

APPENDIX

APPENDIX A: KEY INFORMANT INTERVIEW PROTOCOL

Colorado DHS Brain Injury: Hard to Serve Study

Introduction: My name is _____ from the Koné Consulting team. (Introduce other members of the team)

Purpose: We’re working on a project with the Colorado Brain Injury Program to gain an understanding of individuals with brain injury who are hard to serve. We are focusing on issues related to behavioral health, housing, youth transitioning to adulthood, employment, and other social/health services.

Outcome: Our goal is to understand the population of people with brain injuries who are hard to serve, what barriers exist, and explore potential solutions. We are looking for viable models that can address the gap(s) in service(s), what the fiscal impact of the solution would be, and if there are policy recommendations that can be made.

Ground Rules: We have a list of prepared questions, and we will be taking notes, but nothing you say would be attributed to you by name, and if you’d like us to not note something sensitive in our interview today, just let us know. Do you have any questions about the needs assessment before we begin?

Colorado DHS Brain Injury: Hard to Serve Study	
Interviewer(s):	Date:
Attendees:	Department:

Q#	Question	Response
Background		
1.	Tell me a little bit about yourself, your position, and your (organization, company, role as a political official). What is your organization's involvement in the Colorado brain injury community?	
Existing Supports and Services		
2.	What types of services or supports do you provide? <ul style="list-style-type: none"> • Are these targeted at specific populations? • How many people do you serve? • Do you have a waiting list? • What funding sources support your work? 	
3.	How do people access your services? <ul style="list-style-type: none"> • How do referrals work? • How do you work with other providers collaboratively? 	
4.	What works well in terms of your services?	
5.	What doesn't work well, in terms of your services?	

Q#	Question	Response
6.	<p>What services/supports are more broadly available for individuals with brain injury?</p> <ul style="list-style-type: none"> • What are the most commonly used services? • Why? • Do you refer people to these other services? • Are there characteristics of individuals with brain injury who are most likely to be served successfully in a community setting? • What services beyond case management are available for those not on Medicaid? 	
7.	<p>What are the biggest challenges in delivering services and supports to individuals with brain injury from a broader, systems perspective?</p>	
Behavioral Health		
8.	<p>What access challenges do people with co-occurring behavioral health issues experience?</p>	
9.	<p>What impact has education and outreach about brain injury had on access to mental health services?</p>	

Q#	Question	Response
Housing/Placement		
10.	<p>How well are people with severe brain injuries able to be served in home and community-based settings?</p> <ul style="list-style-type: none"> • Are case managers working with landlords to deal with issues that may arise? 	
11.	<p>How many people with brain injury are served in institutional settings?</p> <ul style="list-style-type: none"> • State hospitals • Correctional facilities • Nursing homes • Hospitals • What are the waiting lists/average wait time 	
12.	<p>What work is done to divert/prevent placement in institutional settings?</p>	
13.	<p>What services are available to transition people out of institutional settings?</p>	
14.	<p>What long term or permanent supportive housing</p>	

Q#	Question	Response
	options are available for people with brain injury? <ul style="list-style-type: none"> • # units • How do people access these services? 	
15.	What crisis stabilization/hospital diversion options are available for people with brain injury? <ul style="list-style-type: none"> • # units • How do people access these services? 	
Youth, Education, and Transition to Adulthood		
16.	How does access to special education services work? <ul style="list-style-type: none"> • Does this differ based on the severity of the head injury? • Do youth without a diagnosis face specific challenges? 	
17.	What types of services and supports are available to youth as they transition to adulthood? <ul style="list-style-type: none"> • What works well? • Where is there more work that could be done? 	
Vocational Support		
18.	Are adults and youth able to access vocational	

Q#	Question	Response
	supports?	
19.	What type of education, training, or other support is provided to employers to help with job retention for people with brain injury?	
Service System		
20.	Is there a shared/common screening or assessment tool to determine service needs for an individual with brain injury?	
21.	What approach works best when collaborating with service providers from multiple systems?	
22.	What are the biggest challenges when it comes to coordinating care?	
23.	What types of supports are available for caregivers and/or family members of individuals with brain injury?	
Workforce Education, Training, and Professional Development		

Q#	Question	Response
24.	What types of provider education and training are best suited to working with individuals with brain injury and with mental illness? <ul style="list-style-type: none"> • Are qualifications similar or aligned across providers serving people with disabilities? 	
25.	What type of professional development and training opportunities support providers working with people with brain injury?	
26.	What type of work around rates or reimbursement have occurred to support maintaining a high-quality workforce?	
Recommendations		
27.	What changes would most positively impact Coloradans with brain injury?	
28.	Are there specific changes you would recommend for the behavioral health system?	

Q#	Question	Response
29.	What other recommendations would you like to provide?	
30.	We are looking for data to inform our analysis. Are there data sources or reports we should be using or you could provide?	
31.	We plan to do additional stakeholder interviews, is there anyone else you think we should be talking to?	
32.	We plan to hold Community forums for individuals with brain injury and their families, caregivers, advocates. Could you help us connect and to whom?	

Wrap-Up: Next steps and thank you.

APPENDIX B: INTERVIEWEES

The following is a list of organizations from which individuals were interviewed:

- Aging and Disability Resources Center for Colorado
- Aurora Residential Alternatives
- Behavioral Healthcare, Inc.
- Brain Injury Alliance of Colorado
- Colorado Behavioral Healthcare Council
- Colorado Brain Injury Program
- Colorado Department of Education
 - Office of Civil Rights
- Colorado Department of Health Care Policy and Financing
 - Client Overutilization Program
 - Colorado Choice Transitions
 - Community Living Advisory Group
 - Developmental Disabilities Waiver Services
 - Elderly, Blind and Disabled Waiver Services
 - Home and Community Based Services
- Colorado Department of Human Services
 - Office of Behavioral Health
- Colorado Department of Labor and Employment
 - Colorado Centers for Independent Living
- Colorado Department of Public Health and Environment
- Colorado Division of Vocational Rehabilitation
- Craig Hospital
- Foothills Behavioral Health Partners
- Veterans Affairs Eastern Colorado Health Care System

APPENDIX C: SURVEYS

PROVIDERS

Thank you for taking the time to complete the Colorado brain injury services survey. The Colorado Brain Injury Program is conducting this survey to gain a better understanding of Colorado's brain injury service system. We are looking for input from people with a brain injury, their families, providers, and other interested parties across Colorado. The information you provide will help planners make decisions about programs and services for people with brain injury. Your open and honest answers will help us know what is working and where there is room for improvement. Please complete the survey by Friday, May 19th. We estimate that it will take approximately 20 minutes to complete the survey. If you are interrupted during the survey or need more time to complete, you can click on the "Save and Continue" button to save what you have already answered. When you return to the same computer and the same browser (e.g. Chrome, Firefox, Safari, Internet Explorer) within one week of starting the Colorado Brain Injury Program: Hard to Serve Study

survey, your answers will have been saved and you can continue from where you left off. If you have any questions about this survey, please contact the Colorado Brain Injury Program via email at cdhs_co_tbiprogram@state.co.us or call Karen Ferrington at (303) 866-4808.

