurring Drop-In	62.7%	54.5%
Closed Series	36%	44.8%

All classes and workshops in FY23 (100%) were attended by adults (Figure 47). **The absence of youth classes is due to a lack of registration from youth participants.** BIAC offered 5 social skills classes facilitated by a Certified Therapeutic Recreation Specialist, however there were no registrations for the class even with them being offered in the evening outside of BIAC's usual office hours. BIAC will explore more ways to increase outreach and registration for youth in FY24.

Figure 47 - Classes and Workshops, Adults and Youth

Classes and Workshops, Adults and Youth	FY22 (n=150)	FY23 (n=145)
Adults	95%	100%
Youth	2%	0%
Both	3%	0%

Since all classes and workshops offered in FY23 included a virtual option when possible, BIAC was able to garner statewide attendance. Most attendees were from urban areas (94%). FY23 saw an increase in participation in frontier (0.1%) and rural (1.5%) counties. Overall, there was an increase in statewide attendance (4.4%) from FY22 (Figure 48). Statewide attendance accounts for participants whom did not want to disclose their address during the Classes and W registration process but do live in the state of Colorado and did attend.

Figure 48- Classes and Workshops Attendance by County Designation

Classes and Workshops Attendance by County Designation	FY22 (n=1,005)	FY23 (n=1,055)
Frontier	2%	0.1%
Rural	2%	1.5%
Urban	94%	94%
Statewide	2%	4.4%

As Classes and Workshops offered statewide virtual participation, BIAC tracked participant location by region. The greatest attendance was in the Denver Metro region (69.5%), followed by the Northern (12.8%) and Southern (9.4%) regions. The Central Mountain (2.4%) and Western Slope (.2%) regions had the fewest participants in FY23, which displays a decrease in both regions, and a shift of there being more Northern region participants than Southern region participants in FY23 (Figure 49).

Figure 49 - Classes and Workshops Attendance by Region

Classes and Workshops Attendance by Region	FY22 (n=1,005)	FY23 (n=1,055)
Denver Metro	65%	69.5%
Central Mountains	0%	2.4%
Southern	15%	9.4%
Northern	15%	12.8%
Western Slope	3%	0.2%
Statewide	2%	4.6%

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's 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 BIAC's satisfaction survey (via an emailed survey link for virtual attendees or on paper if in-person). BIAC used SurveyMonkey for these surveys, 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 involvement from the participant as possible. Survey responses are automatically saved by the online platform once completed virtually, or when submitted to the online form by a BIAC staff member from a 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, if approved 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 1 - Class & Workshop Survey Schedule by Type

Type of Class/Workshop	Survey Schedule
One-time	Once, at end of the class/workshop
Recurring	Regularly, once every three months
Closed series	Once, at end of the 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 or workshop. The full questionnaire is included in *Appendix H: Classes & Workshops Satisfaction Survey*.

It can be observed that Classes and Workshops in FY23 had a lower response rate for virtual classes compared to hybrid opportunities when *Figure 50* and *Figure 51* are compared.

Figure 50 - Classes and Workshops Satisfaction Survey Response Rates by Class or Workshop

Classes and Workshops Satisfaction Survey Response Rate by Class or Workshops	FY22 (n=257)	FY23 (n=239)
Music Therapy Youth (In-person/Virtual)	100%	No attendees in FY23
Social Wellness (Virtual)	33%	14%
Adaptive Yoga (Virtual)	29%	17%
The Mindful Brain (Virtual)	21%	9%
Art Class (In-person/Virtual)	61%	92%
Movement with Music (In-person/Virtual)	57%	61%
Music Therapy (In-person/Virtual)	34%	33%
Grief and Loss (In-person/Virtual)	41%	61%
Language of Poetry (Virtual)	26%	13%
Pediatric Brain Injury Class (In-person/Virtual)	Not Offered in FY22	0%
Memory Workshop	Not Offered in FY22	0%

Figure 51 - Classes and Workshops, Number of Attendees per Class or Workshop with Survey Offered

Classes and Workshops, Number of Attendees per Class or Workshop with Survey Offered	FY22 (n=193)	FY23 (n=239)
Music Therapy Youth (In-person/Virtual)	1	No attendees in FY23
Social Wellness (Virtual)	7	21
Adaptive Yoga (Virtual)	7	24
The Mindful Brain (Virtual)	15	45
Art Class (In-person/Virtual)	67	37
Movement with Music (In-person/Virtual)	23	31
Music Therapy (In-person/Virtual)	32	18
Grief and Loss (In-person/Virtual)	22	36
Language of Poetry (Virtual)	19	15
Pediatric Brain Injury Class (In-person/Virtual)	Not Offered in FY22	5
Memory Workshop	Not Offered in FY22	7

BIAC has experienced an increase in overall attendance in classes and workshops in FY23. There has also been a decrease in response percentage in virtual only options and in virtual attendees of In Person/Virtual classes and workshops. BIAC has found it difficult to persuade virtual attendees to complete surveys that are emailed to them and will be exploring new avenues to increase response rate for virtual attendees.

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 9.1, indicating that clients were mostly satisfied with their experience (*Figure 52*). This is a consistent average rating compared to FY22.

Figure 52 - Classes and Workshops Satisfaction Survey, Average Satisfaction Summary

Classes and Workshops Satisfaction Survey, Average Satisfaction Summary	FY22 (n=114)	FY23 (n=101)
The instructor/facilitator	9.7	9.6
The class/workshop content	9.7	9.6
The sign-up/registration process	9.7	9.1
Your overall experience	9.7	9.6

After Classes and Workshops were switched to a hybrid platform when possible, participants were asked if the physical space on virtual participation was inviting for people with brain injuries. 97% of participants responded affirmatively and stated they liked having both options to join in person and virtually. The other 3% of answers were "N/A" and "No". These responses indicate that most were satisfied with BIAC continuing the hybrid setting to allow for more survivors to participate in Classes and Workshops. When asked if participants would recommend BIAC's Classes and Workshops to other survivors, 100% indicated they would, demonstrating that the content is meaningful to participants.

Conclusions

Overall, BIAC's 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 meaningful. 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.") BIAC will continue to offer hybrid opportunities in FY24. As new classes were piloted, survey feedback was used to inform whether they would be continued at all, if they would be continued as offered, or if 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.

In FY23, the majority, if not all, classes and workshops continued to run in 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 continuation of this platform also required BIAC to reassess how it demonstrates participation, as BIAC continues the new reporting of where the participants are located rather than where the class/workshop was hosted. This approach will provide a

more detailed understanding of participation reach as BIAC can quantify participant locations by region.

In FY23 BIAC observed that in-person survey distribution resulted in a much higher response rate when compared with surveys administered by email to virtual attendees. It has proven difficult to obtain consistent feedback from emailed survey links, and BIAC is identifying opportunities to improve this process in the future. With in-person opportunities becoming more of a regular occurrence, administration of hard copies and response rates should experience an increase in FY24 Finally, as mentioned in previous sections, MINDSOURCE program areas and service offerings have diversified, and the frequency at which BIAC solicits client feedback has similarly increased. Accordingly, it is possible that clients accessing multiple program areas and service offerings, particularly those with cognitive impairments, will tire or become confused when asked to complete multiple surveys throughout the year. This could lead to inaccurate feedback or a reduction in feedback (as indicated by lower response rates or higher rates of incomplete responses) over time.

Testimonials

"During my first self-advocacy class I learned so much from Laura the instructor and from the different individuals in the class with different challenges and experiences. It was incredibly helpful."

> – Self Advocacy for Independent Life (SAIL) participant

"BIAC has literally helped save my life. That and my Buddhist center. My depression went from a 9.5 to a 3. I'm terrible at art but love this class. I'm sure it's good for my brain. I'm glad it's in person and is now twice a week and 2 hours. I always look forward to it."

> – Art Class participant

"Dr. Medina is a breath of fresh air. For the time together, us brain injured folks get a needed break and experience something positive that really helps!"

> – The Mindful Brain participant

"Helps me focus for an hour. Part of self-care. The ease and pace of the instructor. trying avoid injury from falls or accidents."

> – Adaptive Yoga participant

"Very nice and comforting to be around other people with similar struggles and people who understand brain injury."

> – Social Wellness participant

Key Accomplishments

- Classes and workshops were offered in a 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 continue to be offered statewide rather than region-specific.
- Continued partnerships with class/workshop facilitators were maintained to offer new recurring classes such as Memory Workshops, Adaptive Yoga, Social Wellness, additional Art Classes, and the Self Advocacy for Independent Living workshops.
- Collaborations with Learning Services will lead to more classes and workshops led by licensed professionals, such as the return of Music Therapy facilitated by a LMT, and a Speech Class facilitated by an SLP.
- Increased the total number in survivors that attended a BIAC class or workshop from 1,005 total attendees in FY22 to 1,055 total attendees in FY23.

Goals for FY24

- Continue to offer hybrid classes and workshops, with in-person opportunities located in Southern and Northern regions.
    - I. Continue virtual offering to accommodate those who cannot attend in-person or prefer to attend from home.
    - II. Expand services across the state.
- Improve satisfaction survey response rates through monitoring and ongoing quality improvement efforts.
- Provide hardcopy surveys for completion at classes and workshops.
- Provide hard copy mailed surveys to class/workshop participants needed.
- Pilot an incentive program and explore other options to encourage participants to respond to the satisfaction survey, including communicating with participants the value of the surveys.
- Provide 5-6 youth specific classes and workshops including music therapy and recreation therapy both virtually and in-person.
- Expand hybrid classes and workshops by identifying in-person hosts located in the Northern and Southern regions.
- Transition classes and workshops from the current BIAC office to Valor on the Fax to allow residents to participate.

Administration

Activities

Staffing

In FY23, 16 positions were fully funded by MINDSOURCE (15.75 FTE), and nine positions were partially funded by MINDSOURCE; one at .04 FTE, one at .2 FTE, one at .35 FTE, three at .7 FTE, and 2 at .8 FTE for a total of 20.79 FTE.

MINDSOURCE-funded positions comprise 71% of BIAC's total staff headcount. The table below shows the headcount of Resource Navigation staff by month.

POSITION	22-Jul	22-Aug	22-Sep	22-Oct	22-Nov	22-Dec	23-Jan	23-Feb	23-Mar	23-Apr	23-May	23-Jun
Resource Navigators	7	7	8	7	7	7	7	7	6	9	10	10

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 successfully 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 the minimum of 10 continuing education credit hours or more 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.

The number of staff members who obtained certification as Certified Brain Injury Specialist can be found in the Key Accomplishments in the Outreach section.

BIAC continues to require annual training and professional development for MINDSOURCE positions. *Table 3* summarizes those required of all client-facing MINDSOURCE positions in FY23:

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
Training	Person-centeredness	2
Total	5	**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. In FY23, employees completed over 500 training sessions. Training topics included Navigating Genderland: Moving Beyond the Binary and Into a More Inclusive Space for Survivors, Management of Vision Impairments in ABI Rehabilitation, The Psychology of Stroke, Understanding and Reconstructing Sense of Self After Brain Injury, Gaining Cultural Competency for Cultural Responsivity in Healthcare, and many other position-enhancing topics.

 In FY23 MINDSOURCE-funded employees each participated on average in 16 training courses and professional development activities.

Budget

Table 2 - MINDSOURCE Budget vs Actuals FY 2022-2023 Summary

INCOME	Budget	% of Total Budget	Actual	Over/Under Budget	% of Line Budget Spent	Notes
INCOME TOTAL	$1,512,273.37	100.00%	$1,411,867.86	$85,412.56	94%	
EXPENSES	Budget	% of Total Budget	Actual	Over/Under Budget	% of Line Budget Spent	Notes
PROGRAM EXPENSE	$12,000.00	0.8%	$5,758.59	$6241.41	48%	Support Groups & ACBIS Training
EVENT EXPENSES	$10,000	0.6%	$9,082.52	$917.48	91%	Classes & Workshops
PROGRAM MARKETING AND ADVERTISING	$4,500.00	0.3%	$3,308.21	$1191.79	74%	Website, Printing, Newsletter
PROGRAM EXPENSE - OTHER	$15,500.00	1%	$15,352.14	$147.86	$99	Translation Services
SALARIES & WAGES	$1,024,850.22	68%	$967,705.44	$57,144.78	94%	Personnel Costs
PAYROLL TAXES & BENEFITS	$203,138.15	14%	$170,731.15	$32,407.00	84%	Personnel Costs
OTHER EMPLOYEE EXPENSES	$7,900.00	0.5%	$7,435.25	$464.75	119%	Training, Lodging, Meals, Hiring
OCCUPANCY EXPENSES	$67,415.00	4.2%	$74.415.00	-$7,000.00	110%	Rent
OFFICE EXPENSES	$41,070.00	2%	$44,208.09	-$3,138.09	107%	Supplies, Subscriptions, Internet, Phone, IT Hardware, Copier
CONTRACT & PROFESSIONAL SERVICE	$97,400.00	7%	$84,323.40	$13,076.60	86%	Accounting, Payroll, Admin, Database
TRANSPORTATION	$19,000.00	1%	$18,241.78	$758.00	96%	Mileage, Parking, Travel
TAXES, INSURANCE & INTEREST	$9,500	0.6%	$11,306.29	-$1,806.29	119%	Liability Insurance
TOTAL EXPENSES	$1,512,273.37	100%	$1,411,867.86	$100,405.51	93%	

The total budget for FY23 was $1,512,273.37 which included personnel costs as well as operating expenses. At the end of FY23, BIAC had been reimbursed $1,411,867.86.00, which is 93% of the budgeted amount.

Key Accomplishments

- BIAC was able to fill all required Resource Navigation positions at Valor on the Fax.

- BIAC has the highest amount of FTE in the Western Slope to date (2 FTE).
- Through lessons learned during the COVID-19 pandemic, BIAC has been able to fill positions by staff members in various parts of the state that would have been Denver-based in the past. This has allowed for the best possible candidates to fill positions and not be stymied by their physical location.
- 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 FY24

- BIAC will continue to look for ways to improve services based on client feedback and evaluation methods
- Evidence-based programs such as SAIL will be evaluated to see how they can fit into program offerings.
- BIAC will remain a strong partner through the transition of the Director position at MINDSOURCE.