1. What is your profession or how are you connected to brain injury?

- Advocate (9)
- Case Manager / Care Coordinator (6)
- Funder (25)
- Health Care Professional (Doctor, Nurse, etc.) (1)
- Mental Health Provider (4)
- Policymaker (24)
- Police, Probation or Corrections Officer (8)
- Rehabilitation Provider (Speech / language therapy, occupational therapy, physical therapy) (3)
- Residential Service Provider (27)
- School Staff / Teacher / Nurse / Counselor (2)
- Substance Use Disorder Service Provider (5)
- Vocational / Employment support (7)
- Waiver Service Provider (28)
- Other (please describe) (26) _____

2. What county or counties do you work or provide services in? (If more than one, hold down Command key while selecting)

- Adams (28)
- Alamosa (29)
- Arapahoe (30)
- Archuleta (31)
- Baca (32)
- Bent (33)
- Boulder (34)
- Broomfield (35)
- Chaffee (36)
- Cheyenne (37)
- Clear Creek (38)
- Conejos (39)
- Costilla (40)
- Crowley (41)
- Custer (42)
- Delta (43)
- Denver (44)
- Dolores (45)
- Douglas (46)
- Eagle (47)
- Elbert (48)
- El Paso (49)
- Fremont (50)
- Garfield (51)
- Gilpin (52)
- Grand (53)
- Gunnison (54)
- Hinsdale (55)
- Huerfano (56)
- Jackson (57)
- Jefferson (58)
- Kiowa (59)
- Kit Carson (60)
- Lake (61)
- La Plata (62)
- Larimer (63)
- Las Animas (64)
- Lincoln (65)
- Logan (66)

- Mesa (67)
- Mineral (68)
- Moffat (69)
- Montezuma (70)
- Montrose (71)
- Morgan (72)
- Otero (73)
- Ouray (74)
- Park (75)
- Phillips (76)
- Pitkin (77)
- Prowers (78)
- Pueblo (79)
- Rio Blanco (80)
- Rio Grande (81)
- Routt (82)
- Saguache (83)
- San Juan (84)
- San Miguel (85)
- Sedgwick (86)
- Summit (87)
- Teller (88)
- Washington (89)
- Weld (90)
- Yuma (91)

3. How long have you been working in your field?

- Less than 12 months (1)
- 1-5 years (2)
- 6-10 years (3)
- 11 years or more (4)

4. How do people access your services? (Check all that apply)
- Referral only (1)
 - Outreach (2)
 - Walk-in (3)
 - Other (please describe) (4) _____
 - Not applicable (5)
5. Does your organization provide services for individuals who have experienced brain injury?
- Yes (1)
 - No (2)
 - Other (Please describe) (4) _____
 - Not applicable (3)
6. What type of screening tool does your organization use to identify an individual with brain injury?
- We ask about brain injury as part of our Intake (3)
 - OSU TBI ID (1)
 - Brain Check Survey (6)
 - Other (please describe) (5) _____
 - We don't screen for brain injury (4)
7. What is your organization's policy for documenting when an individual has been identified as having a brain injury? (Check all that apply)
- We enter it as a diagnosis code if it is one of the primary drivers for why the client needed services (6)
 - We enter it as a case note (7)
 - We send an electronic referral or call Brain Injury Alliance of Colorado (8)
 - We do not document brain injury diagnosis (9)
 - Other (please describe) (10) _____
 - Not applicable (11)
8. How do you determine eligibility for your services? (Check all that apply)
- Functional need (4)
 - Medical diagnosis (5)
 - Other (please describe) (6) _____
 - Not applicable (7)

9. Does your organization accept Medicaid?

- Yes (1)
- No (2)
- Other (please describe) (4) _____
- Not applicable (3)

10. Are there points in time after a persons brain injury where services are needed but are more challenging to access? (e.g. system barriers based on eligibility criteria, individual barriers based on changing needs)

- Immediately (1)
- 3-6 months (2)
- 6 months - 1 year (3)
- 1-2 years (4)
- 2 years or more (5)
- Other (please describe) (7) _____
- Not applicable (6)
- No (9)

11. What are the biggest challenges for individuals with brain injuries in obtaining services? Click and drag to move into the order where the most significant challenge is at the top.

- _____ Waitlists / wait time (1)
- _____ No or limited health insurance (2)
- _____ Cost (3)
- _____ Client difficulty in understanding the process to get services (4)
- _____ Limited training for providers on how to work with people with brain injury (5)
- _____ Geographic location of services (6)
- _____ Client access to technology / internet (7)
- _____ Language barrier (8)
- _____ Client access to reliable transportation (9)
- _____ Client behaviors making them a danger to themselves or others (10)
- _____ Clients generally do not experience barriers (11)
- _____ Other (Please describe) (12)

12. In general, what causes your waiting lists or constrains your ability to serve additional people with brain injury? Click and drag to move into the order where the most significant cause of waiting lists is at the top.
- Reimbursement rates negatively impacting your ability to hire additional staff or retain staff long-term (1)
 - High staff turnover (2)
 - Inability to meet needs of clients with more complex needs (3)
 - Limited service options and chronic nature of brain injury means limited turnover in clients as they need services and supports over the long term (4)
 - Brain injury is not a covered diagnosis (5)
 - Licensing or regulatory restrictions on capacity (6)
 - Other (please describe) (7)
13. Where does your organization get information about brain injury resources, services and supports? (Check all that apply)
- On-site / In-person training (1)
 - Online training (2)
 - Other (please describe) (3) _____
 - We don't have training specific to brain injury (4)
14. What additional education, training, technical assistance, or other professional development do you wish existed to help you better serve people with brain injury? (Check all that apply)
- Additional training/education for direct care workers in college or technical school (1)
 - High quality online training options (2)
 - Coordinated education, training, and professional development requirements/career ladder incorporating brain injury across long term services and supports (cross-disability) (3)
 - Additional funding to allow staff to attend conferences, trainings, and workshops (4)
 - Regional or more geographically dispersed conferences, trainings, or workshops (5)
 - Ability to use brain injury case manager for additional, case-specific technical assistance (6)
 - Other (Please describe) (7) _____
15. Are current reimbursement rates adequate for you to maintain a stable, qualified direct care workforce?
- Click to write Choice 1 (2)

16. Does your organization address co-occurring conditions such as mental health, brain injury, substance use disorder, and complex medical conditions?

- Every visit (1)
- Most of the time (2)
- Sometimes (3)
- Seldom (16)
- Never (17)
- Other (please describe) (19) _____
- Not applicable (18)

17. How do you coordinate your brain injury services and supports? (Check all that apply)

- We provide care coordination within our organization (1)
- Clients coordinate their own care with our active support (2)
- Family members help clients coordinate their care, with our active support (3)
- Peers help clients coordinate their care (4)
- We work with Brain Injury Alliance of Colorado (BIAC) case managers (5)
- We work with vocational rehabilitation case managers (6)
- We work with mental health case managers (7)
- We work with waiver case managers (11)
- We work with health homes with case management support (8)
- We work with school case managers (9)
- Other (please describe) (10) _____
- Not applicable (15)

18. How well coordinated are brain injury services and supports?

- Extremely well (11)
- Very well (12)
- Moderately well (13)
- Slightly well (14)
- Not well at all (15)
- Other (please describe) (17) _____
- Not applicable (16)

19. What could improve care coordination? (Check all that apply)

- Having one case manager or care coordinator who could work across the programs, services, and supports (4)
- Making it easier for providers and case managers to share information (5)
- Having funding or coverage more integrated so client care is less dependent on who pays for which services (6)
- Having more options in case managers for clients (7)
- Having more options in brain injury services and supports (8)
- Other (please describe) (3) _____

The next set of questions are regarding Medical and Daily Living Support Services.

20. Does your organization provide Medical and/or Daily Living Support Services?

- Yes (1)
- No (2)
- Not applicable (3)
- Other (please describe) (5) _____

Condition: No Is Selected. Skip To: Where would you refer someone for med....Condition: Not applicable Is Selected. Skip To: Where would you refer someone for med....

21. The following is a list of Medical and Daily Living Support services. Next to each option, check yes if you provide this service or no if you do not.