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,	College, university, trade school, certification classes (i.e., becoming a yoga instructor), Johnson & Wales, Emily Griffith, undergraduate degree, master's degree	

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
	and other career colleges that award academic degrees or professional certifications		
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)

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
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)
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

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
			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		
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)

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
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	
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	

Appendix A: Resource Navigation Goal Category Explanations

Category	What belongs in the category	What it sounds like / keywords (these are examples, not an exhaustive list)	What doesn't belong in the category
Personal Support System (Service Animal / Pet)	Any pet or service animal related need	Acquiring a service or emotional support animal, help with pet care (dog walking, grooming, pet insurance, veterinary services)	
Personal Support System (Support Groups)	Referrals to support groups		
Physical Health (Dental)	Help with dental needs	Finding a dentist 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)
Substance Use	Assistance finding substance use treatment providers and related resources		

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
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
Education (BI Self Understanding)	85	4	2	**91**	5%
Education (Continuing Education)	7	0	0	**7**	0.4%
Education (Higher Education)	3	0	0	**3**	0.2%
Education (Other)	13	1	0	**14**	0.8%
Education (Pre-K -12)	2	0	0	**2**	0.1%
Employment (Accommodations)	1	0	0	**1**	0.1%
Employment (Job Search / Modification / Maintenance / Development)	40	3	0	**43**	2.4%
Employment (Other)	3	0	0	**3**	0.2%
Financial	119	7	1	**127**	7.0%
Food / Nutrition	18	0	1	**19**	1.0%
Goal Development	25	0	2	**27**	1.5%
Health Insurance/Long Term Care	65	3	0	**68**	3.8%
Home (Furniture & Housewares)	16	0	1	**17**	0.9%
Home (Organization)	13	0	0	**13**	0.7%
Home (Other)	1	1	0	**2**	0.1%
Home (Repair / Modification / Maintenance)	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
Housing (Financial Assistance)	28	3	0	**31**	1.7%
Housing (Other)	18	0	0	**18**	1.0%
Housing (Search)	98	4	1	**103**	5.7%
Housing (Stability)	14	1	0	**15**	0.8%
Legal (Complaints / Appeals)	38	4	0	**42**	2.3%
Legal (Family / Guardianship / POA)	20	1	0	**21**	1.2%
Legal (Other)	74	5	1	**80**	34.4%
Medication	3	0	0	**3**	0.2%
Mental Health	101	6	3	**110**	6.1%
Paperwork	95	7	3	**105**	5.8%
Personal Support System (Family / Friends)	16	0	0	**16**	0.9%
Personal Support System (Professionals)	364	20	3	**387**	21.4%
Personal Support System (Service Animal / Pet)	6	0	0	**6**	0.3%
Personal Support System (Support Groups)	99	6	0	**105**	5.8%
Physical Health (Dental)	7	1	0	**8**	0.4%
Physical Health (Other)	14	3	1	**18**	1.0%
Physical Health (PCP /	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
Specialist)					
Physical Health (Vision)	7	1	0	**8**	0.4%
Rec/Leisure	32	0	0	**32**	1.8%
Self-Care / Daily Routine	4	1	0	**5**	0.3%
Substance Use	3	0	0	**3**	0.2%
Technology (Acquisition)	11	2	0	**13**	1%
Technology (Other)	5	0	0	**5**	0%
Technology (Setup / Troubleshooting)	10	1	1	**12**	0%
Technology (Training)	4	0	0	**4**	0%
Transportation	36	0	0	**36**	2%
Volunteering	3	0	0	**3**	0%
Other	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%

Appendix C: Resource Navigation Goal Categories by Region

Goal Category	Denver Metro	Southern	Central Mountain	Western Slope	Northern	Grand Total	% of all Goal categories
Personal Support System (Service Animal / Pet)	4	2	0	0	0	**6**	0.3%
Personal Support System (Support Groups)	65	14	1	3	22	**105**	5.8%
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%

Appendix C: Resource Navigation Goal Categories by Region

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

Please continue to next page...

3

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

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

This completes the questionnaire and application. Thank you.

Signature

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

Signature: _____   Date:_____

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

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

SUBMIT VIA EMAIL

skills@biacolorado.org

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

4

Appendix F: Self-management Satisfaction Survey

Welcome to BIAC's Self-management Program Satisfaction Survey.

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

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

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

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

First Name:

Last Name:

Date of Birth (mm/dd/yyyy):

City:

Phone Number:

Email Address:

1

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

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:

3

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? <u>Select all that apply.</u>

☐ 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:

[   ]

4

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)
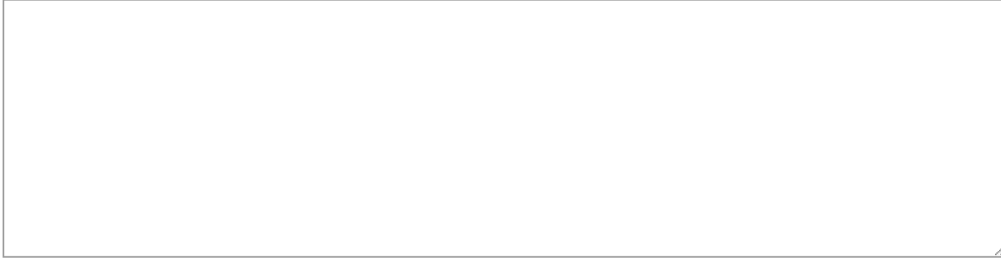
Optional Comment:

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

* 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.

6

Appendix F: Self-management Satisfaction Survey

* 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?

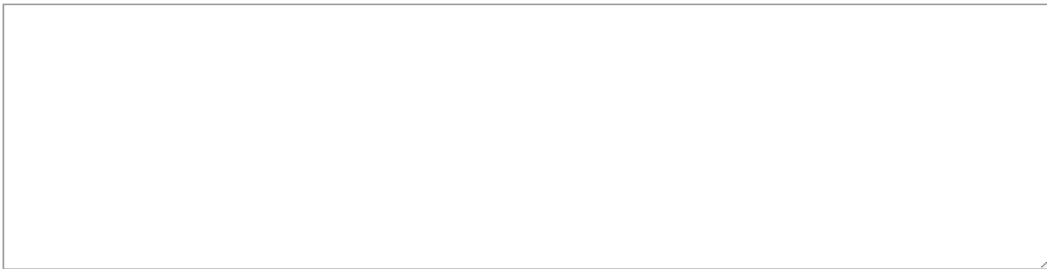|	very valuable	somewhat valuable	a little bit valuable	not at all valuable	does not apply to me
self-assessment of strengths	◯	◯	◯	◯	◯
self-assessment of weaknesses	◯	◯	◯	◯	◯
relationship mapping	◯	◯	◯	◯	◯
development of strategies for building specific skills	◯	◯	◯	◯	◯
development of goal attainment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

* 15. What did you accomplish during your time in BIAC's self management program that you are most proud of?
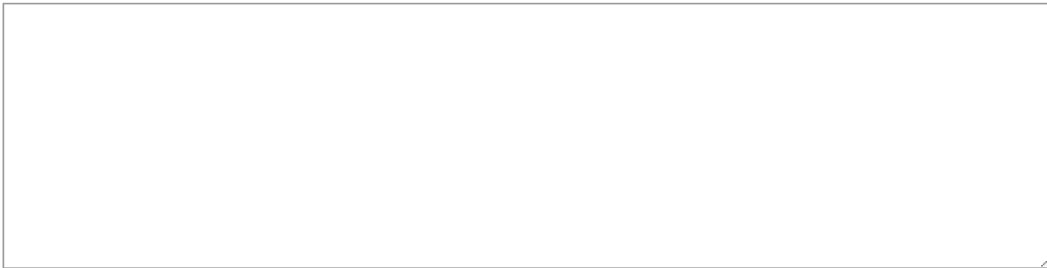
7

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:

```
┌─────────────────────────────────────────────────────┐
│                                                     │
│                                                     │
│                                                     │
│                                                     │
└─────────────────────────────────────────────────────┘
```

8

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!

9

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.

1

Appendix G: Youth Education Consultation Satisfaction Survey

Brain Injury Alliance — COLORADO

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? <u>Select all that apply.</u>

☐ high quality

☐ worthwhile

☐ met my needs

☐ easy to understand

☐ poor quality

☐ not a good use of my time

☐ did not meet my needs

☐ confusing

☐ Other, please specify:

2

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? <u>Select all that apply.</u>

☐ 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:

[   ]

3

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:

[ ]

4

Appendix G: Youth Education Consultation Satisfaction Survey

Brain Injury Alliance — COLORADO

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:

5

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.

> [text box]

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

6

Appendix H: Classes & Workshops Satisfaction Survey

Brain Injury Alliance — COLORADO

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

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

1

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!

2

Appendix I: FY23 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**			

• **Total # of unduplicated clients served to date in FY**
  ○ **# and % By geog.**
  ○ **# and % by region**
  ○ **# and % by age**
  ○ **# and % by gender**
  ○ **# and % by race/ethnicity**
	• Number of classes offered
	• Total attendance
	• **Hours of classes/workshop offered YTD (next to minimum req'd?)**
	  ○ **By adult/youth**
		• Total # of clients who opened at least one case
		  ○ # 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
			• Total # of applications received # and % approved
			  ○ # and % denied
			  ○ # and % pending
			• Total # of clients starting self-mgmt
			  ○ # 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
			  ○ # by region
				• Total # of clients referred for Ed. Cons.
				  ○ # and % eligible
				  ○ # and % ineligible
				  ○ # and % pending
				• Total # of clients who opened at least
				  ○ **# and % nonTBI vs TBI**
				  ○ # and % first-time
				• Total # of Ed. Cons. cases opened
				• Total # of Ed. Cons. cases closed
					• Total # of outreach activities & trainings delivered
					  ○ 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:	**C&W**	**RN**	**SM**	**EC**	**Outreach**	**PM**	**Staff**

Jan & July							

	• Total # of classes and workshops offered in previous six months
	  ○ # and % by type
	  ○ # and % by region
	  ○ # and % By geog.
	• Classes and workshops satisfaction survey results
	• Total # of unique attendees of classes and workshops in previous 12months
	• Average number of classes attended per unique individual in previous 12 months
		• Total # of unduplicated clients served to date in FY
		  ○ # 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
		  ○ avg # of cases per client
		  ○ avg # of goals per client
		  ○ # and % who accessed in-person support
		
		• Total # of cases closed in the previous six months
		  ○ # and % by closure reason
		  ○ Avg # of goals per case
		  ○ Avg length of time from case creation to case closure
		  ○ Satisfaction survey results
			• Total # of unduplicated clients served to date in FY
			  ○ # 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
			  ○ avg # of functional tasks per client
			• Total # of func. task created in cases closed in previous six months
			  ○ # and % by func. Task type
			  ○ Avg goal attainment score change (from baseline to completion)
			  ○ Avg. perception of confidence score change (from baseline to completion)
			• Satisfaction survey results
			• Satisfaction survey response rate
			• # of appeals or grievances in the previous six months
			  ○ By type
				• Total # of unduplicated clients served to date in FY
				  ○ # 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
				  ○ avg # of goals per client
				  ○ Total # of cases closed in the previous six months
				  ○ # and % by closure reason
				  ○ Avg # of goals per case
				  ○ Avg length of time from case creation to case closure
				• # of appeals or grievances in the previous six months
				  ○ By type
					• Total # of referrals received
					  ○ # and % by referral source type
					• Total # of outreach activities & trainings delivered
					  ○ 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
					  ○ % by referral source type
						• Total # of peers
						  ○ # and % by nonTBI/TBI
						• Total # of mentors
						  ○ # and % by nonTBI/TBI
						• Total # of current matches
						• Total # of orientations or trainings
						• Outcome or evaluation check-in on satisfaction?
							none

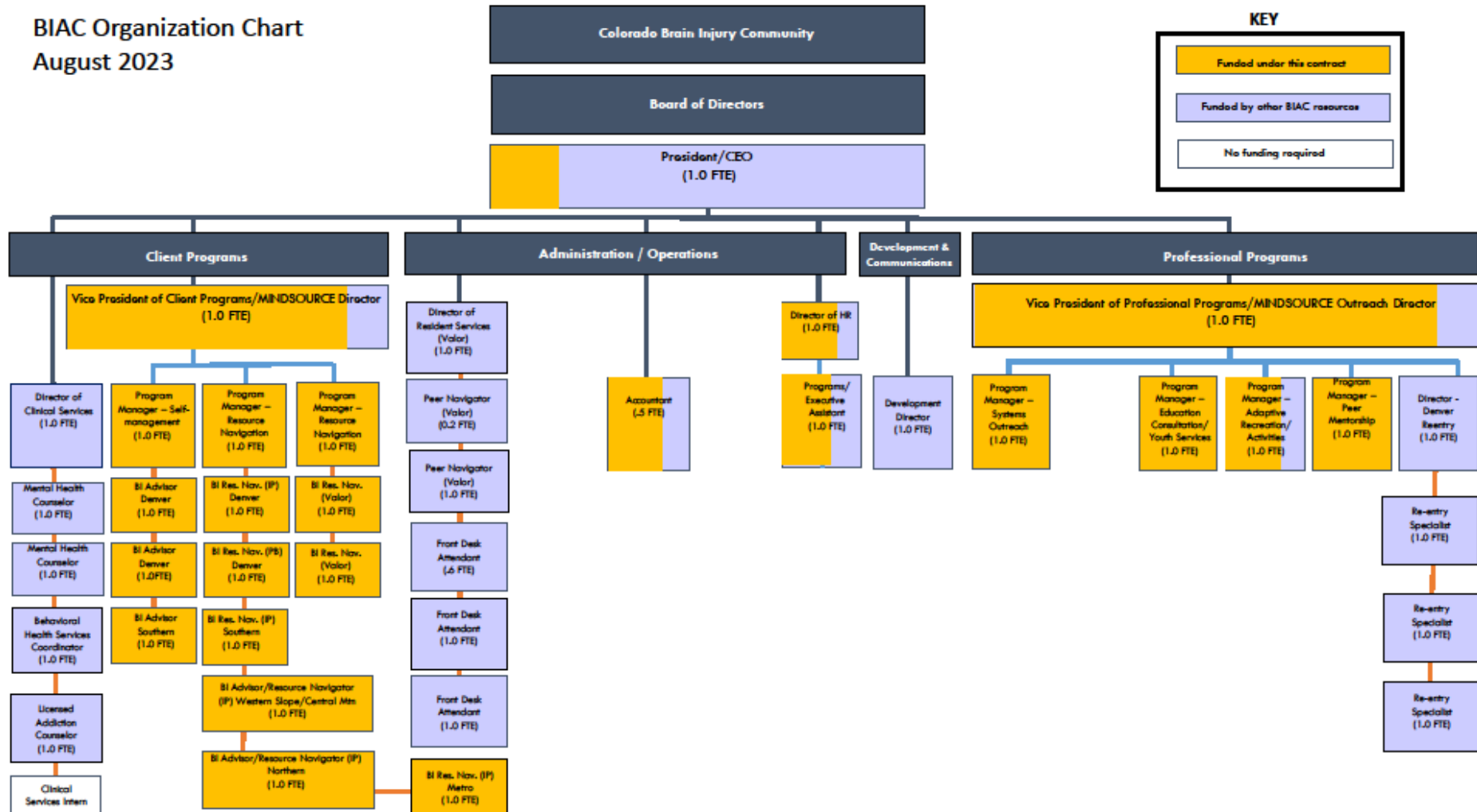| Due by the last day of: July	C&W	RN	SM	EC	Outreach	PM	Staff
		o Satisfaction survey response rate (total received/texts sent) • Total # of goals created in cases closed in the previous six months o # and % by goal type o # and % by status (closed or achieved) • # of appeals or grievances in the previous six months o By type					
	• Total # of classes and workshops offered in previous twelve months o # and % by type o # and % by region o # 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	• Total # of clients who opened at least one case in the previous twelve months • # 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 o # and % By geog. o # and % by region o # and % by county o # and % by city o # and % by age o # and % by gender o # and % by race/ethnicity	• Total # of applications received in previous twelve months o # and % by nonTBI/TBI o # and % approved o # and % denied o # and % pending o Avg. length of time from application received to approved/denied o Avg. length of time from application approved to first meeting with advisor • Total # of clients starting self-mgmt in previous twelve months o # and % by nonTBI/TBI o # and % first-time o # and % repeat o # and % youth o # and % adults	• Total # of clients referred for Ed. Cons. in previous twelve months o # and % by nonTBI/TBI o # and % eligible o # and % ineligible o # and % pending • Total # of clients who opened at least one Ed. Cons. case in previous 12 months o # and % first-time • Total # of unduplicated clients receiving Ed. Cons. served o # and % By geog. o # and % by region o # and % by county o # and % by city	• Total # of referrals received o % by referral source type • Total # of outreach activities & trainings delivered o Amount of time spent o # of attendees o % new o By region and geography o By organization type o By training type • Total # of new Resource Directory entries o % by type	• Total # of peers o # and % by nonTBI/TBI • Total # of mentors o # and % by nonTBI/TBI • Total # of current matches • Total # of orientations or trainings • Outcome or evaluation check-in on satisfaction?	• Staff Training & Professional Development o Avg. # of trainings attended per staff member o # of staff member that are ACBIS certified