	Yes (1)	No (2)
Medical Rehabilitation (Physical Therapy, Occupational Therapy, Speech Therapy, etc.) (4)	<input type="radio"/>	<input type="radio"/>
Skilled Nursing Care (RN, CNA, or other skilled nursing) (5)	<input type="radio"/>	<input type="radio"/>
Neuropsychological Testing (6)	<input type="radio"/>	<input type="radio"/>
Personal Assistance Services (help with activities of daily living at home or work) (7)	<input type="radio"/>	<input type="radio"/>
Specialized Medical Equipment or Adaptive Technology (8)	<input type="radio"/>	<input type="radio"/>
Brain Injury Case Management (9)	<input type="radio"/>	<input type="radio"/>
Executive Functioning Skills (10)	<input type="radio"/>	<input type="radio"/>
Independent Living Skills Training (self-care, sensory motor skills, problem solving skills) (11)	<input type="radio"/>	<input type="radio"/>
Day Center Services (12)	<input type="radio"/>	<input type="radio"/>

	Yes (1)	No (2)
Respite Care (13)	<input type="radio"/>	<input type="radio"/>
Family Support Services (Training, Home Visiting, Support Groups, Caregiver Respite) (14)	<input type="radio"/>	<input type="radio"/>
Transportation Support (15)	<input type="radio"/>	<input type="radio"/>
Money Management / Budgeting (16)	<input type="radio"/>	<input type="radio"/>
Complementary or alternative medicine (acupuncture, massage, cranial-sacral therapy, etc.) (17)	<input type="radio"/>	<input type="radio"/>
Family Support Services (e.g. Training, Home Visiting, Support Groups, Caregiver Respite) (18)	<input type="radio"/>	<input type="radio"/>
Other (please describe) (3)	<input type="radio"/>	<input type="radio"/>

Carry Forward Selected Choices from "The following is a list of Medical and Daily Living Support services. Next to each option, check yes if you provide this service or no if you do not. "

22. Please check whether you currently have a waiting list or have had a waiting list within the last 12 months.

	Current Waitlist (1)	Waitlist within the last 12 months (2)	No Waitlist (3)
Medical Rehabilitation (Physical Therapy, Occupational Therapy, Speech Therapy, etc.) (x4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skilled Nursing Care (RN, CNA, or other skilled nursing) (x5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neuropsychological Testing (x6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal Assistance Services (help with activities of daily living at home or work) (x7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specialized Medical Equipment or Adaptive Technology (x8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brain Injury Case Management (x9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Executive Functioning Skills (x10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Independent Living Skills Training (self-care, sensory motor skills, problem solving skills) (x11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Current Waitlist (1)	Waitlist within the last 12 months (2)	No Waitlist (3)
Day Center Services (x12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respite Care (x13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Support Services (Training, Home Visiting, Support Groups, Caregiver Respite) (x14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation Support (x15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Money Management / Budgeting (x16)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Complementary or alternative medicine (acupuncture, massage, cranial-sacral therapy, etc.) (x17)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Support Services (e.g. Training, Home Visiting, Support Groups, Caregiver Respite) (x18)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please describe) (x3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Carry Forward Selected Choices from "Please check whether you currently have a waiting list or have had a waiting list within the last 12 months."

Please type in an estimated number of individuals on the waitlist for this service.

	Estimated # (1)
Medical Rehabilitation (Physical Therapy, Occupational Therapy, Speech Therapy, etc.) (xx4)	
Skilled Nursing Care (RN, CNA, or other skilled nursing) (xx5)	
Neuropsychological Testing (xx6)	
Personal Assistance Services (help with activities of daily living at home or work) (xx7)	
Specialized Medical Equipment or Adaptive Technology (xx8)	
Brain Injury Case Management (xx9)	
Executive Functioning Skills (xx10)	
Independent Living Skills Training (self-care, sensory motor skills, problem solving skills) (xx11)	
Day Center Services (xx12)	
Respite Care (xx13)	
Family Support Services (Training, Home Visiting, Support Groups, Caregiver Respite) (xx14)	
Transportation Support (xx15)	

	Estimated # (1)
<p>Money Management / Budgeting (xx16)</p>	
<p>Complementary or alternative medicine (acupuncture, massage, cranial-sacral therapy, etc.) (xx17)</p>	
<p>Family Support Services (e.g. Training, Home Visiting, Support Groups, Caregiver Respite) (xx18)</p>	
<p>Other (please describe) (xx3)</p>	

Carry Forward Selected Choices from "The following is a list of Medical and Daily Living Support services. Next to each option, check yes if you provide this service or no if you do not. "

Is there an unmet need for these services for individuals with brain injury?

	Yes (72)	No (74)	I don't know (73)
Medical Rehabilitation (Physical Therapy, Occupational Therapy, Speech Therapy, etc.) (x4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skilled Nursing Care (RN, CNA, or other skilled nursing) (x5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neuropsychological Testing (x6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal Assistance Services (help with activities of daily living at home or work) (x7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specialized Medical Equipment or Adaptive Technology (x8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brain Injury Case Management (x9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Executive Functioning Skills (x10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Independent Living Skills Training (self-care, sensory motor skills, problem solving skills) (x11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Yes (72)	No (74)	I don't know (73)
Day Center Services (x12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respite Care (x13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Support Services (Training, Home Visiting, Support Groups, Caregiver Respite) (x14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation Support (x15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Money Management / Budgeting (x16)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Complementary or alternative medicine (acupuncture, massage, cranial-sacral therapy, etc.) (x17)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Support Services (e.g. Training, Home Visiting, Support Groups, Caregiver Respite) (x18)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please describe) (x3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23. Have you ever denied medical or personal assistance services to an individual with brain injury? (Check all that apply)
- Yes, because the person could not pay for care and/or did not have insurance that we accept (1)
 - Yes, because we are not able to treat people with brain injury because of our policies (2)
 - Yes, because we are not able to treat people with brain injury because of our funding restrictions (15)
 - Yes, because we are not trained to treat people with brain injury (3)
 - Yes, because the person is not eligible for treatment at our office because of past behavior (16)
 - Yes, because I could not communicate with the individual (4)
 - No (13)
 - Other (14) _____
 - Not applicable (20)
24. Where would you refer someone for medical or personal assistance services that you cannot provide? (Check all that apply)
- I don't know - there aren't any options (5)
 - To a local emergency department (3)
 - To a nursing home (4)
 - To Brain Injury Alliance of Colorado (BIAC) case management (2)
 - Other (please describe) (6) _____
 - Not applicable (7)
25. What do you think the biggest barrier to services is for individuals experiencing co-occurring brain injury and complex medical issues?
- Unable to navigate service systems (1)
 - Siloed nature of the service systems that discourage coordination (e.g. funding, training, etc) (9)
 - Challenging behaviors that limit service options (10)
 - Not enough treatment options (alternatives to hospitals) for crisis stabilization (11)
 - Not enough transition support options for when returning to community (12)
 - Other (8) _____
 - I don't know (13)

26. The following have been identified as systemic barriers to services for individuals with brain injury. Please click and drag the options in the order so that the biggest barrier is at the top.

- Disparate systems – challenges in care coordination related to siloed systems (e.g. health, mental health, vocational rehabilitation, etc.) (1)
- Transition from youth to adulthood for people with brain injury (2)
- Staying connected with clients over time to serve chronic impacts of brain injury (3)
- Not enough emphasis on special nature of brain injury and related needs compared to other disabilities (4)
- Data sharing issues related to varying privacy regulations and technology constraints (5)
- Inadequate brain injury training and expertise in the workforce (6)
- Not identifying brain injury early enough (7)
- Inadequate funding (8)
- Other (please describe) (9)

This next set of questions are regarding behavioral health services.

27. Does your organization provide behavioral health services?

- Yes (1)
- No (2)
- Other (please describe) (3) _____
- Not applicable (4)

Condition: No Is Selected. Skip To: Where would you refer someone for men....Condition: Not applicable Is Selected. Skip To: Where would you refer someone for men....

The following is a list of Behavioral Health services. Next to each option, check yes if your organization provides this service or no if you do not.