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individual in previous 12 months	o # and % by language
	o # and % by military status
	o avg # of cases per client
	  ▪ By geog.
	  ▪ By region
	o avg # of goals per client
	  ▪ By geog.
	  ▪ By region
	o # and % who accessed in-person support
	  ▪ By geog.
	  ▪ By region
	o Satisfaction survey results
	  ▪ By geog.
	  ▪ By region
	o Satisfaction survey response rate (total received/texts sent)
	  ▪ By geog.
	  ▪ By region
	• Total # of cases opened in the previous twelve months
	o By geog.
	o By region
	• Total # of cases closed in the previous twelve months
	o By geog.
	o By region
	o # and % by area of need
	  ▪ By geog.
		• Total # of clients on waitlist to start self-mgmt on last day of previous twelve months
		o # by region
		o # By geog.
		• Avg length of time spent on waitlist before starting self-mgmt on last day of previous twelve months
		o By region
		o By geog.
		• Total # clients ending SM in past FY
		o # and % by nonTBI/TBI
		o # and % By geog.
		o # and % by region
		o # and % by county
		o # and % by city
		o # and % by age
		o # and % by gender
		o # and % by race/ethnicity
		o # and % by language
		o # and % by military status
		o # and % by injury
		o avg # of functional tasks per client
		  ▪ By geog.
		  ▪ By region
		o # and % By func. task
		  ▪ By geog.
		  ▪ By region
		o Avg goal attainment score change (from baseline to completion) By func. task
		  ▪ By geog.
		  ▪ By region
			o # and % by age
			o # and % by gender
			o # and % by race/ethnicity
			o # and % by language
			o avg # of goals per client
			  ▪ By geog.
			  ▪ By region
			o Parent/family satisfaction survey results
			o Parent/family satisfaction survey response rate (total received/texts sent)
			  ▪ By geog.
			  ▪ By region
			• Total # of goals created in cases closed in the previous 12 months
			o # and % by type
			  ▪ By geog
			  ▪ By region
			o # and % by status
			  ▪ By geog
			  ▪ By Region
			
			Injury "Landscape"
			• % nonTBI vs TBI
			• Total # of reported brain injuries
			o # and % by type of injury
			• Avg number of brain injuries per client
				• BIPN Overview (locations, meeting summary, attendee info, annual survey results)
				• Audience Response Data
				• Testimonials		

		▪ By region
		○ Avg # of goals per case
		   ▪ By geog.
		   ▪ By region
		○ Avg length of time from case creation to case closure
		   ▪ By geog.
		By region
		
		Injury "Landscape"
		• % 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
			○ Avg. perception of confidence score change (from baseline to completion)
			   ▪ By geog.
			   ▪ By region
			○ Avg. time 1 perception of confidence score
			   ▪ By func. task
			   ▪ By geog.
			   ▪ By region
			○ Avg. time 2 perception of confidence score
			   ▪ By func. task
			   ▪ By geog.
			   ▪ By region
			○ Satisfaction survey results
			   • By geog.
			   • By region
			○ Satisfaction survey response rate
			   • By geog.
			   • By region
			
			Injury "Landscape"
			• % 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
				• Avg age of client at time of first brain injury
				• # and % of clients with two or more brain injuries			

Appendix J: BIAC Organizational Chart

**BIAC Organization Chart
August 2023**

Colorado Brain Injury Community

Board of Directors

President/CEO
(1.0 FTE)

KEY
- Funded under this contract
- Funded by other BIAC resources
- No funding required

Client Programs

Vice President of Client Programs/MINDSOURCE Director
(1.0 FTE)

- Director of Clinical Services (1.0 FTE)
  - Mental Health Counselor (1.0 FTE)
  - Mental Health Counselor (1.0 FTE)
  - Behavioral Health Services Coordinator (1.0 FTE)
  - Licensed Addiction Counselor (1.0 FTE)
  - Clinical Services Intern
- Program Manager – Self-management (1.0 FTE)
  - BI Advisor Denver (1.0 FTE)
  - BI Advisor Denver (1.0 FTE)
  - BI Advisor Southern (1.0 FTE)
  - BI Advisor/Resource Navigator (IP) Western Slope/Central Mts (1.0 FTE)
  - BI Advisor/Resource Navigator (IP) Northern (1.0 FTE)
- Program Manager – Resource Navigation (1.0 FTE)
  - BI Res. Nav. (IP) Denver (1.0 FTE)
  - BI Res. Nav. (PB) Denver (1.0 FTE)
  - BI Res. Nav. (IP) Southern (1.0 FTE)
  - BI Res. Nav. (IP) Metro (1.0 FTE)
- Program Manager – Resource Navigation (1.0 FTE)
  - BI Res. Nav. (Valor) (1.0 FTE)
  - BI Res. Nav. (Valor) (1.0 FTE)

Administration / Operations

- Director of Resident Services (Valor) (1.0 FTE)
  - Peer Navigator (Valor) (0.2 FTE)
  - Peer Navigator (Valor) (1.0 FTE)
  - Front Desk Attendant (.6 FTE)
  - Front Desk Attendant (1.0 FTE)
  - Front Desk Attendant (1.0 FTE)
- Accountant (.5 FTE)

Development & Communications

- Director of HR (1.0 FTE)
  - Programs/Executive Assistant (1.0 FTE)
- Development Director (1.0 FTE)

Professional Programs

Vice President of Professional Programs/MINDSOURCE Outreach Director
(1.0 FTE)

- Program Manager – Systems Outreach (1.0 FTE)
- Program Manager – Education Consultation/ Youth Services (1.0 FTE)
- Program Manager – Adaptive Recreation/ Activities (1.0 FTE)
- Program Manager – Peer Mentorship (1.0 FTE)
- Director – Denver Reentry (1.0 FTE)
  - Re-entry Specialist (1.0 FTE)
  - Re-entry Specialist (1.0 FTE)
  - Re-entry Specialist (1.0 FTE)

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Appendix K: Peer Mentorship Program Outcome Survey

BIAC Peer Mentorship Outcome Survey

Thank you for participating in BIAC's Peer Mentorship Program! Please answer the following statements with strongly disagree, disagree, neither, agree, or strongly agree.

We like to capture this data before and again after a mentorship match is closed to make sure that the program is positively impacting people living with brain injuries. As you may know, this is the first of its kind, so thanks in advance for helping us learn about whether the program is working as we hope it does.

* Indicates required question

1. Email *

   _____

2. In the last two weeks, I have gotten the kind of support that I need from someone. *

   Mark only one oval.

   ◯ Strongly agree
   ◯ Agree
   ◯ Neither
   ◯ Disagree
   ◯ Strongly disagree

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3.   In the last two weeks I have felt understood by someone in my life. *

Mark only one oval.

◯ Strongly agree

◯ Agree

◯ Neither

◯ Disagree

◯ Strongly disagree

4.   In the last two weeks, I have felt good about my life. *

Mark only one oval.

◯ Strongly agree

◯ Agree

◯ Neither

◯ Disagree

◯ Strongly disagree

5.   In the last two weeks, I have felt optimistic about my future. *

Mark only one oval.

◯ Strongly agree

◯ Agree

◯ Neither

◯ Disagree

◯ Strongly disagree

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6. In the last two weeks, I have felt that I could handle anything that comes my way. *

Mark only one oval.

◯ Strongly agree

◯ Agree

◯ Neither

◯ Disagree

◯ Strongly disagree

7. In the last two weeks, I have been satisfied with relationships in my life. *

Mark only one oval.

◯ Strongly agree

◯ Agree

◯ Neither

◯ Disagree

◯ Strongly disagree

8. In the last two weeks I have been satisfied with my ability to do things that are important to me. *

Mark only one oval.

◯ Strongly agree

◯ Agree

◯ Neither

◯ Disagree

◯ Strongly disagree

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9.   Overall I have a good quality of life. *

Mark only one oval.

◯ Strongly agree

◯ Agree

◯ Neither

◯ Disagree

◯ Strongly Disagree

10.   I understand how each BI is unique and that I may experience growth and   *
setbacks.

Mark only one oval.

◯ Strongly agree

◯ Agree

◯ Neither

◯ Disagree

◯ Strongly disagree

11.   I am aware of available brain injury supports and programs. *

Mark only one oval.

◯ Strongly agree

◯ Agree

◯ Neutral

◯ Disagree

◯ Strongly Disagree

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12. I feel like I know what to expect as a person with a brain injury. *

Mark only one oval.

◯ Strongly agree

◯ Agree

◯ Neither

◯ Disagree

◯ Strongly disagree

13. I have a strong sense of purpose in life *

Mark only one oval.

◯ Strongly agree

◯ Agree

◯ Neither

◯ Disagree

◯ Strongly disagree

14. I feel in control of my life *

Mark only one oval.

◯ Strongly agree

◯ Agree

◯ Neither

◯ Disagree

◯ Strongly disagree

15. How many times have you participated in a support group in the last six months? *

_____

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16. Please share your overall experience with the Peer Mentorship Program and feel
     free to expand on any of the questions above and how the program impacted you.
     What did you like about it? What did you not like about it?

     _____

     _____

     _____

     _____

     _____

17. Do you have any thoughts or suggestions on how your experience in the Peer
     Mentorship Program could have been improved?

     _____

     _____

     _____

     _____

     _____

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Brain Injury Alliance of Colorado's Resource Navigation Evaluation Report

FISCAL YEAR 2023

AMY ENGELMAN, PHD

INTENTIONALINQUIRY

IGNITING CHANGE WITH YOUTH, SCHOOLS, AND COMMUNITIES

Table of Contents

Executive Summary

Resource Navigation (RN) is the foundational support program for people with a brain injury and their 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, assistance with filling out paperwork, connecting to community-based resources, and problem-solving.

This is the second year that RN has engaged in an outcome evaluation; however, the process is still being refined for better alignment with program goals. The data included in this report includes the RN Satisfaction Survey, the Client Outcome Survey, and Salesforce clients' case information, goal attainment records, and demographics. Note that the response rates for the RN Satisfaction Survey and the Client Outcome Survey were 10 to 24%, all too low to have high confidence in their generalizability. Although all clients are encouraged to complete both surveys, they have the choice to participate and often times decline to answer due to fatigue, challenges with technology, or other factors.

For FY23, BIAC's RN clients continued to grow in diversity with more northern, rural American Indian, Black, and Native American clients than the previous year. Approximately a quarter of FY23 RN clients also engaged in other BIAC programs.

The RN Satisfaction Survey showed similarly positive results this year as compared to last year. Eighty-eight percent of respondents were satisfied with their interaction with BIAC and 87% found the support useful, compared to 90% and 88% respectively in FY22.

In FY23 and FY22, the Client Outcome Survey results showed that six months after their RN case closed, a third or more of RN clients experienced positive change in a variety of outcome areas, including feeling understood by someone in their life, feeling they got support from someone, knowing what to expect as a person with a brain injury, satisfaction in their ability to do things that are important to them, feeling optimistic about their future, feeling good about their life, satisfaction with their relationships, and feeling like they can handle whatever comes their way.

Chart 1: Percent of Respondents Reporting Positive Change, FY23 & FY22
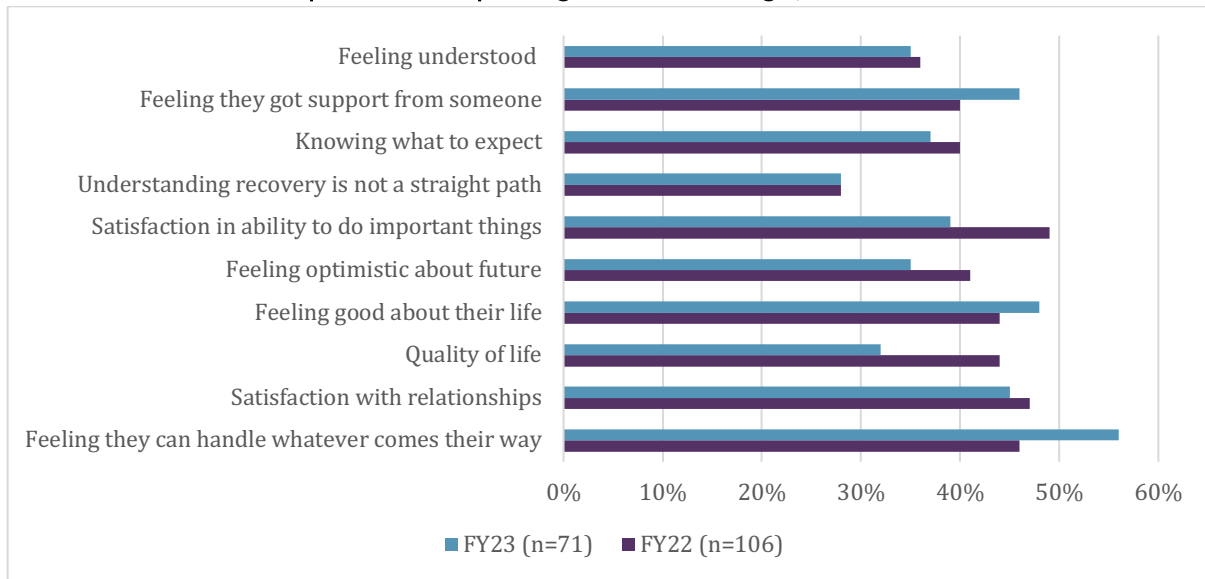
These results illustrate that the RN program is effective and meaningful to participants with lasting impact.

Program Overview

Resource Navigation (RN) is the foundational support program for people with a brain injury and their 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, assistance with 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 resource navigation services in a variety of formats:
- Via phone
- Via SMS text messaging
- Via email
- Via video conference
- In-person in their home community, including at Valor on the Fax

Client Demographics

In FY23, BIAC closed cases with 716 unique clients through resource navigation (RN), an increase of 26 individuals from last fiscal year. Most of these clients were utilizing BIAC's services for the first-time (86%) whereas 101, or 14%, were returning clients. Eight percent of these RN clients identified as veterans.

BIAC's Outreach Plan utilized prevalence and health disparity outcomes related to brain injury services in addition to Census data to identify priority populations. Thus, the 2020 Census Data are used here as reference points for the broader, general state demographics. Using it and the previous fiscal year as comparison, BIAC continues to serve more clients in the Denver metro region and less clients residing in the western slope and southern regions; however, progress was made in the northern region (see Chart 2).

Chart 2: Region RN Clients Reside In, FY23, FY22, & 2020 Census

Legend: ■ FY23 (n=716) ■ FY22 (n=690) ■ 2020 Census

Region	FY23	FY22	2020 Census
Denver Metro	68%	70%	56%
Southern	15%	14%	21%
Central Mountain	2%	2%	3%
Western Slope	4%	4%	7%
Northern	12%	10%	13%
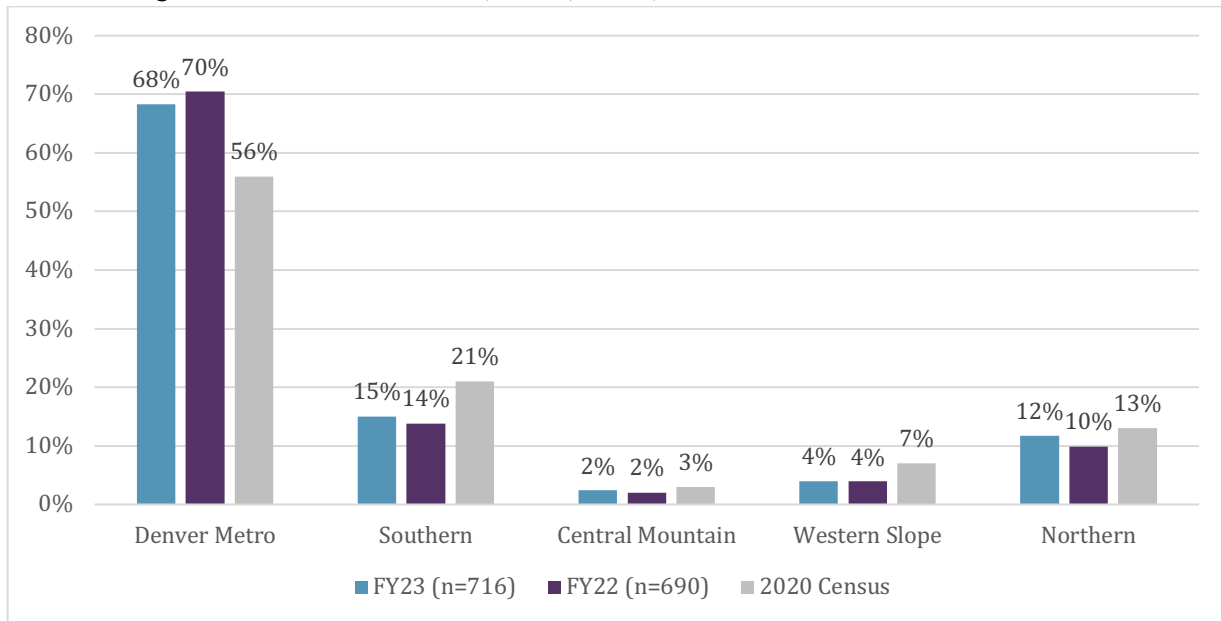
Similarly, though less pronounced, BIAC's RN clients reside in urban counties and significantly less in the rural and frontier counties as compared to the state's 2020 Census data; however, progress is being made in reaching more rural Coloradoans (see Chart 3).

Chart 3: County Designation RN Clients Reside In, FY23, FY22, & 2020 Census

Legend: ■ FY23 (n=716) ■ FY22 (n=690) ■ 2020 Census

Designation	FY23	FY22	2020 Census
Urban	92%	94%	88%
Rural	7%	5%	10%
Frontier	1%	1%	2%
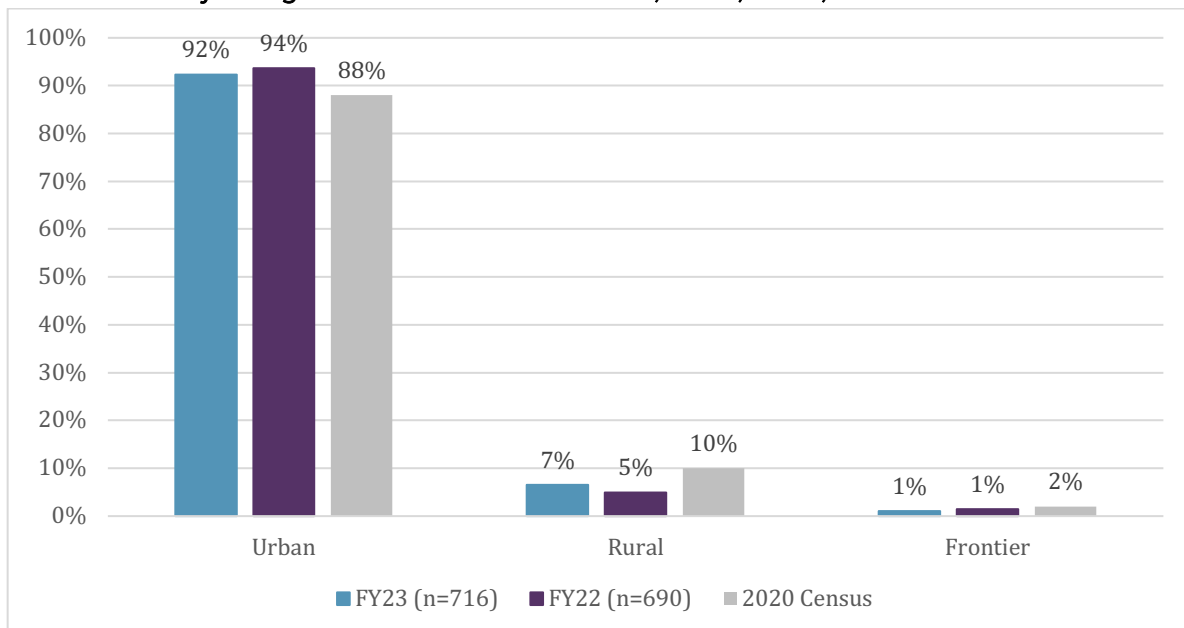
When compared to the 2020 Census (CDLA, 2022), BIAC's client population continues to underrepresent people who identify as Asian, Pacific Islander, Hispanic or Latino/a. Notably, other populations of color are slightly

overrepresented, specifically Black and Native American, whereas as white representation is nearly equal to that of the 2020 Census (see Chart 4). The overrepresentation of Black and Native Americans should be interpreted as positive as the CDC has identified American Indians as having "higher rates of TBI-related hospitalizations and death than any other racial or ethnic group," which is why Native Americans are an explicit part of BIAC's Outreach Plan. The CDC also identified that Black, in addition to Hispanic/Latino, "patients are less likely to receive follow-up care and rehabilitation following a TBI compared to non-Hispanic white individuals."

Chart 4: Ethnicity of RN Clients, FY23, FY22, & 2020 Census
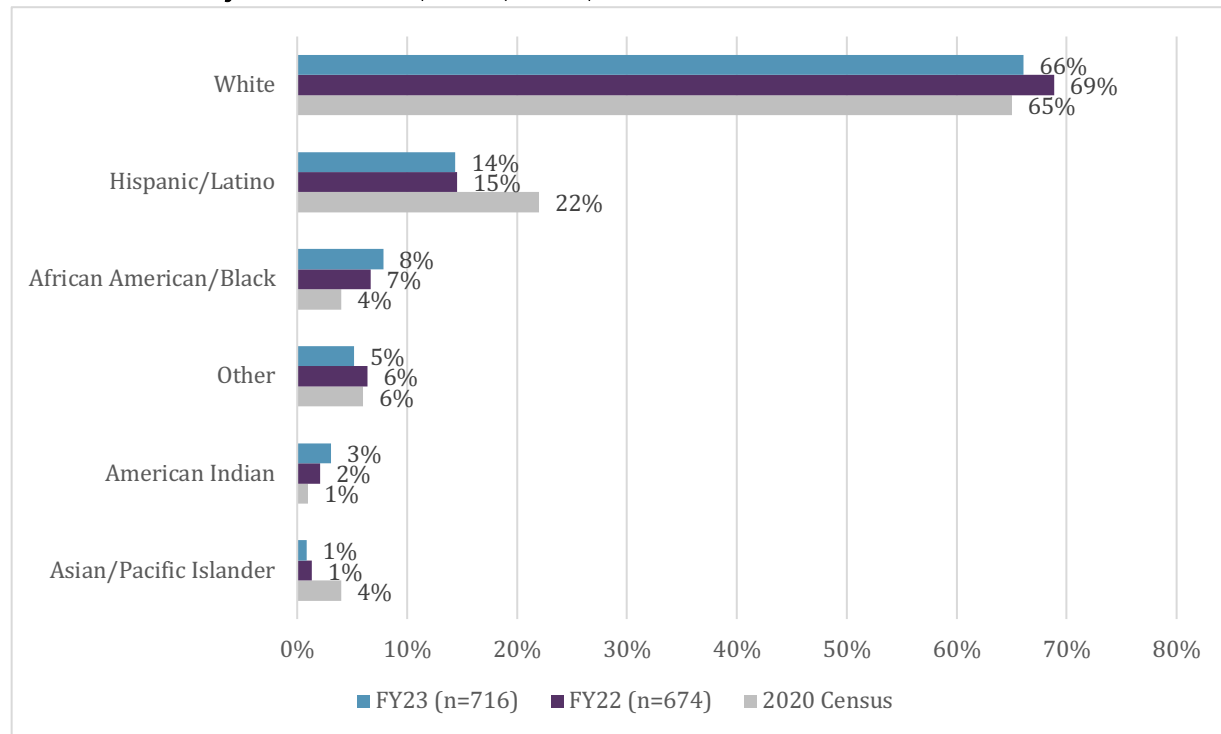
When compared to Colorado statistics, the preferred language of BIAC clients does not reflect the language preferences of the state. According to the 2020 Census 2020, 83.6% of the Colorado population is English speaking while 16.4% speak a language other than English in the home. The 2013 Colorado Health Access Survey found that 12% of the Colorado population prefers to speak Spanish. BIAC's client data indicates that 98% of BIAC's RN clients continue to prefer English (see Chart 5).

Chart 5: Language Preference of RN Clients, FY23, FY22, & 2020 Census
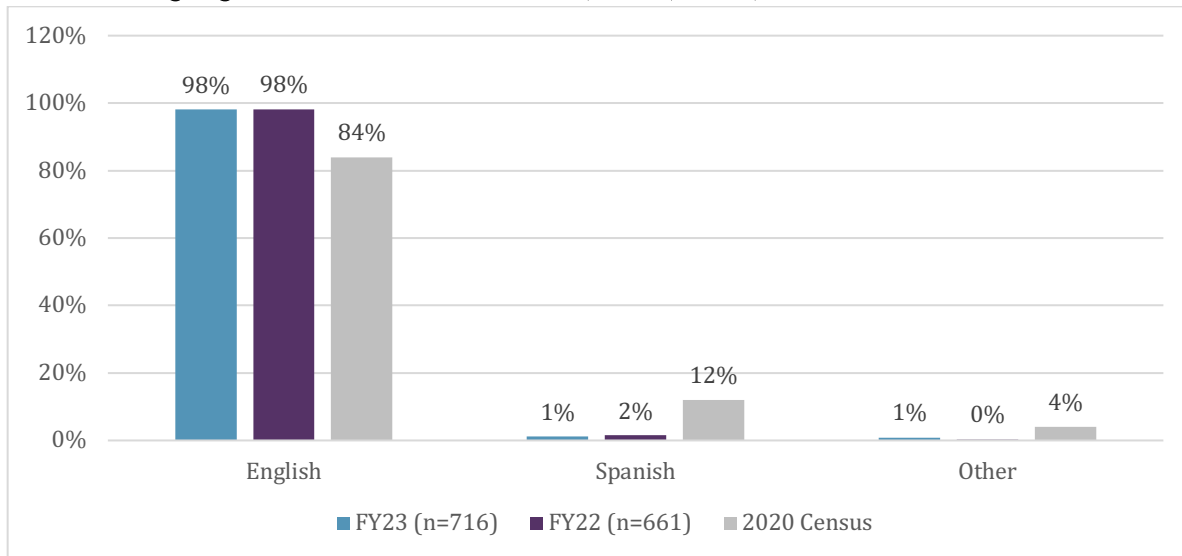
BIAC's RN clients increasingly skew male, which is slightly more prominent than the state's population according to the 2020 Census; however, men are more likely to sustain a brain injury so this difference should be interpreted positively. The Census only includes binary gender identities; thus, this data was not included as a point of comparison (see Chart 6).

Chart 6: Gender Identity of RN Clients, FY23 & FY22
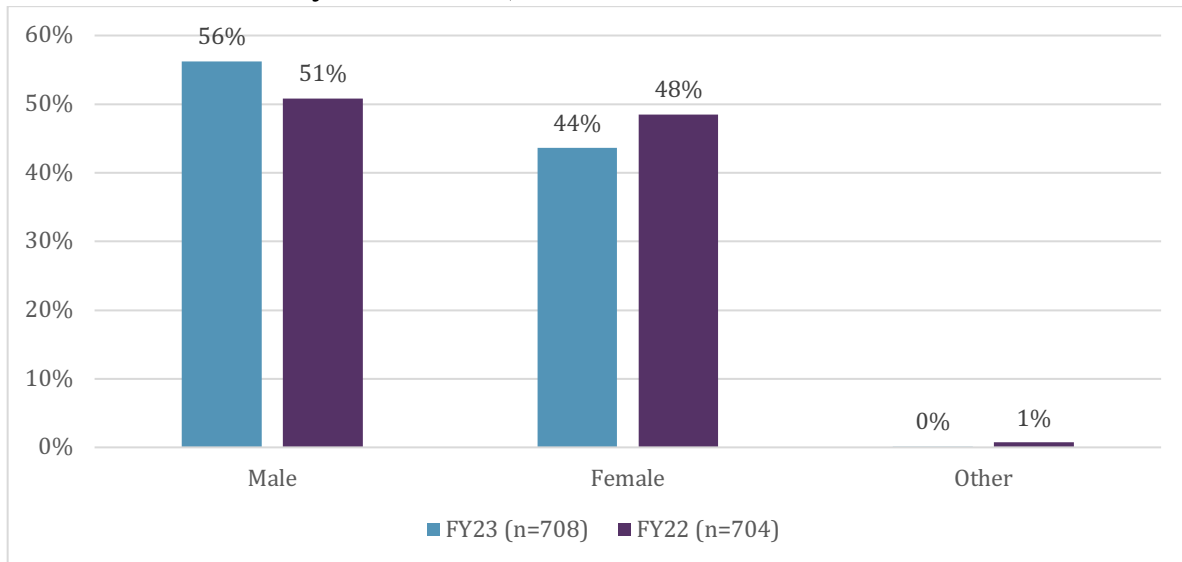
Most RN clients are adults (96%), with 89% being 26-69 years of age. Only 4% identify as a child or youth (21 years or younger). Chart 7 breaks down this year's RN clients' age ranges.

Chart 7: Age Range of RN Clients, FY23

Pie chart legend:
- 0 - 15 yrs
- 16 - 21 yrs
- 22 - 25 yrs
- 26 - 40 yrs
- 41 - 55 yrs
- 56 - 69 yrs
- 70+ yrs

Pie chart values: 4%, 1%, 3%, 3%, 29%, 39%, 21%
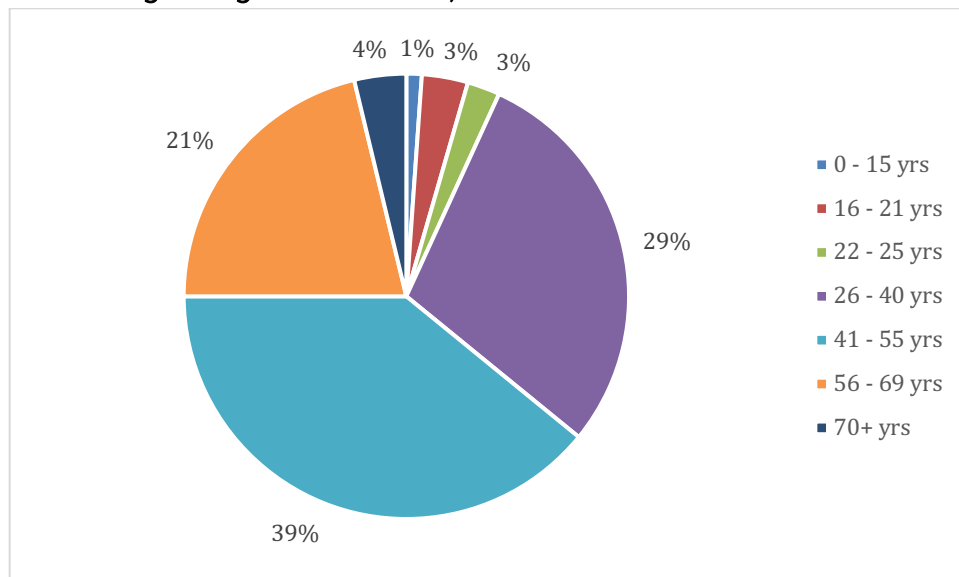
Of the 462 clients who reported more detailed information about their injuries, the average age at first injury was 31 years old. Most of these clients incurred a traumatic brain injury (82%) and an additional 127, or 18%, experienced a non-traumatic brain injury, though many have incurred both. The average number of injuries reported incurred was nearly two, with the most being 13. Chart 8 illustrates the types of injuries that these RN clients had incurred with assault, including gunshot and being struck by/against, (24%) and motor vehicle accidents (20%) being the most common.