	Yes (1)	No (2)
Mental health Case Management (4)	<input type="radio"/>	<input type="radio"/>
Mental Health Counseling (5)	<input type="radio"/>	<input type="radio"/>
Crisis line (6)	<input type="radio"/>	<input type="radio"/>
Walk in crisis center (7)	<input type="radio"/>	<input type="radio"/>

	Yes (1)	No (2)
Behavioral Intervention Plan (8)	<input type="radio"/>	<input type="radio"/>
Substance Use Outpatient Treatment (9)	<input type="radio"/>	<input type="radio"/>
Substance Use Inpatient Treatment (10)	<input type="radio"/>	<input type="radio"/>
AA (Alcoholics Anonymous) or NA (Narcotics Anonymous) (12)	<input type="radio"/>	<input type="radio"/>
Medical Detox (13)	<input type="radio"/>	<input type="radio"/>
Peer Support (14)	<input type="radio"/>	<input type="radio"/>
Inpatient Psychiatric Hospital (15)	<input type="radio"/>	<input type="radio"/>
Other (please describe) (19)	<input type="radio"/>	<input type="radio"/>

Carry Forward Selected Choices from "The following is a list of Behavioral Health services. Next to each option, check yes if your organization provides this service or no if you do not. "

28. Please check whether you currently have a waiting list or have had a waiting list within the last 12 months.

	Current Waitlist (1)	Waitlist within the last 12 months (2)	No Waitlist (3)
Mental health Case Management (x4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Counseling (x5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Current Waitlist (1)	Waitlist within the last 12 months (2)	No Waitlist (3)
Crisis line (x6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walk in crisis center (x7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Behavioral Intervention Plan (x8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use Outpatient Treatment (x9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use Inpatient Treatment (x10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
AA (Alcoholics Anonymous) or NA (Narcotics Anonymous) (x12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical Detox (x13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peer Support (x14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inpatient Psychiatric Hospital (x15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please describe) (x19)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Carry Forward Selected Choices from "Please check whether you currently have a waiting list or have had a waiting list within the last 12 months."

29. Please enter an estimated number of people on your waitlist.

	Estimated # of people (1)
Mental health Case Management (xx4)	
Mental Health Counseling (xx5)	
Crisis line (xx6)	
Walk in crisis center (xx7)	
Behavioral Intervention Plan (xx8)	
Substance Use Outpatient Treatment (xx9)	
Substance Use Inpatient Treatment (xx10)	
AA (Alcoholics Anonymous) or NA (Narcotics Anonymous) (xx12)	
Medical Detox (xx13)	
Peer Support (xx14)	
Inpatient Psychiatric Hospital (xx15)	
Other (please describe) (xx19)	

Carry Forward Selected Choices from "The following is a list of Behavioral Health services. Next to each option, check yes if your organization provides this service or no if you do not. "

30. Is there an unmet need for these services for individuals with brain injury?

	Yes (28)	No (30)	I don't know (29)
Mental health Case Management (x4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Counseling (x5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crisis line (x6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walk in crisis center (x7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Behavioral Intervention Plan (x8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use Outpatient Treatment (x9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use Inpatient Treatment (x10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
AA (Alcoholics Anonymous) or NA (Narcotics Anonymous) (x12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical Detox (x13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peer Support (x14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Yes (28)	No (30)	I don't know (29)
Inpatient Psychiatric Hospital (x15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please describe) (x19)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

31. Have you ever denied behavioral health services to an individual with brain injury? (Check all that apply)
- Yes, because the person could not pay for care and/or did not have insurance that we accept (1)
 - Yes, because we are not able to treat people with brain injury because of our policies (2)
 - Yes, because we are not able to treat people with brain injury because of our funding restrictions (15)
 - Yes, because we are not trained to treat people with brain injury (3)
 - Yes, because the person is not eligible for treatment at our office because of past behavior (16)
 - Yes, because I could not communicate with the individual (4)
 - No (13)
 - Other (14) _____
32. Where would you refer someone for mental health services that you cannot provide? (Check all that apply)
- I don't know - there aren't any options (5)
 - To our regional behavioral health organization or local mental health center (3)
 - Crisis center or crisis stabilization unit (7)
 - To law enforcement / emergency responders (8)
 - To Brain Injury Alliance of Colorado (BIAC) case management (2)
 - Other (please describe) (6) _____
33. What do you think the biggest barrier to services is for individuals experiencing co-occurring brain injury and mental health issues?
- Unable to navigate service systems (1)
 - Siloed nature of the service systems that discourage coordination (e.g. funding, training, etc) (9)
 - Challenging behaviors that limit service options (10)
 - Not enough treatment options (alternatives to hospitals) for crisis stabilization (11)
 - Not enough transition support options for when returning to community (12)
 - I don't know (13)
 - Other (8) _____
34. Where would you refer someone for substance use disorder services that you cannot provide? (Check all that apply)
- I don't know - there aren't any options (5)
 - To our regional / local substance abuse treatment center (3)
 - Crisis center or crisis stabilization unit (7)
 - To law enforcement / emergency responders (8)
 - To Brain Injury Alliance of Colorado (BIAC) case management (2)
 - Other (please describe) (6) _____

35. What do you think the biggest barrier to services is for individuals experiencing co-occurring brain injury and substance use issues?

- Unable to navigate service systems (1)
- Siloed nature of the service systems that discourage coordination (e.g. funding, training, etc) (9)
- Challenging behaviors that limit service options (10)
- Not enough treatment options (alternatives to hospitals) for crisis stabilization (11)
- Not enough transition support options for when returning to community (12)
- Other (8) _____
- I don't know (13)

36. What is the one thing that would increase care collaboration between brain injury providers and behavioral health providers?

The next set of questions are regarding Homeless, Housing and Residential services for individuals with brain injury.

37. The following is a list of Homeless, Housing and Residential services. Next to each option, check yes if you provide this service or no if you do not.

	Yes (1)	No (2)
Modifications for independent living (18)	<input type="radio"/>	<input type="radio"/>
Specialized Medical Equipment or Adaptive Technology (19)	<input type="radio"/>	<input type="radio"/>
Respite Care (20)	<input type="radio"/>	<input type="radio"/>
Transitional Living (21)	<input type="radio"/>	<input type="radio"/>
Assisted Living (22)	<input type="radio"/>	<input type="radio"/>
Group Home (23)	<input type="radio"/>	<input type="radio"/>
Nursing Home (24)	<input type="radio"/>	<input type="radio"/>
Long term Residential facility (25)	<input type="radio"/>	<input type="radio"/>
Low-income / Subsidized housing (26)	<input type="radio"/>	<input type="radio"/>
Homeless Shelter (27)	<input type="radio"/>	<input type="radio"/>

	Yes (1)	No (2)
Domestic Violence Shelter (28)	<input type="radio"/>	<input type="radio"/>
Permanent Supportive Housing (29)	<input type="radio"/>	<input type="radio"/>
Other (please describe) (4)	<input type="radio"/>	<input type="radio"/>

Carry Forward Selected Choices from "The following is a list of Homeless, Housing and Residential services. Next to each option, check yes if you provide this service or no if you do not. "

38. Please check whether you currently have a waiting list or have had a waiting list within the last 12 months.

	Current Waitlist (2)	Waitlist within the last 12 months (3)	No Waitlist (4)
Modifications for independent living (x18)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specialized Medical Equipment or Adaptive Technology (x19)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respite Care (x20)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transitional Living (x21)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assisted Living (x22)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Group Home (x23)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nursing Home (x24)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Current Waitlist (2)	Waitlist within the last 12 months (3)	No Waitlist (4)
Long term Residential facility (x25)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low-income / Subsidized housing (x26)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Homeless Shelter (x27)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Domestic Violence Shelter (x28)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Permanent Supportive Housing (x29)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please describe) (x4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Carry Forward Selected Choices from "Please check whether you currently have a waiting list or have had a waiting list within the last 12 months."