Chart 8: RN Clients' Types of Injuries, FY23

Suicide atttempt
1.4%
Stroke
6.3%
Sports/Rec/ATV
7.8%
Pedestrian
2.5%
Other/Unknown
3.0%
Motorcycle
2.5%

Motor vehicle accident
20.3%

Other medical
8.3%

Anoxia
3.7%

Assault
24.4%

Bicycle
3.1%
Domestic abuse
4.8%

Fall
11.9%

Resource Navigation Participation

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 Resource Navigator will open a case and create goals based on client feedback. The Resource Navigator will also provide the individual with an overview of all available BIAC programs and refer internally to other BIAC programs as needed. If the client and the resource navigator are actively working on a goal, the case remains open. Once all goals are achieved or closed, either due to client self-reporting that the goal is accomplished or due to the client failing to follow up with their navigator, 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 desires. This model of Resource Navigation allows BIAC to meet clients where they are without jumping through the all-too-common hoops to access similar programs. The client is not assigned to a specific Resource Navigator and can work with whomever receives their inquiry, most often in the form of a phone call to the

main line phone number. This model eliminates long wait times to hear back from a particular navigator and lowers barriers to services and support.

In FY23, Resource Navigation served 716 unique clients and closed 868 cases. A case is defined as one or more goals developed with a resource navigator. Once goals are completed and marked as "achieved" or "closed," it will be closed, and the individual can reach back out to open a new case if the need arises. One client opened eight cases this last year while the vast majority only had one. On average, each client in FY23 had 1.2 cases, which is very similar to FY22 (1.25, see Chart 9).

Chart 9: RN Clients' Number of Cases, FY23 & FY22
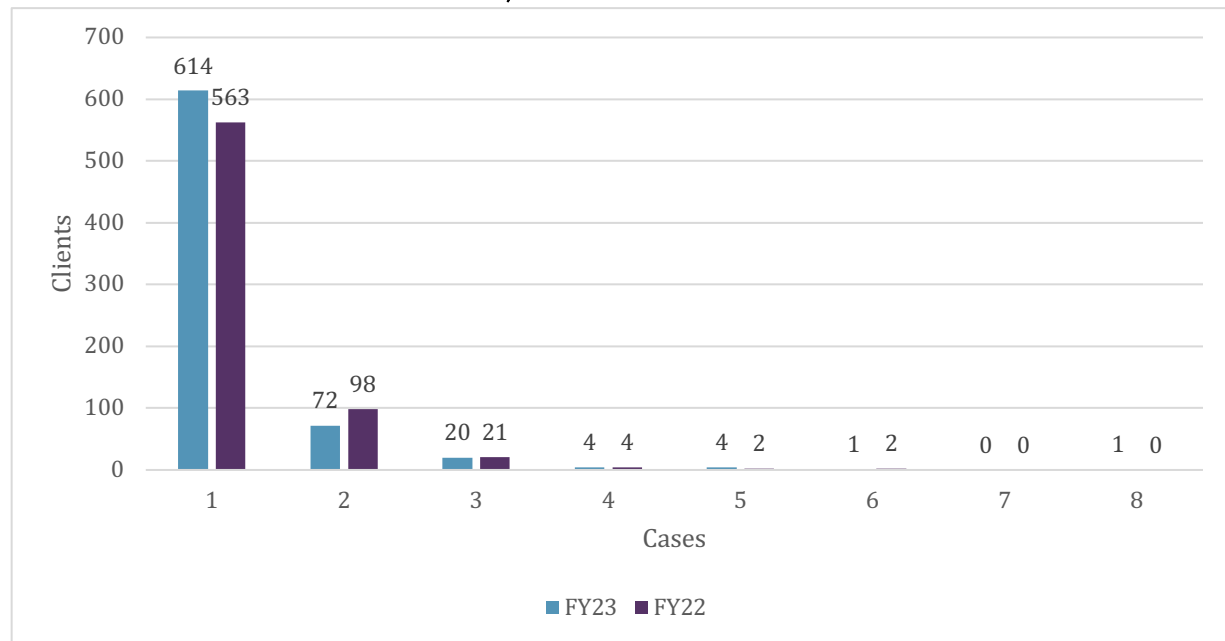
On average, clients had 2.2 goals, less than last year's average of 2.6. This year, clients residing in the central mountain and northern regions had a higher than average number of goals, 4.1 and 3.2 respectively. The average case that closed in FY23 lasted approximately 28.7 days, about one month, which is also quite similar to FY22, where the average case lasted 30.4 days.

Of the 1,574 goals RN clients worked on in FY23, the types varied greatly, with a third focusing on their personal support system, which largely included the intake process and an overview of BIAC services and referring the individual to support groups, therapy, service dog resources, or BIAC programs and classes (see Table 1). Few meaningful differences emerged when looking at the types of goal by county designation or region. The notable difference was the western slope region and the few frontier clients' goals were more often about mental health.

Table 1: Number of Types of Goals Clients Focused On, FY23

Goal Category	Count	Goal Category	Count
Personal support system	525	Transportation	41
Housing	200	Recreation/Leisure	38
Physical health	122	Food/Nutrition	32
Mental health	88	Technology	31
Financial	88	Other	22
Paperwork	84	Home	17
Legal	81	Self-care/Daily routine	10
Education	73	Volunteering	5
Employment	56	Substance use	3
Health insurance/Long term care	47		

BIAC staff provide in-person support if it is requested by a client (usually due to a lack of access to consistent internet, a personal phone, or computer for virtual meetings). Sometimes in-person is needed because of language barriers or cognitive challenges. Most often in-person support is to help with paperwork or attend appointments with the client. Only 9% of clients received in-person support last year, which is similar to the previous year; however, in FY23, they all resided in urban counties whereas in FY22, in-person access saw more geographic diversity.

Additional BIAC Program Engagement

The RN program is the primary entry point into BIAC's other programs and community of support. As such, referring to various BIAC programs and connected support groups and providers constituted a third of RN goals in FY23. The result of those connections is that 35 FY23 RN clients also participated in Self Management (5%), 16 in Peer Mentorship (2%), and 56 participated in classes and workshops (16%), with 33 clients participating in more than one class or workshop. While some individuals are referred to BIAC to find general support for their brain injuries, the vast majority come with a specific resource need or goal in mind. Thus, many clients solely utilize Resource Navigation services. For example, an individual may come to BIAC exclusively to get help filling out an application for food assistance or to find in-home care. RN's make every effort to inform clients of other BIAC programs and enroll or refer them should they choose.

In FY23, the main BIAC phone line, staffed by RNs, experienced several thousand phone calls from clients, family members, and referring professionals. While approximately 700 of those calls resulted in new clients, many did not. Reasons for this include many callers were exclusively interested in Valor on the Fax housing; inappropriate (non-brain injury) referrals from professionals; and calls from family members on behalf of survivors not ready or willing to engage in BIAC services. Also of note, some clients may have had only one goal whereas others had over five, so cases do not equate to clients.

Methodology for Outcome Measurement

Each of the measures used to determine outcomes was collected through a different process; thus, the sample size for each varies. The following describes the methods and sample size for each measure used in this evaluation.

Resource Navigation Satisfaction Survey

The resource navigation (RN) satisfaction survey assesses the quality and usefulness of the program. Surveys were administered via short message service (SMS 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, "Was the support useful?" 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, "Were you satisfied with the quality of your interaction with BIAC?" is automatically sent to the same phone number. All SMS messages are sent and received through the BIAC Salesforce database and responses are logged and linked to the client case that the survey is related to. The Vice President of Client Programs and the RN Program Manager review all responses received on an ongoing basis and aggregates the responses into "yes," "no," and "N/A" buckets based on the client's original response. For example, "👍" has been coded as "yes," and "Can you remind me of services please" has been coded as "N/A."

In FY23, 181 RN cases had responses to the first question out of 868 total RN cases, which resulted in a 21% response rate (similar to FY22's rate of 24%). One hundred and thirty-seven responses were collected for the second question, which resulted in a response rate of 16% (again, similar to FY22's rate of 18%.) Again, these response rates are smaller than recommended for using this sample to make generalizations about the broader group; thus, findings should be read with caution. Additionally, the SMS respondents were slightly over-representative of those who live in the Denver metro region as opposed to the southern and northern regions when compared to the FY23 RN population.

Client Outcome Survey

The Client Outcome Survey is a ten item Likert scale questionnaire developed in partnership with JVA in 2022 (see Appendix A). It is distributed to all RN clients at the time of intake or when opening a new case and then again six months later. If someone engaged with RN again after six months, they were given a second survey. When this occurred, the latter survey was used.

Instructions on the survey were phrased as: "Please score how much you agree or disagree with the following statements (where 1 = strongly disagree, 2 = disagree, 3 = neither agree nor disagree, 4= agree and 5 = strongly agree)."

Changes were calculated by [post value] - [pre value] for the various items and then categorized into positive, no, or negative change.

In FY23, 71 clients responded to both the pre and post survey, resulting in a 10% response rate, which is lower than FY22's 16% response rate. **This response rate warrants great caution in generalizing these survey results to the broader client base,** especially recognizing that significantly fewer respondents identified as Hispanic/Latino when compared to the FY23 RN population.

Thirty-one, or 44%, of survey respondents engaged in more than one RN case. The client survey data displays the results for all FY23 RN clients and then also those that had one case compared to those who had more than one case.

Caregiver Survey

The caregiver survey, a five item Likert scale pre/post questionnaire, was also developed in the spring of 2022 by JVA (see Appendix A). Instructions were phrased as: "Please score how much you agree or disagree with the following statements (where 1 = strongly disagree, 2 = disagree, 3 = neither agree nor disagree, 4= agree and 5 = strongly agree)." This survey was administered at intake with the caregiver of a client who has physical or cognitive impairments that require that support. It was sent to them again six-months after their case was closed. Only one caregiver responded to both the pre and the post survey; thus, these results are not provided.

Goal Attainment

Clients' RN 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.

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 is no longer applicable;
- Resources/options were exhausted; or
- Client was unable to be reached after multiple attempts.

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

Focus Groups with Clients

The purpose of conducting focus groups is for BIAC to better understand clients' experience of their services and how they can best support an improved quality of life for those impacted by a brain injury. During the winter of 2023, BIAC's aim was to hear from a smaller subset of clients who identify with one of demographics that did not reflect the same level of positive outcomes as their peer groups in the FY22 evaluation. This included those who identify as African American, Black, multiracial, and living in rural or frontier counties. Those who prefer to speak Spanish were also included because they constitute such a small portion of BIAC's current client base, and BIAC aims to increase their representation with the hiring of more Spanish speaking staff. At the time of the focus groups, in Salesforce (BIAC's client management system) only four clients were identified as preferring to speak Spanish. Recognizing that this is a reporting issue, outreach for the focus groups also included clients who identify as Hispanic/Latino to try to capture more people who may just not be in the system as preferring to speak Spanish. Finally, staff also wanted to learn from clients who have only participated in Resource Navigation to understand why they are not utilizing more of BIAC's services.

In February 2023, a MailChimp email went out to over 400 clients who had received services in the past year and met one or more of the above criteria. Participants were invited to participate in an hour-long conversation at 5pm during a week in March 2023 via Zoom. Participants were offered a $50 gift card for their participation. Text messages were also sent specifically to the four individuals who were noted as preferring to speak Spanish. Thirty-three people responded to the registration survey. Each respondent was scheduled for a conversation that best aligned with their availability and demographic group as indicated by them on the registration form. They were sent an email, calendar invite, and text message or phone call (depending on the preference they indicated in the registration form), including reminders the day before and/or day of the focus group. Participants were also sent a draft of the focus group analysis for review and comment.

Of the thirty-three people who responded to the registration form, fifteen participated in the focus groups, which is 2% of the FY23 total RN population. Of the ten people registered for the conversation that aimed to focus on the Hispanic/Latino and multiracial experience, five people joined. Of the nine people registered for the conversation that aimed to focus on the rural/frontier experience, six people joined. Of the six people registered for the conversation that aimed to focus on the African American, Black, and multiracial experience, four people joined. Neither of the two people registered for the Spanish conversation showed up. In total, the focus group analysis represents the experiences shared by fifteen people. The following table summarizes the priority racial/ethnic identities that participants self-reported on their registration form.

Table 2: Focus Group Participants' Ethnic Identification

	Count
African American/Black	2
Hispanic/Latino/a	3
Multiracial	4

Of the fifteen participants, two shared that they currently live in rural or frontier areas. One person shared they had lived in a rural area but that they are currently living in their van waiting for Valor on the Fax to open. One participant was a caregiver for their 26 year-old son with a significant brain injury, and another participant was a caregiver as well as a new BIAC client due to incurring their own injury. Six of the fifteen focus group participants were very new to BIAC with two only having applied to Valor on the Fax and another two only having done the intake.

To reiterate, the purpose of these focus groups was not to understand most clients' experiences with BIAC and RN; rather, it was to learn from clients who identify with some of the harder to reach communities in Colorado that BIAC is actively working to increase access and engagement with their programs (see Appendix B). These findings should not be generalized as the experience of most BIAC clients; thus, the specifics are not included in this report. However, BIAC has been utilizing these learnings for its continuous improvement, particularly to further their goals of greater access, engagement, and impact with people living with brain injuries who also identify with traditionally marginalized communities.

Resource Navigation Client Outcomes

This last year, BIAC staff adapted the MINDSOURCE Client Services logic model to reflect their approach and programming more specifically. Outcomes in the short-term for all of BIAC's client services programs begin with feeling seen, heard, and supported as an essential part of their person-centered approach. This is also the main outcome for RN in addition to the short-term outcomes of increased knowledge about brain injury and supports and satisfaction with plans. The medium-term outcomes from RN include improved social determinants of health and increased strategies and supports specific to living with a brain injury. The longer-term outcomes include averting crises and increasing stability, hope, meaning, balance, and overall quality of life. The client survey currently examines more than these intended outcomes for RN; thus, these additional outcomes will be reported at the end of this report. However, these outcomes will not be reported for RN in future reports as the RN Client Outcome Survey has been revised for FY24 to reflect RN specific outcomes only in hopes of increasing response rates and providing actionable data.

Feeling Seen, Heard, and Supported & Satisfaction with Plans (ST)

Feeling seen, heard, and supported was overwhelmingly identified by BIAC's staff as the most essential outcome in the logic model because of the overarching guiding principle of the relationship being paramount to realizing the impact of client services, beginning with the development of a meaningful plan. Because of the foundational nature of these two outcomes, several tools were used to assess these short-term outcomes. The RN Satisfaction Survey assessed clients' satisfaction with the quality of their interaction with BIAC as well as whether their support was useful. The two Client Outcome Survey questions that focus on feeling seen, heard, and supported were – "In the last two weeks, I have felt understood by someone in my life" and "In the last two weeks, I have gotten the kind of support that I need from someone." This framing examines participants' experience of feeling seen, heard, or supported by anyone in their life, not specifically BIAC staff, and should be interpreted with caution as RN does not necessarily focus on their support systems, though it can indirectly through referrals. As described above in the methodology section, most clients did not have an open RN case when responding to the post Client Outcome Survey since it is distributed six months after they first interacted with BIAC and an average RN case lasts around one month (see Resource Navigation Participation section).

Resource Navigation (RN) Satisfaction Results

The RN satisfaction survey examined the quality of the interaction specifically with BIAC staff with the question, "Were you satisfied with the quality of your interaction with BIAC?" For both FY23 and FY22, most respondents reported being satisfied; however, a slightly larger percentage of respondents in FY23

responded negatively than in FY22 (see Chart 10). When looking at the eleven individuals who responded negatively in FY23, all resided in urban counties and were more likely to live in the Denver metro area and identify as white.

Chart 10: Satisfaction with RN Case Interaction with BIAC, FY23 & FY22
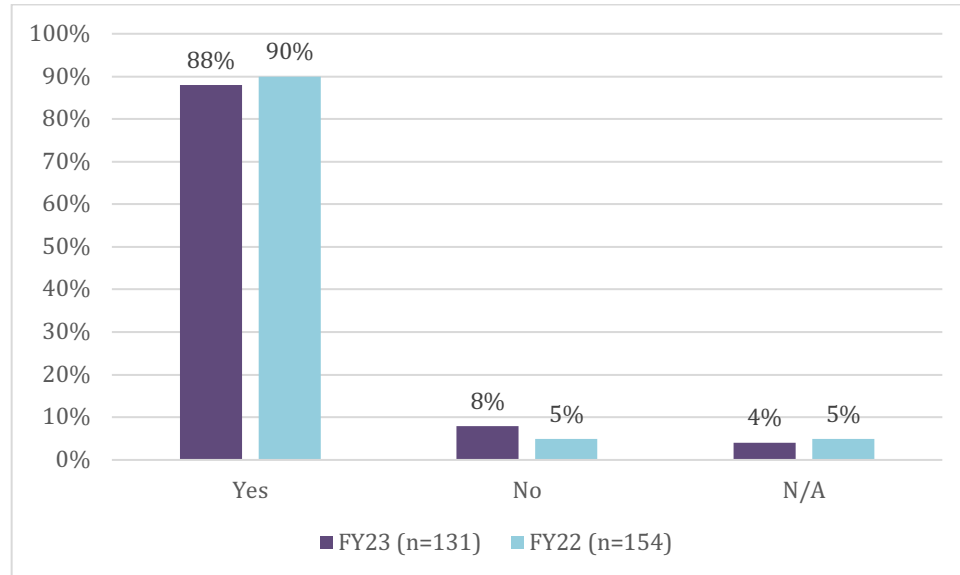
The other question on the RN Satisfaction Survey examines feeling supported and begins to get at satisfaction with plans by asking, "Was the support useful?" Again, the vast majority (87% in FY23 and 88% in FY22) responded positively. The percentage of responses that were negative grew in this last year as compared to the previous year with fewer being inapplicable (see Chart 11). When looking at the negative responses, these seventeen people more often lived in the urban counties in the southern and northern regions and identified as white.

Chart 11: Percent of RN Cases Where Clients Found the Support Useful, FY23 & FY22
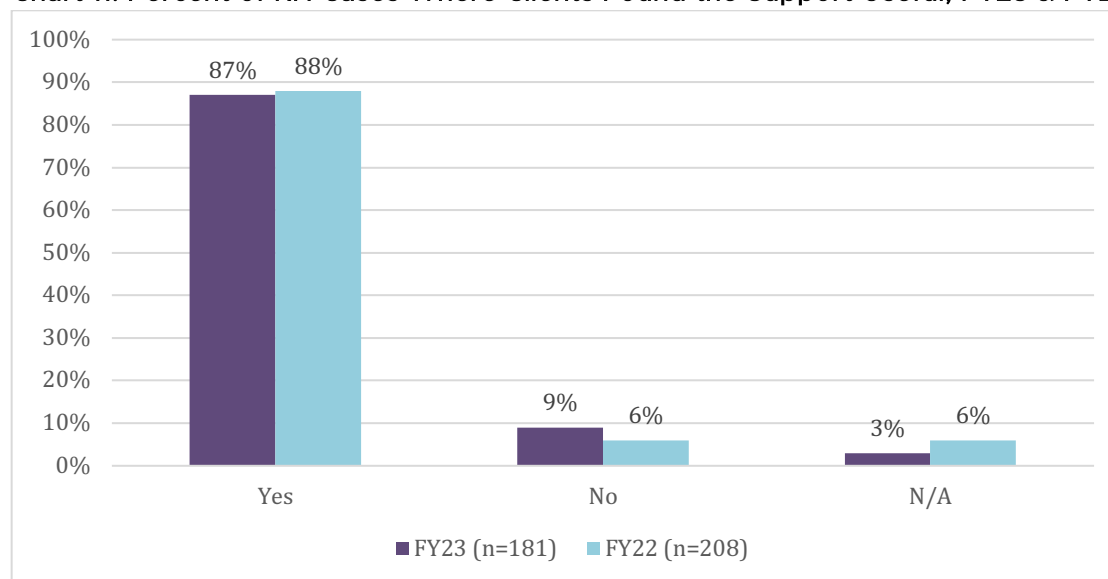
Goal Achievement

As in FY22, most FY23 RN goals ended with achievement (94%), and 6% closed without achieving the goal. Nearly a third (30%) of the cases that were not achieved had to do with housing and financing rent or utilities, which is likely reflective of the lack of affordable housing and the rising costs of living across Colorado as well as the engagement challenges that unhoused clients face due to losing their phones or data plans.

Client Outcome Survey Results

Again, the Client Outcome Survey questions are beyond the scope of RN's direct purpose as they ask about feeling understood and supported in the past two weeks at least six months after their RN case being closed. As mentioned above, about a third of RN goals involve expanding clients' personal support system, so for a third of clients, these outcomes are extremely relevant. With that context in mind, slightly more than a third of all Client Outcome Survey respondents (35%), and more so for those who engage with RN more than once (42%), experienced growth in their sense of feeling understood by others in their life (see Chart 12).

Chart 12: Percent of Clients' Change in Feeling Understood by Someone in Their Life, FY23
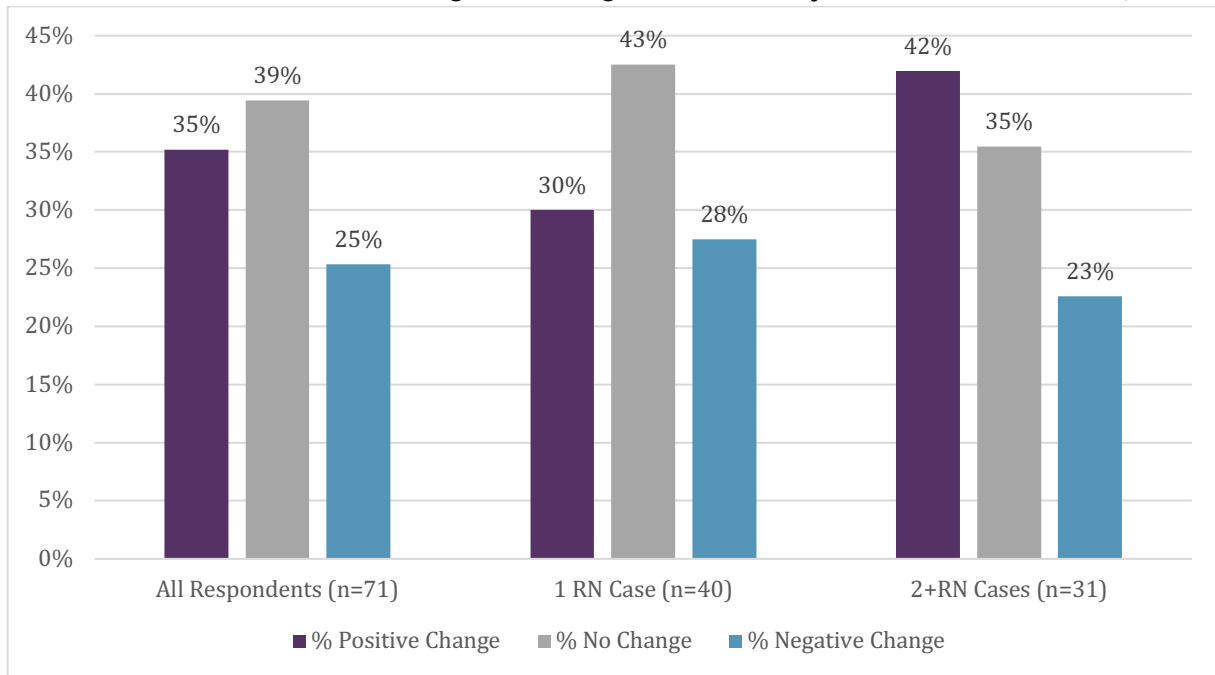
Of all Client Outcome Survey respondents, 46% experienced a positive change in feeling they got support from someone, though those with only one RN case more often reported a positive change than those with two or more cases (see Chart 13).

Chart 13: Percent of Clients' Change in Feeling that They Got Support from Someone, FY23

Increased Knowledge about Brain Injury and Supports (ST) and Improved Strategies Specific to Living with Brain Injury (MT)

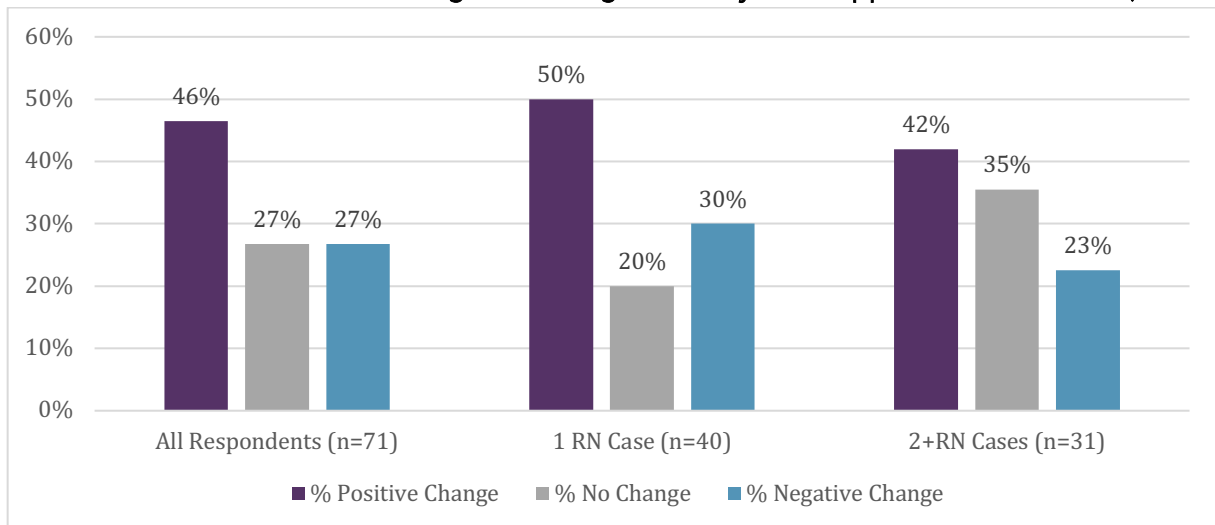Two questions on the Client Outcome Survey addressed the short-term outcome of increased knowledge about brain injury and supports – "I feel like I know what to expect as a person with a brain injury" and "I understand recovery from brain injury is not a straight path." (Note: these two statements have been modified for FY24 survey because they do not seem to resonate with individuals when RN are asking them directly through the intake process.) An additional survey question aligns with the medium-term goal of improved strategies - "In the past two weeks, I have been satisfied with my ability to do things that are important to me."

Client Outcome Survey

Over a third of all respondents (37%), particularly those who engaged with RN more than once (39%), reported that they experienced growth in knowing what to expect as a person with a BI, and less than a third of all respondents (31%) and less so those who engaged with RN more than once (29%) reported a negative change in their expectations as a person with a brain injury (see Chart 14).

Chart 14: Percent of Clients' Change in Knowing What to Expect as a Person with a BI, FY23
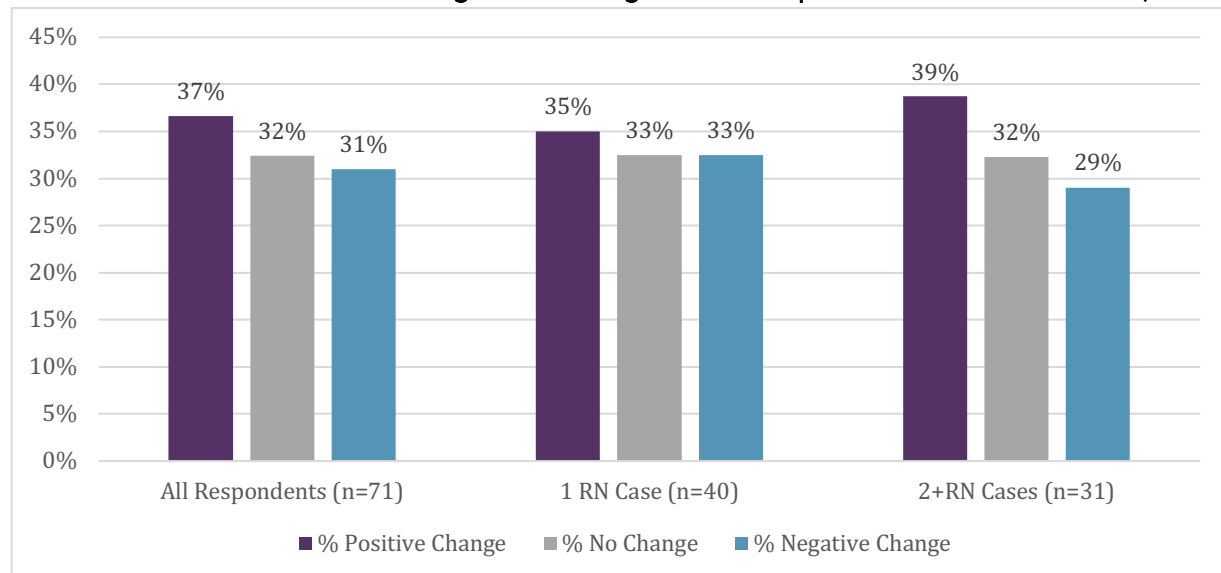
More than half of all respondents (52%), particularly those who engaged with RN more than once (61%), reported no change in understanding that recovery from brain injury is not a straight path. While those who only engaged in RN once reported the same amount of positive change as negative change (28%), those with two or more cases reported substantially more positive change than negative (29% and 10% respectively, see Chart 15).

Chart 15: Percent of Clients' Change in Understanding Recovery Is Not a Straight Path, FY23

Legend: ■ % No Change ■ % Negative Change ■

	All Respondents (n=71)	1 RN Case (n=40)	2+RN Cases (n=31)
% No Change	28%	28%	29%
% Negative Change	52%	45%	61%
	20%	28%	10%
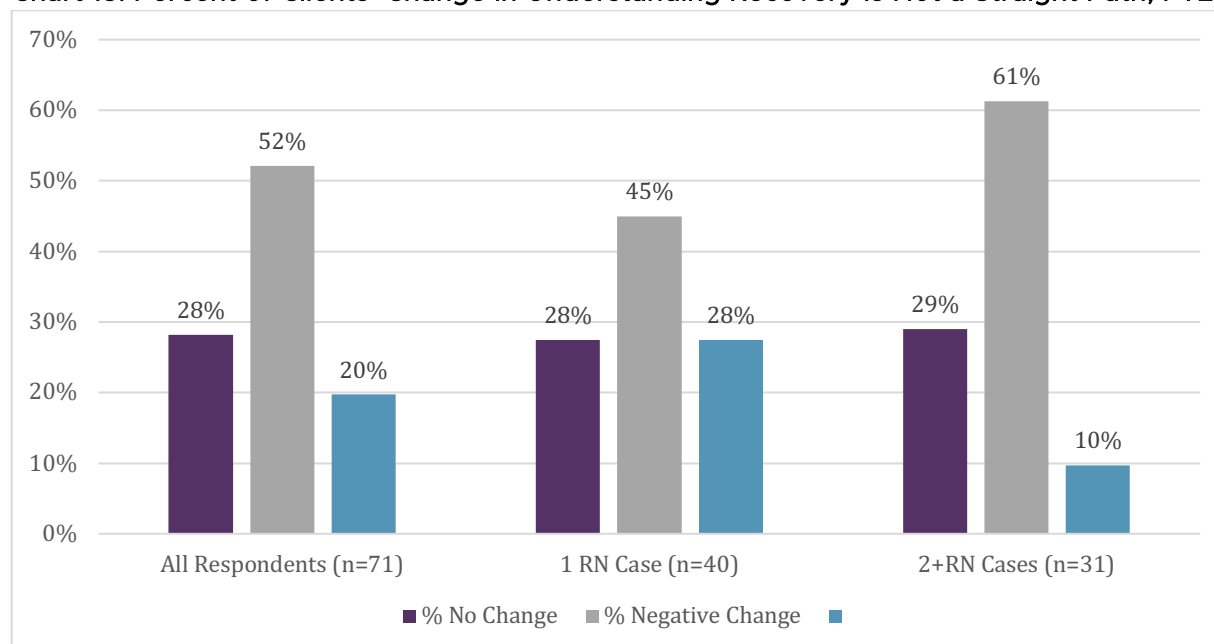
The statement "In the past two weeks, I have been satisfied with my ability to do things that are important to me" illustrates how clients may have adjusted their expectations of themselves after becoming aware of how their BI has changed their capabilities and/or that they gained some supportive strategies or resources to help them manage life with a brain injury. Thirty-nine percent of all respondents experienced growth in this area with 20% of all respondents reporting a negative change. Respondents who had engaged in more than one RN case reported less negative change with the majority not changing at all (see Chart 16).