39. Please enter an estimated number of people on the waitlist.

	Estimated # of people (1)
Modifications for independent living (xx18)	
Specialized Medical Equipment or Adaptive Technology (xx19)	
Respite Care (xx20)	
Transitional Living (xx21)	

	Estimated # of people (1)
Assisted Living (xx22)	
Group Home (xx23)	
Nursing Home (xx24)	
Long term Residential facility (xx25)	
Low-income / Subsidized housing (xx26)	
Homeless Shelter (xx27)	
Domestic Violence Shelter (xx28)	
Permanent Supportive Housing (xx29)	
Other (please describe) (xx4)	

Carry Forward Selected Choices from "The following is a list of Homeless, Housing and Residential services. Next to each option, check yes if you provide this service or no if you do not. "

40. Is there an unmet need for these services for individuals with brain injury?

	Yes (27)	No (29)	I don't know (28)
Modifications for independent living (x18)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specialized Medical Equipment or Adaptive Technology (x19)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Yes (27)	No (29)	I don't know (28)
Respite Care (x20)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transitional Living (x21)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assisted Living (x22)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Group Home (x23)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nursing Home (x24)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Long term Residential facility (x25)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low-income / Subsidized housing (x26)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Homeless Shelter (x27)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Domestic Violence Shelter (x28)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Permanent Supportive Housing (x29)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please describe) (x4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

41. How well do the following list of housing and residential services work for individuals with brain injury?

- _____ Homeless Shelters (56)
- _____ Long Term Supportive Housing (67)
- _____ Home and Community Based Services (68)
- _____ Permanent Supportive Housing (69)
- _____ Other (70)

42. What are the biggest barriers to gaining and / or maintaining safe, stable housing for individuals with brain injury?

- Lack of affordable housing (1)
- Limited housing vouchers or other financial supports to help pay for a home/apartment (8)
- Not enough housing available (9)
- Not enough long term supportive housing (10)
- Clients don't have the skills to live safely on their own (11)
- Clients don't have the skills to live safely with others (12)
- Challenging behaviors or medication management issues (13)
- Need for crisis or respite support services (14)
- Criminal record (15)
- Poor rental history (16)
- Other (please describe) (7) _____

The next set of questions are about youth, education and transition to adulthood.

43. What could be improved to support students with brain injury? (Check all that apply)

- Faster identification of brain injury (1)
- Improved communication across service providers (2)
- Increased follow up as youth progress with their recovery or transition to college, training or a job (3)
- Improved access to services or supports for youth (4)
- Improved access to services or supports for families or caregivers (5)
- Other (please describe) (6) _____

44. How well do schools prepare youth with brain injury for their transitions to adulthood?

- Extremely well (13)
- Very well (14)
- Moderately well (15)
- Slightly well (16)
- Not well at all (17)

45. What types of services and supports are most successful in helping youth as they transition to adulthood? (Check all that apply)

- Internships or job shadowing with local employers (1)
- Job skills training (e.g. resume writing, interviewing skills) (2)
- Job search assistance (3)
- Case management (4)
- Communication with employers (5)
- Other (please describe) (6) _____

The next set of questions are regarding employment or vocational support services.

46. The following is a list of Vocational Support Services. Please check yes if you provide this service or no if you do not.

	Yes (2)	No (3)
Education Consultation (30)	<input type="radio"/>	<input type="radio"/>
Special Education, Individualized Educational Plan (IEP) (31)	<input type="radio"/>	<input type="radio"/>
504 Plan (32)	<input type="radio"/>	<input type="radio"/>
Counseling (33)	<input type="radio"/>	<input type="radio"/>
Occupational, speech, physical, or cognitive therapy (34)	<input type="radio"/>	<input type="radio"/>
Wrap around family support or home visiting (35)	<input type="radio"/>	<input type="radio"/>
School Based Employment Experience (ACE) / Career Development (CTE) (36)	<input type="radio"/>	<input type="radio"/>
Other (please describe) (18)	<input type="radio"/>	<input type="radio"/>

Carry Forward Selected Choices from "The following is a list of Vocational Support Services. Please check yes if you provide this service or no if you do not. "

47. Please check whether you currently have a waiting list or if you have had a waiting list in the last 12 months.

	Current Waitlist (1)	Waitlist in the last 12 months (2)	No Waitlist (3)
Education Consultation (x30)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Special Education, Individualized Educational Plan (IEP) (x31)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
504 Plan (x32)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Counseling (x33)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Occupational, speech, physical, or cognitive therapy (x34)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wrap around family support or home visiting (x35)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Based Employment Experience (ACE) / Career Development (CTE) (x36)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please describe) (x18)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Carry Forward Selected Choices from "Please check whether you currently have a waiting list or if you have had a waiting list in the last 12 months."

48. Please enter an estimated number of people on your waitlist.

	Estimated # of people (1)
Education Consultation (xx30)	
Special Education, Individualized Educational Plan (IEP) (xx31)	
504 Plan (xx32)	
Counseling (xx33)	
Occupational, speech, physical, or cognitive therapy (xx34)	
Wrap around family support or home visiting (xx35)	
School Based Employment Experience (ACE) / Career Development (CTE) (xx36)	
Other (please describe) (xx18)	

Carry Forward Selected Choices from "The following is a list of Vocational Support Services. Please check yes if you provide this service or no if you do not. "

49. Is there an unmet need for these services for individuals with brain injury?

	Yes (19)	No (20)	I don't know (22)
Education Consultation (x30)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Special Education, Individualized Educational Plan (IEP) (x31)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
504 Plan (x32)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Counseling (x33)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Occupational, speech, physical, or cognitive therapy (x34)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wrap around family support or home visiting (x35)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Based Employment Experience (ACE) / Career Development (CTE) (x36)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please describe) (x18)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

50. What types of services and supports are most successful in helping adults gain employment? Please rank by clicking and dragging each option into position, with the most successful service at the top.

- _____ Counseling and guidance (1)
- _____ Pre-employment transition services (2)
- _____ Physical and mental restoration services (3)
- _____ Training services (vocational, academic and personal adjustment) (4)
- _____ Job seeking skills training, job placement and job coaching (5)
- _____ Services for the blind and/or deaf such as: tutor interpreter services, note-taking services or reader services (6)
- _____ Assistive technology services, rehabilitation engineering services (7)
- _____ Supportive services such as maintenance, transportation, personal assistance services (8)
- _____ Services to family members (9)
- _____ Other (please describe) (10)

51. What do you think is the biggest barrier to maintaining employment for individuals with brain injury?

- Employer need for ongoing training / support (1)
- The individual's ability to maintain a schedule (2)
- The individual's ability to remain focused over long period of time (3)
- The individual's changing needs (4)
- Other (please describe) (5) _____

The following questions are regarding Emergency Responders and the Criminal Justice system.

52. What types of services are most successful in preventing individuals with brain injuries from getting arrested or remaining incarcerated? (Check all that apply)

- Crisis services (1)
- Crisis Intervention training (2)
- Therapeutic / Diversion Courts (3)
- Other (Please describe) (4) _____

53. Is training on brain injury required for the following positions?

	Yes (44)	No (45)	I don't know (46)
Police Officers (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State Patrol (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Corrections Officers (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Probation Officers (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public Defense Council (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please describe) (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

54. What are the biggest challenges for emergency responders when called out to a situation where an individual with brain injury is unsafe or in crisis? (Check all that apply)

- Not having enough information about the individual's condition (1)
- Not being able to share information with services providers, or knowing who to call for the information (2)
- Not having a safe place besides jail or the hospital to bring the individual (3)
- Other (please describe) (4) _____

The next questions are regarding recommendations and what you think would improve access to services for individuals with brain injury.

55. Which of the following would most positively impact Coloradans with brain injury? Please rank your responses by clicking and dragging each option into position with the biggest impact at the top.