Chart 16: Percent of Clients' Change in Satisfaction with Their Ability to Do Things that Are Important to Them, FY23

Chart showing percentages for All Respondents (n=71), 1 RN Case (n=40), and 2+RN Cases (n=31):
- All Respondents (n=71): % Positive Change 39%, % No Change 41%, % Negative Change 20%
- 1 RN Case (n=40): % Positive Change 40%, % No Change 38%, % Negative Change 23%
- 2+RN Cases (n=31): % Positive Change 39%, % No Change 45%, % Negative Change 16%

Legend: ■ % Positive Change ■ % No Change ■ % Negative Change
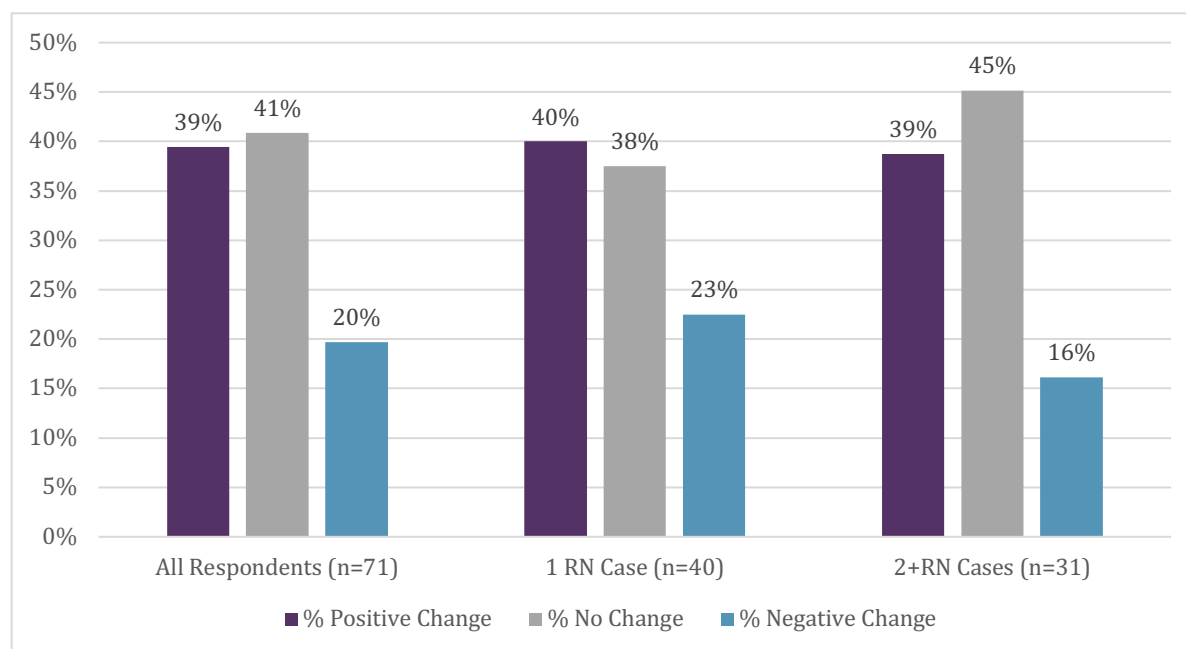
Improved Social Determinants of Health and Crises Averted (MT) and Increased Stability (LT)

BIAC recognizes how the social determinants of health can compound the difficulty of brain injury. Thus, RN aims to improve clients' social determinants of health, when applicable, so that they can focus on their brain injury. Goal Attainment was used this year to assess clients' basic needs goals and growth through RN.

Goal Attainment

Approximately 427 goals RN clients worked on in FY23 (approximately 25%) addressed the social determinants of health, including housing, employment, transportation, food, and healthcare. Most of these goals were achieved; however, 47, or 11%, were closed for another reason. The most common alternate reason for closure was lack of client responsiveness.

Increased Quality of Life Defined as Hope, Meaning, and Balance (LT)

Ultimately, in the long term, BIAC envisions RN increasing clients' quality of life, which is defined as their sense of hope, meaning, and balance. The Client Outcome Survey asked about hope with the statement - "In the last two weeks, I have felt optimistic about my future" and more generally about all three with "In the last two weeks, I have felt good about my life." Quality of life is also asked about directly with "Overall, I have a good quality of life."

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Overall, a slight majority of clients experienced no change in their sense of feeling optimistic about their future (38%) followed by those who experienced positive change (35%). People who engaged with RN more than once experienced substantially less negative change (see Chart 17).

Chart 17: Percent of RN Clients' Change in Feeling Optimistic about Their Future, FY23
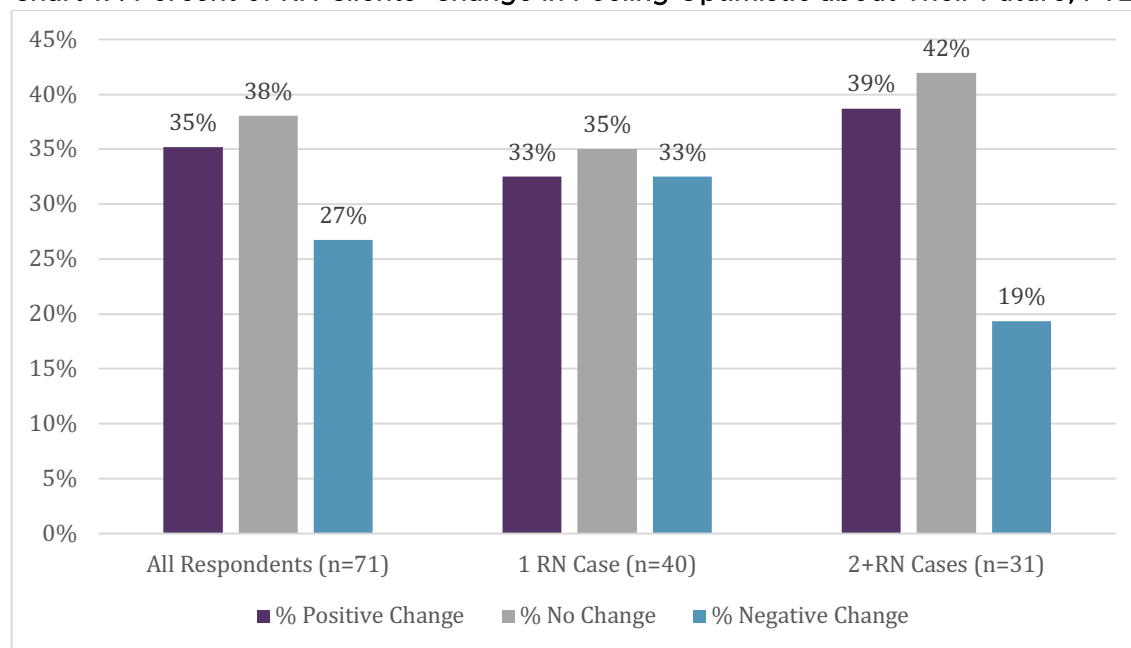
Overall, nearly half of respondents experienced a positive change in feeling good about their life (48%), with 58% of people who engaged with RN more than once reporting a positive change (see Chart 18).

Chart 18: Percent of RN Clients' Change in Feeling Good about Their Life, FY23

Chart 18 bar graph showing:
- All Respondents (n=71): % Positive Change 48%, % No Change 34%, % Negative Change 18%
- 1 RN Case (n=40): % Positive Change 40%, % No Change 40%, % Negative Change 20%
- 2+RN Cases (n=31): % Positive Change 58%, % No Change 26%, % Negative Change 16%
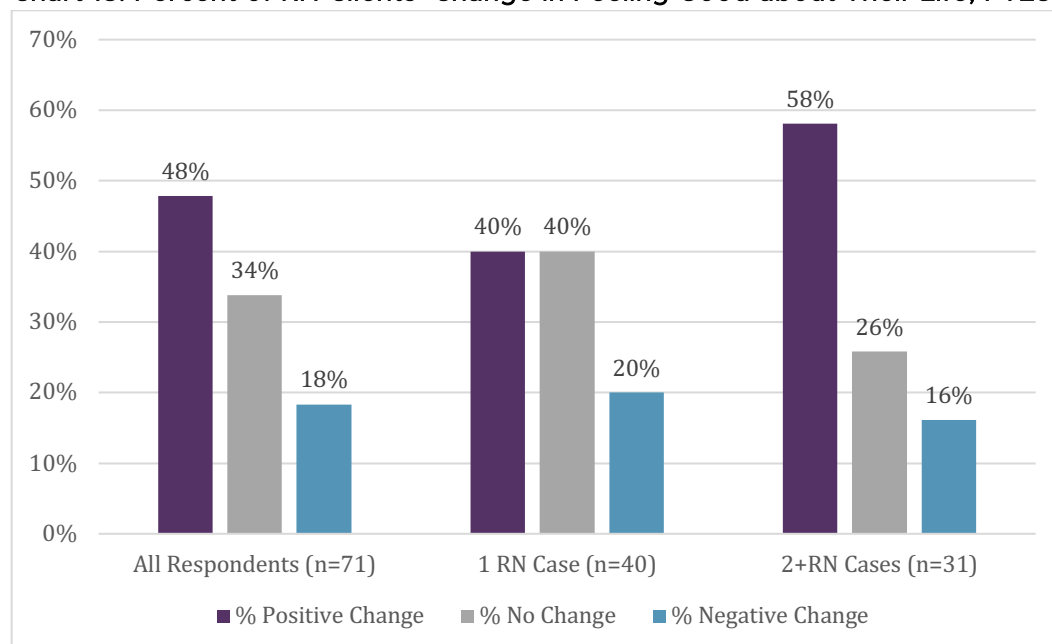
Overall, the majority of respondents did not experience a change in their quality of life (46%); however, 32% reported a positive change whereas 21% reported a negative change. Participating in more than one RN case seems to contribute to an increased quality of life as 39% of respondents with more than one RN case reported positive change and 19% reported a negative change (see Chart 19).

Chart 19: Percent of RN Clients' Change in Their Quality of Life, FY23

Chart 19 bar graph showing:
- All Respondents (n=71): % Positive Change 32%, % No Change 46%, % Negative Change 21%
- 1 RN Case (n=40): % Positive Change 28%, % No Change 50%, % Negative Change 23%
- 2+RN Cases (n=31): % Positive Change 39%, % No Change 42%, % Negative Change 19%
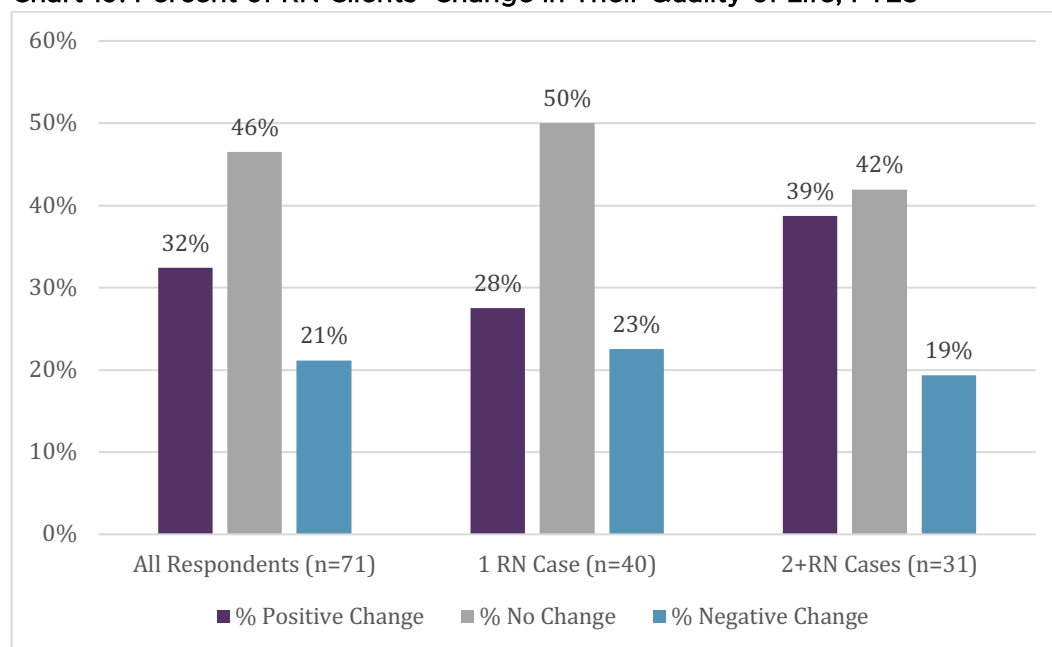
Additional Client Outcome Survey Results – Relationships and Resilience

Two additional statements were asked about on the Client Outcome Survey that are squarely beyond the scope of RN's goals - "In the past two weeks, I have been satisfied with the relationships in my life" and "In the last two weeks, I have felt that I could handle whatever comes my way." However, since the data was collected, results are reported here. Forty-five percent of all respondents reported a positive change in their relationships with less than a third reporting a negative change. Interestingly, respondents with more than one RN case more often reported negative change than those with just one (see Chart 20).

Chart 20: Percent of Clients' Change in Satisfaction with Their Relationships, FY23
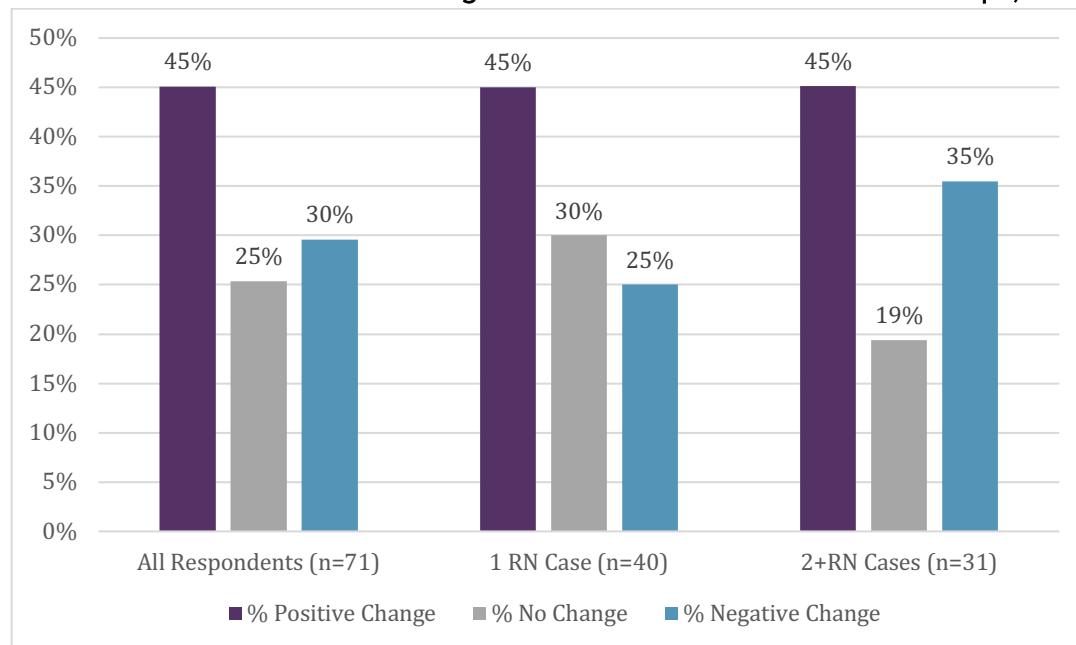
Many of the Client Outcome Survey participants reported positive change to the statement focused on resiliency – "In the last two weeks, I have felt that I could handle whatever comes my way" (56%). The percent of positive changes reported increased when just looking at those who engaged in more than one RN case (65%, see Chart 21).

Chart 21: Percent of Clients' Change in Feeling They Can Handle Whatever Comes Their Way, FY23

Legend: ■ % Positive Change ■ % No Change ■ % Negative Change

Category	% Positive Change	% No Change	% Negative Change
All Respondents (n=71)	56%	23%	21%
1 RN Case (n=40)	50%	28%	23%
2+RN Cases (n=31)	65%	16%	19%
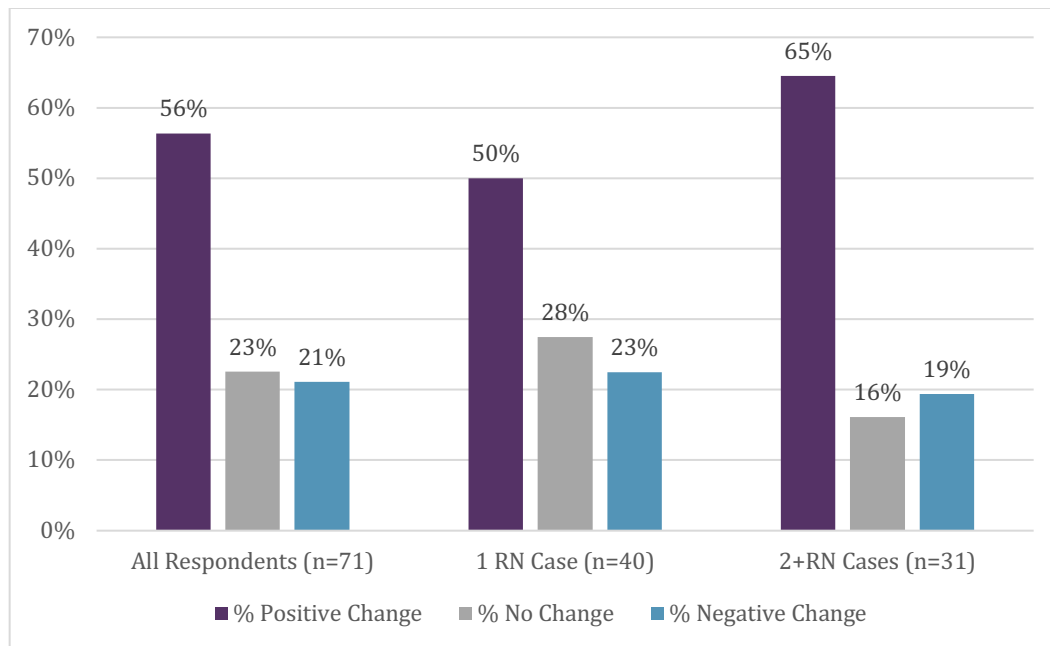
Resource Navigation Clients' Outcomes Summary

With the caveat that all response rates were not sufficient to draw any generalizations or decisive conclusions, the measures that specifically examined RN's impact on their intended programmatic outcomes demonstrates the overall effectiveness of the RN program.

The RN Satisfaction Survey results continue to affirm that BIAC staff's interactions with RN clients are largely positive and that the support they provide is useful. Additionally, the Client Outcome Survey results show that even six months after closing their RN case, nearly half of RN clients reported feeling that they are getting the support that they need from someone, and slightly over a third are feeling understood by someone in their life.

With regards to understanding that recovery is not a straight path, slightly more respondents reported positive change than negative change. Additionally, about 40% of respondents reported growth in their satisfaction with their ability to do things that are important to them with another 40% not changing.

Approximately a quarter of the goals resource navigators work on with clients are focused on addressing their basic needs. Most of these goals were achieved last year despite how challenging social determinants of health navigation can be, particularly with Colorado's rising cost of living, affordable housing supply shortages, and utility rate increases.

Nonetheless, in general, six months after closing their RN case with BIAC, nearly half felt good about their life and slightly more than a third of RN clients felt more optimistic about their future.

Interestingly, the two questions that the Client Outcome Survey asked this year that is beyond the scope of RN saw some of the most positive change in clients' responses. This included feeling that they can handle whatever comes their way (56% positive change) and satisfaction with their relationships (45% positive change). Unsolicited client feedback often illustrates how RN supports their increase positive outcomes and feelings. **As clients become more educated about their brain injury and learn about their symptoms, they become more able to enact positive change in domains outside of BIAC's scope.**

The most consistent aspect about the Client Outcome Survey results is that engaging in more than one RN case yields better outcomes.

Next Steps for the Continuous Improvement of Resource Navigation

This was the second year of outcomes evaluation; and while the data analysis was streamlined this year and more aligned to BIAC's specific goals for resource navigation, the Client Outcome Survey (developed by JVA) specifically lacked precision to program goals and may have been excessive considering the type of on demand and sometimes short-term support the RN program provides. The introduction of the Outcome Survey methodology, as well as the structure and content of the survey were produced by BIAC's previous evaluator, JVA. BIAC and Intentional Inquiry have worked together to streamline the Outcome Survey for FY24 and questions have been adapted to reflect the program's priority aims more accurately. These changes will hopefully increase response rates moving forward as well more actionable results.

The next steps section specifically highlight strategies to build upon RN's many successes to have a greater impact with communities that are often the hardest to reach and engage based on the outcome data as well as the focus group findings.

Developing processes that are clear and consistent while also being person-centered and culturally responsive is a complex. Striking and maintaining the right balance cons requires refreshing and refining regularly, particularly as new staff are hired and client demographics change. However, this initial interaction is critical to new clients feeling seen, heard, and supported and, thus, setting them up for success with RN and BIAC more broadly.

- Review and refine intake and follow-up processes to ensure RNs are consistent in their approach (e.g., ensuring that each client is informed by RN staff of other BIAC offerings available) while also leaving room for the process to be person-centered and culturally responsive and inclusive.
- Continue internal capacity building through professional development opportunities for staff to develop cultural sensitivity and person-centered approaches with clients of all backgrounds and experiences.
- Continue to refine criteria and decision-making process for determining who is the best fit for BIAC's Resource Navigation program and who should be referred to social service organizations that are better suited to address various social determinants of health, such as housing and food insecurity.
- Continue to build BIAC's network of local organizations that do or can provide specialized services for people who have experienced trauma, including brain injuries.
- Continue to network with local community organizations to meet clients' brain injury-related resource needs.

- Continue to monitor client response rates and make appropriate changes, as needed, to the data collection processes to ensure maximum accessibility and participation.

BIAC is known statewide as the go-to resource for brain injury specific information, programs, resources, providers, and education. The Resource Navigation team's knowledge continues to evolve to match the growth and expansion of the brain injury community in Colorado. Building a network of brain injury specific and friendly providers, classes, groups, and events is and always has been one of the greatest contributions BIAC provides to the state and the resource navigators and clients rely on. Dedication to this work will never be done as Colorado is a large and diverse state.

APPENDIX A: BIAC CLIENT AND CAREGIVER/FAMILY OUTCOME SURVEYS

Revised August 2022

Outcome	Items
Feeling heard, seen and supported	Client ▪ Qs: 1, 2
Understanding of the brain injury (BI) journey	Client ▪ Qs: 7 (holistic); 9, 10 (explicit) Caregiver ▪ Qs: 3, 5
Connections with family and natural supports	Client • Qs: 6
Confidence (and subsequently, self-esteem, resiliency, and then self-efficacy, hope, balance, meaning)	Client ▪ Qs: 3, 4, 5, 8 Caregiver ▪ Qs: 1, 2, 4

Client Survey

Please score how much you agree or disagree with the following statements (where 1 = strongly disagree, 2 = disagree, 3 = neither agree nor disagree, 4= agree and 5 = strongly agree).

1. In the last two weeks, I have gotten the kind of support that I need from someone.

2. In the last two weeks, I have felt understood by someone in my life.

3. In the last two weeks, I have felt good about my life.

4. In the last two weeks, I have felt optimistic about my future.

5. In the last two weeks, I have felt that I could handle whatever comes my way.

6. In the past two weeks, I have been satisfied with the relationships in my life.

7. In the past two weeks, I have been satisfied with my ability to do things that are important to me.

8. Overall, I have a good quality of life.

9. I understand recovery from brain injury is not a straight path.

10. I feel like I know what to expect as a person with a brain injury.

Support Person Survey

Please indicate how much you agree or disagree with the following statements (where 1 = strongly disagree and 5 = strongly agree).

1. Since connecting with BIAC, the individual is more optimistic about their future.

2. Since connecting with BIAC, the individual is better able to deal with stress in their life.

3. Since connecting with BIAC, the individual has improved relationships with others in their life.

4. Since connecting the BIAC, the individual is better able to do the things that are important to them.

5. Since connecting with BIAC, the individual has a better understanding of the brain injury journey.

Appendix B: Client Services Focus Group Guide

Introduction: The purpose of this conversation is for BIAC to get a better understanding of the experience of clients who [identify as black or multiracial; prefer speaking Spanish; live on the Western Slope]. There are no right or wrong answers as only your honest thoughts and suggestions will help BIAC grow and improve their ability to provide the best services and supports for you and others like you. Please know this conversation will remain confidential, meaning I will not associate any of you with any specific response. I will only report something like "some focus group participants shared that…" Do you have any questions for me before we get started?

    Introducción: El propósito de esta conversación es que BIAC entienda mejor la experiencia que tienen sus clientes que se identifican como Negros, multirraciales, que prefieren hablar español y/o que viven en la Ladera Occidental o Western Slope. Las preguntas que yo les haga no tienen respuestas correctas o incorrectas y los pensamientos y sugerencias honestos que ustedes me den ayudarán a que BIAC mejore y les ofrezca mejores servicios y apoyo a ustedes y a otras personas como ustedes.

    Es importante que ustedes sepan que esta conversación se mantendrá en forma confidencial, lo cual significa que los nombres de ustedes no aparecerán ni se van a relacionar de ninguna manera con sus comentarios y respuestas. La información que resulte de nuestra conversación se presentará en un resumen sin usar ningún nombre y que dirá algo así como "los participantes en la conversación comentaron que…"

    ¿Tienen alguna pregunta para mí antes de empezar nuestra conversación?

1. Please share your name, the area of Colorado where you live, and what BIAC services you've been involved with.
    Por favor vamos a empezar cada quien diciendo su nombre, en qué región de Colorado viven y en qué programas o servicios de BIAC han participado o están participando.

2. How would you describe your interactions with BIAC staff?
    Ahora vamos a hablar de cómo han sido las interacciones de ustedes con el personal de BIAC.

        a. Did you feel like BIAC staff saw you as a whole person or just focused on your injury?
        Nos gustaría saber si ustedes sienten que el personal de BIAC los trata o los ven a ustedes como personas enteras, completas, o si solamente se enfocan en la lesión que tienen ustedes.
        ¿Me podrían explicar un poco más por qué sienten que los tratan de esa manera, darme unos ejemplos?

b. Did you feel empowered to make decisions in your recovery journey with BIAC? If so, how did BIAC staff support you in claiming your power?
¿Ustedes se sienten o se sintieron que durante su participación en los programas de BIAC tienen o tenían el poder de tomar sus propias decisiones en su proceso de recuperación?
Si ustedes tienen o tenían ese poder de decisión, ¿cómo es que el personal de BIAC los ha apoyado para tener o tomar ese poder de decisión?

c. Who directed your conversations with staff? How did they make you feel heard (or not heard)?
Cuando ustedes tenían conversaciones con el personal de BIAC, ¿Quién dirigía o guiaba la conversación? ¿ustedes sienten que el personal de BIAC pone/ponía atención a sus necesidades y preocupaciones, que los escuchan/estaban escuchando a ustedes?

d. How do they take into account your identity and cultural background?
A veces hay programas que se ofrecen a las personas sin tomar en cuenta las raíces, el origen y el perfil cultural de las personas, por ejemplo, si vivimos en una ciudad o en una zona rural, el idioma que hablamos, si somos latinos o personas de color, nuestra edad. Nos gustaría saber si ustedes sienten que BIAC toma en cuenta estas características de las personas cuando participan en sus programas o incluso cuando alguien esta buscando los servicios y programas. ¿Podrían darme unos ejemplos?

e. Did they focus on your strengths or just your limitations? Please describe.
¿Sienten ustedes que BIAC se enfoca en sus habilidades y fortalezas o solamente en sus limitaciones? Pedir descripción/explicación.

3. What services and supports outside of BIAC, if any, have you connected with as a result of your work with BIAC?
¿Ustedes han tenido acceso o se han conectado a otros servicios o apoyo fuera de BIAC como resultado de su interacción con BIAC?

4. Has your work with BIAC helped you avert any crises? Please explain.
¿El participar en los programas y servicios de BIAC les ha ayudado a prevenir alguna crisis? ¿Cómo?

5. How has BIAC supported you in understanding brain injury and your unique path to a quality life?
¿Cómo es que BIAC los ha apoyado en entender lo que significa una lesión cerebral? ¿Cómo los ha apoyado en su jornada individual para alcanzar una buena calidad de vida?

6. How has BIAC supported you in developing your self awareness, such as your strengths and limitations, and getting clear on your needs and goals?
¿Cómo es que BIAC los ha apoyado para que se conozcan ustedes mismos, para que se den cuenta de sus fortalezas, sus habilidades y sus limitaciones? ¿Cómo los ha apoyado a tener claridad en sus necesidades y sus metas?

7.   How has BIAC supported you in helping your family and other people within your support system in understanding your brain injury and how they can support you, if at all?

    ¿Cómo es que BIAC ha ayudado a sus familiares y a otras personas cercanas a ustedes a entender lo que significan las lesiones cerebrales?
    ¿Cómo es que BIAC ha ayudado a sus familias y a otras personas cercanas a entender cómo es que ellos pueden apoyarlos a ustedes?

8.   How has your work with BIAC increased your confidence, self-esteem, resilience y, hope, or satisfaction with life, if at all?

    Quisiera saber si el participar en los programas y servicios de BIAC ha aumentado su confianza, su autoestima (aprecio y amor propio), su capacidad para superar las situaciones difíciles, su sentido de esperanza, o su satisfacción con la vida. ¿Cómo es que BIAC ha ayudado a que aumenten esos aspectos de su vida?

9.   What suggestions do you have for BIAC in improving their services so that they better support people who [identify as black or multiracial; prefer speaking Spanish; live on the Western Slope]?

    ¿Tienen alguna sugerencia de cómo BIAC puede mejorar los servicios que ofrecen a las personas negras o multirraciales, que prefieren hablar español, o que viven en el Western Slope?

    a.   Outreaching to your community
    ¿Cómo pueden mejorar la forma en que divulgan sus programas en sus comunidades?

    b. Person first and letting you drive the care

    c. Inclusivity and cultural responsiveness
    ¿Cómo pueden mejorar la forma de incluir más personas de origen y culturas diferentes, hacerlas sentir bienvenidas y atender mejor sus necesidades?

10.   Anything else you would like to share anonymously with BIAC about their work to support all Coloradans affected by brain injury?

    ¿Hay alguna otra cosa que quisieran compartir acerca del trabajo de BIAC para apoyar a todas las personas que están afectadas por lesiones cerebrales en Colorado?