- _____ Increase awareness of brain injury (1)
- _____ Improve screening / identification of brain injury (2)
- _____ Improve access to resources or services for people with brain injury (3)
- _____ Improve service coordination across services and supports (4)
- _____ Improve service coordination across phases of recovery/over a lifetime following a brain injury (5)
- _____ Increase provider training so they can better support people with brain injury's unique needs (6)
- _____ Other (please describe) (7)

56. Imagine you had a magic wand that you could use to change Colorado's brain injury services and supports. What would you change to better support people with brain injury and their families?

57. Thank you for taking the time to respond to this survey. Your answers will help the state determine next steps to better serve people with brain injury. Please use the space below if you have any other comments you would like to share regarding brain injury services or your experiences.

PEOPLE WITH BRAIN INJURY

Thank you for taking the time to complete the Colorado brain injury services survey. The Colorado Brain Injury Program is conducting this survey to gain a better understanding of Colorado's brain injury service system. We are looking for input from people with a brain injury, their families, providers, and other interested parties across Colorado. The information you provide will help planners make decisions about programs and services for people with brain injury. Your open and honest answers will help us know what is working and where there is room for improvement. Any personal information you share will be kept confidential. Please complete the survey by Friday, May 19th. We estimate that it will take approximately 20 minutes to complete the survey. If you are interrupted during the survey or need more time to complete, you can click on the "Save and Continue" button to save what you have already answered. When you return to the same computer and the same browser (e.g. Chrome, Firefox, Safari, Internet Explorer) within one week of starting the survey, your answers will have been saved and you can continue from where you left off. At the end of the survey, you will have an opportunity to enter in a drawing to win a \$100 prize. Thanks in advance for sharing your feedback! If you have any questions about this survey, please contact the Colorado Brain Injury Program via email at cdhs_co_tbiiprogram@state.co.us or call Karen Ferrington at (303) 866-4808.

1. What best describes your connection to brain injury issues?
 - I am a person with brain injury (1)
 - I am a family member or significant other of a person with brain injury, but not their caregiver (2)
 - I am a family member or significant other of a person with brain injury, and their caregiver (3)
 - Other (please describe) (4) _____

Display This Question:

If What best describes your connection to brain injury issues? I am a person with brain injury Is Not Selected

2. If you are assisting or responding on behalf of someone with a brain injury, please respond to survey questions from their perspective. You are welcome to take the survey again and answer from your perspective as a family member or caregiver.
3. Please tell us about your brain injury. If you've experienced more than one, please answer based on your worst brain injury.
4. If your injury was traumatic, how severe was your brain injury? (Based on loss of consciousness)
 - Mild = 0- 30 minutes loss of consciousness (or concussion) (1)
 - Moderate = less than 24 hours loss of consciousness (2)
 - Severe = greater than 24 hours loss of consciousness (3)
 - I don't know (4)
 - My brain injury was an external blow to the head OR other non-traumatic (such as a stroke, aneurism, tumor, etc.) (5)
5. At what age did you sustain your injury?
 - Between birth and 20 years of age (1)
 - Between 21 and 64 years of age (2)
 - 65 years of age or older (3)

This next set of questions are about medical care and daily living support services you are currently receiving or wish to receive. These are services you may have accessed through your Doctors office or Colorado Department of Human Services.

6. The following is a list of medical and daily living support services. For each service, please select whether you are currently using, have previously received, wish you could use or don't need.

	I'm currently using (3)	I previously received (2)	I wish I could use (4)	I don't need (5)
Medical Rehabilitation (Physical Therapy, Occupational Therapy, Speech Therapy, etc.) (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skilled Nursing Care (RN, CNA, or other skilled nursing) (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neuropsychological Testing (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal Assistance Services (help with activities of daily living at home or work) (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specialized Medical Equipment or Adaptive Technology (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brain Injury Case Management (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	I'm currently using (3)	I previously received (2)	I wish I could use (4)	I don't need (5)
Executive Functioning Skills Training (organization, planning, time management) (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Independent Living Skills Training (self- care, sensory motor skills, problem solving skills) (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Day Center Services (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respite Care (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Support Services (Training, Home Visiting, Support Groups, Caregiver Respite) (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation Support (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Money Management /	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Budgeting (14)				
	I'm currently using (3)	I previously received (2)	I wish I could use (4)	I don't need (5)
Complementary or alternative medicine (acupuncture, massage, cranial- sacral therapy, etc.) (15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Support Services (e.g. Training, Home Visiting, Support Groups, Caregiver Respite) (16)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (17)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. What has prevented you from being able to use medical or daily living support services you wish to use?

(Check all that apply)

- I am on the waitlist (2)
- I was not aware of the services (12)
- There aren't services located near where I live (7)
- I am a non-native English speaker (9)
- The provider does not support the method of communication that I use (15)
- I don't understand the process to get services (5)
- I don't have health insurance, or my health insurance doesn't cover the services I need (3)
- I can't afford the services I need (4)
- I have complex medical needs (1)
- I have been turned away from providers due to my actions (16)
- I was told there was not a brain injury specialist that could serve me (6)
- I have limited access to technology / internet (8)
- I don't have access to reliable transportation (10)
- Not applicable (21)
- Other (14) _____

8. At what points in time after your brain injury were medical care or personal assistance services more difficult to access? (Check all that apply)

- Immediately (6)
- 3 - 6 months (1)
- 7 months – 1 year (2)
- 1 – 2 years (3)
- More than 2 years (4)
- Other (please describe) (7) _____
- Not applicable (5)

9. Is there anything else you would like to share about your experience with attempting to access medical care and personal support services for brain injury?

The next set of questions are about your current living situation, what helps you live there or what keeps you from getting a living situation that would be better for you?

10. Where do you currently live?

- At home with my parents, grandparents, and/or siblings (1)
- In my own home or apartment (2)
- In a group home or assisted living facility (3)
- In a nursing home or hospital (4)
- In a shelter (5)
- With friends in their home/apartment (6)
- On the streets (7)
- Other (please describe) (8) _____

11. The following is a list of housing related services. For each option, please check if you are currently using, previously received, wish you could use or don't need.

	Currently using (1)	Previously received (2)	Wish I could use (4)	I don't need (5)
Living independently in my home with modifications (e.g. grab bars, wheelchair ramp) (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Living independently in my home with assistive technology (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respite care (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transitional living (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Currently using (1)	Previously received (2)	Wish I could use (4)	I don't need (5)
Assisted living (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Group home (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nursing home (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Long-term residential facility (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low-income / subsidized housing (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Homeless shelter (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Domestic violence shelter (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Permanent supportive housing (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please describe) (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. What are the challenges for you, if any, to getting and/or keeping a place to live? (Check all that apply)

- The cost of housing (1)
- I do not have a housing voucher or other financial supports to help pay for a home/apartment (2)
- There is not enough housing available in my area (3)
- I don't have the skills to live safely on my own (4)
- I don't have the skills to live safely with others (5)
- My medications sometimes need to be adjusted to control my behaviors (6)
- There are not enough crisis or respite support services (7)
- My criminal record makes it hard for me to find housing (8)
- I have a poor rental history (9)
- I don't know who to talk to about getting the housing I need (11)
- I would need to move to far away to receive the housing I need (12)
- Other (please describe) (10) _____
- Not applicable (14)

13. What helps you to be successful where you are currently living? (Check all that apply)

- Financial support or subsidy to offset the cost of housing (1)
- Transportation assistance (2)
- Case management services (3)
- Steady income through employment or financial benefits (e.g. Social Security) (4)
- Strong network of friends and family (5)
- Stable mental health (6)
- Access to necessary medical/mental health services and/or medications (8)
- Other (please describe) (7) _____
- Not applicable (10)

14. Is there anything else you would like share about your current living situation or what keeps you from getting a living situation that would be better for you?

Display This Question:

If At what age did you sustain your injury? Between birth and 20 years of age Is Selected

The next set of questions are about the support services you are currently receiving or would like to receive at school. For example, these services would include Special Education or a 504 plan.

Display This Question:

If At what age did you sustain your injury? Between birth and 20 years of age Is Selected

15. If you are currently enrolled as a student, what grade level are you in?

- Kindergarten - 5th grade (1)
- 6th - 8th grade (2)
- 9th - 12th grade (3)
- Community College (4)
- Technical College (5)
- University (6)
- Not in school (7)
- Other (please describe) (8) _____
-

Display This Question:

If At what age did you sustain your injury? Between birth and 20 years of age Is Selected

16. Next to each option in the list of education support services, please check if you are currently using, have previously used, wish you could use or don't need the services.

	Currently using (1)	Previously received (2)	Wish I could use (4)	I don't need (5)
Education consultation (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Special education and/or Individualized Educational Plan (IEP) (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
504 Plan (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Counseling (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Currently using (1)	Previously received (2)	Wish I could use (4)	I don't need (5)
Occupational, speech, physical, or cognitive therapy (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wrap-around family support or home visiting services (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School-based employment experience (ACE) / Career development (CTE) (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please describe) (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Display This Question:

If At what age did you sustain your injury? Between birth and 20 years of age Is Selected

17. How well did your school prepare you for your transition to adulthood?

- Extremely well (13)
- Very well (14)
- Moderately well (15)
- Slightly well (16)
- Not well at all (17)
- Not sure (20)
- Not applicable (18)

Display This Question:

If At what age did you sustain your injury? Between birth and 20 years of age Is Selected

18. What types of services and supports are/were helpful for you as you transitioned into adulthood? (Check all that apply)
- Internships or job shadowing with local employers (1)
 - Job skills training (e.g. resume writing, interviewing skills) (2)
 - Job search assistance (3)
 - Case management (4)
 - Communication with employers (5)
 - Other (please describe) (6) _____
 - Not applicable (7)

Display This Question:

If At what age did you sustain your injury? Between birth and 20 years of age Is Selected

19. What would you have changed to improve your experience in school and transition to adulthood? (Check all that apply)
- Faster identification of brain injury (1)
 - Improved communication across service providers (2)
 - Increased follow up as you progressed with your recovery or transitioned to college, training, or a job (3)
 - Improved access to services or supports for you (4)
 - Improved access to services or supports for your family or caregiver (5)
 - Other (please describe) (6) _____
 - Not applicable (7)

Display This Question:

If At what age did you sustain your injury? Between birth and 20 years of age Is Selected

20. Is there anything else you would like share about the support services that your school(s) provide or provided and what is working or what could be improved?

The next set of questions is about how employment support services have helped you find a job or keep your job and how they could be improved. These are services you may have received through the Colorado Division of Vocational Rehabilitation.

21. What kind of work were you doing before your brain injury? (check all that apply)

- Full-time work outside the home (1)
- Part-time work outside the home (2)
- Underemployed and looking for more work (7)
- Working inside the home (e.g. caregiver, parent) (8)
- Unemployed and looking for work (5)
- Full-time student (3)
- Part-time student (4)
- Military service (9)
- Other (please describe) (6) _____
- I was not working before my brain injury (10)

22. What kind of work are you doing now? (check all that apply)

- Full-time work outside the home (1)
- Part-time work outside the home (2)
- Underemployed and looking for more work (7)
- Working inside the home (e.g. caregiver, parent) (8)
- Unemployed and looking for work (5)
- Full-time student (3)
- Part-time student (4)
- Military service (9)
- I am not looking for work (10)
- Other (please describe) (6) _____
- I am no longer able to work (12)

Condition: I am no longer able to work Is Selected. Skip To: End of Block.

23. Next to each employment support service option, please check if you currently use, previously used or wish you could use or don't need these services.

	Currently using (1)	Previously received (2)	I wish I could use these (4)	I don't need (5)
Counseling and guidance (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical and mental restoration services (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training services (vocational, academic and personal adjustment) (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Job seeking skills training, job placement and job coaching (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Services for the blind and/or deaf such as: tutor interpreter services, note-taking services or reader services (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assistive technology services, rehabilitation engineering services (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Currently using (1)	Previously received (2)	I wish I could use these (4)	I don't need (5)
Supportive services such as maintenance, transportation, personal assistance services (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assistive technology services, rehabilitation engineering services (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supportive services such as maintenance, transportation, personal assistance services (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Services to family members (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please describe) (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24. What are the challenges, if any, you experience gaining and keeping a job? (Check all that apply)

- My employer / supervisor needs ongoing training or support (1)
- I find it challenging to manage my work schedule (2)
- I am not able to stay focused enough to do my work (3)
- I have a hard time finding jobs that will provide accommodations for my brain injury (6)
- My needs change over time – I have good days and bad days (4)
- Other (please describe) (5) _____
- Not applicable (9)

25. Is there anything else you would like share about what employment support services have been most helpful or what employment services you wish were available to help you find or keep a job?

The next set of questions is about your experience with emergency responders such as police and medics and/or the criminal justice system (if you've been arrested).

26. Have you called 911 or engaged with emergency responders, such as police or medics, since sustaining your brain injury?

- Yes (1)
- No (2)

Condition: No Is Selected. Skip To: Is there anything else you would like....

27. Have you been arrested since you sustained your brain injury?

- Yes (1)
- No (2)

28. In any of these encounters, did you end up in jail when you thought you should go to the hospital instead?

- Yes (1)
- No (2)

29. In your encounter(s) with emergency responders, were you ever asked if you had a brain injury?

- Yes (1)
- No (2)

30. How, if at all, has your interaction with police or legal system changed your access to programs or support services?

- No change (1)
- It is harder for me to access services (2)
- It is harder for me to find a place to live (3)
- I am connected to more services through diversion courts (4)
- Other (please describe) (5) _____

31. Is there anything else you would like us to know about your experience with emergency responders or the criminal justice system?

32. The following questions are about your experience with mental health and/or substance use services. Have you or are you currently receiving mental health and/or substance use services?

- Yes (5)
- No, I tried to access these services but was turned away (2)
- No, I do not have a need for these services (8)
- Not sure (4)
- Other (please describe) (9) _____

Condition: No, I do not have a need for... Is Selected. Skip To: End of Block.

33. The following is a list of mental health and substance use services and providers. Next to each option, please check if you are currently using, previously received, or wish you could use these services.

	Currently using (1)	Previously received (2)	Wish I could use (4)	I don't need (5)
Community mental health case manager (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crisis line (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walk in crisis center (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Behavioral intervention plan (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health counseling (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance use outpatient treatment (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance use inpatient treatment (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
AA (Alcoholics Anonymous) or NA (Narcotics Anonymous) (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Currently using (1)	Previously received (2)	Wish I could use (4)	I don't need (5)
Medical detox (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peer support (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inpatient psychiatric hospital (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please describe) (14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Display This Question:

If The following is a list of mental health and substance use services and providers. Next to each... - Currently using Is Selected

34. How often do you receive mental health services?

- Daily (1)
- Weekly (2)
- Monthly (3)
- A few times a year (4)
- Once a year or less frequently (5)
- Other (please describe) (7) _____
- I don't receive mental health services (6)

35. Have you ever been turned away from mental health services?

- Yes, more than one time (1)
- Yes, one time (2)
- No, never (3)
- Other (please describe) (5) _____
- Not applicable (4)

Condition: Not applicable Is Selected. Skip To: How often do you receive substance us....Condition: No, never Is Selected. Skip To: How often do you receive substance us....

36. Why do you think you were turned away from mental health services? (Check all that apply)

- I wasn't able to pay for the care (1)
- I was told that they do not treat people with brain injury (2)
- I have been barred from this provider, so they will no longer serve me (3)
- The provider does not support the method of communication that I use (4)
- I was told an assessment for brain injury was not available (5)
- I was told a brain injury specialist was not available (6)
- Other (please describe) (8) _____
- Not applicable (7)

Display This Question:

If The following is a list of mental health and substance use services and providers. Next to each... - Currently using Is Selected

37. How often do you receive substance use services?

- Daily (1)
- Weekly (2)
- Monthly (3)
- A few times a year (4)
- Once a year or less frequently (5)
- Other (please describe) (7) _____
- Not applicable (6)

38. Have you been turned away from substance use services?

- Yes, more than one time (1)
- Yes, one time (2)
- No, never (3)
- Other (please describe) (5)
- Not applicable (4)

Condition: No, never Is Selected. Skip To: Is there anything else you would youCondition: Not applicable Is Selected. Skip To: Is there anything else you would you

39. Why do you think you were turned away from substance use services? (Check all that apply)

- I wasn't able to pay for the care (1)
- I was told that they do not treat people with brain injury (2)
- I have been barred from this provider, so they will no longer serve me (3)
- The provider does not support the method of communication that I use (4)
- I was told an assessment for brain injury was not available? (5)
- I was told a brain injury specialist was not available? (6)
- Other (please describe) (8) _____
- Not applicable (7)

40. Is there anything else you would you like to share about your experience with mental health and/or substance use services you have received or wish you could access?

41. The following questions are about your experience working with multiple service providers (e.g. Doctors, Therapist, Case Managers, etc.), how you coordinate the services you are getting, and what would improve the collaboration between your providers.

42. How many case managers do you work with?

- 1 - 3 (2)
- 4 - 6 (3)
- 7 - 9 (4)
- 10 or more (5)
- I don't know (6)
- I don't work with any case managers (7)

43. What benefit programs, if any, do you receive case management support from? (Check all that apply)

- Medicaid Waiver (1)
- CBIP Case Managers (BIAC) (2)
- Health Care Program for Children with Special Needs (3)
- SNAP/Food Stamps (Colorado Food Assistance Program) (4)
- TANF (Colorado Works) (5)
- Vocational Rehabilitation (6)
- Veterans benefits (7)
- Housing Choice Voucher (8)
- Home Visiting (9)
- Special Education or 504 (10)
- Child Care Assistance (11)
- Other (please describe) (13) _____
- None (12)

44. How involved are you in determining the services and supports you need and connecting yourself to them as needed/wanted?

- No involvement (6)
- Almost no involvement (1)
- Little involvement (2)
- Moderate involvement (3)
- Very involved (4)
- I do everything (5)

45. How satisfied are you with how your service providers communicate with each other and collaborate your care?

- Very dissatisfied (1)
- Dissatisfied (2)
- Satisfied (4)
- Very satisfied (5)
- Other (please describe) (6) _____
- Not applicable (7)

46. What could improve your service coordination? (Check all that apply)

- Having one case manager or care coordinator who could work across the programs, services, and supports I receive (1)
- Having someone who understands the service systems available to answer questions so I can navigate them easier (2)
- Making it easier for providers and case managers to share information, so I don't have to repeat the same information all the time (3)
- Having funding or coverage integrated so my care is less dependent on who pays for which services (4)
- Having more options for case management (5)
- Having more options for services and supports (6)
- Other (please describe) (7) _____

47. Is there anything else you would like to share about how your services are coordinated and what would make it easier for your providers to collaborate?

Please tell us a little about yourself. This information will not be associated with your name, and will help the Colorado Brain Injury Program better serve all Coloradans in need of program services.

48. Which county do you live in?

- Adams (18)
- Alamosa (19)
- Arapahoe (20)
- Archuleta (21)
- Baca (22)
- Bent (23)
- Boulder (24)
- Broomfield (25)
- Chaffee (26)
- Cheyenne (27)
- Clear Creek (28)
- Conejos (29)
- Costilla (30)

- Crowley (31)
- Custer (32)
- Delta (33)
- Denver (34)
- Dolores (35)
- Douglas (36)
- Eagle (37)
- Elbert (38)
- El Paso (39)
- Fremont (40)
- Garfield (41)
- Gilpin (42)
- Grand (43)
- Gunnison (44)
- Hinsdale (45)
- Huerfano (46)
- Jackson (47)
- Jefferson (48)
- Kiowa (49)
- Kit Carson (50)
- Lake (51)
- La Plata (52)
- Larimer (53)
- Las Animas (54)
- Lincoln (55)
- Logan (56)
- Mesa (57)
- Mineral (58)
- Moffat (59)
- Montezuma (60)
- Montrose (61)
- Morgan (62)
- Otero (63)
- Ouray (64)
- Park (65)
- Phillips (66)
- Pitkin (67)
- Prowers (68)
- Pueblo (69)
- Rio Blanco (70)
- Rio Grande (71)

- Routt (72)
- Saguache (73)
- San Juan (74)
- San Miguel (75)
- Sedgwick (76)
- Summit (77)
- Teller (78)
- Washington (79)
- Weld (80)
- Yuma (81)

49. How old are you?

- 0 - 15 years old (1)
- 16 - 25 years old (2)
- 26 - 35 years old (3)
- 36 - 45 years old (4)
- 46 - 55 years old (5)
- 56 - 64 years old (6)
- 65 years old or older (7)
- Prefer not to say (8)

50. What gender do you identify with?

- Female (1)
- Male (2)
- Transgender (3)
- Not listed (please describe) (4) _____
- Prefer not to say (5)

51. Which race / ethnicity best describes you?

- American Indian or Alaskan Native (1)
- Asian or Pacific Islander (2)
- Black or African American (3)
- Hispanic / Latino / Chicano (4)
- Multiracial or Multiethnic (7)
- White or Caucasian (5)
- Not listed (please describe) (6) _____
- Prefer not to say (9)

52. What language do you mainly speak at home?

- English (1)
- Spanish (2)
- Chinese (4)
- German (3)
- Russian (7)
- Vietnamese (8)
- Other (please describe) (5) _____
- Prefer not to say (6)

53. Have you served in the military?

- Yes (1)
- No (2)

54. Where do you get your health insurance coverage? (Check all that apply)

- Health First Colorado (Medicaid) (1)
- Medicare (2)
- TRICARE (3)
- I have insurance through my employer (4)
- I have subsidized insurance through Connect for Health Colorado (5)
- I pay for private Insurance (6)
- I don't have health insurance (7)
- Other (Please describe) (8) _____

This last section includes a couple of questions about what you think would contribute the most to individuals with brain injury and their families receiving the help they need in Colorado.

55. Which of the following would most positively impact Coloradans with brain injury? Click and drag into the order of importance, with the most important at the top.

- _____ Increase awareness of brain injury (1)
- _____ Improve screening / identification of brain injury (2)
- _____ Improve access to resources or services for people with brain injury (3)
- _____ Improve service coordination across services and supports (4)
- _____ Improve service coordination across phases of recovery/over a lifetime following a brain injury (5)
- _____ Increase provider training so they can better support the unique needs of people with brain injury (6)
- _____ Other (please describe) (7)

56. Imagine you had a magic wand that you could use to change Colorado's brain injury services and supports. What would you change so that people with brain injury and their families could have a better quality of life?

57. Thank you for taking the time to respond to this survey. Your answers will help the state determine next steps to better serve Coloradans with brain injury and their families. Please use the space below if you have any other comments you would like to share regarding brain injury services or your experiences.

58. As a token of our appreciation for the information shared, one person will receive a \$100 gift card for completing this survey! A random drawing will be conducted on May 12th. Please enter your name and contact information below if you would like to be included in the drawing. Your personal information will be kept confidential and not be associated with your responses.

Name (1)

Phone (2)

Email (if you have one) (3)

APPENDIX D: SURVEY RESPONDENTS

Consumer Survey

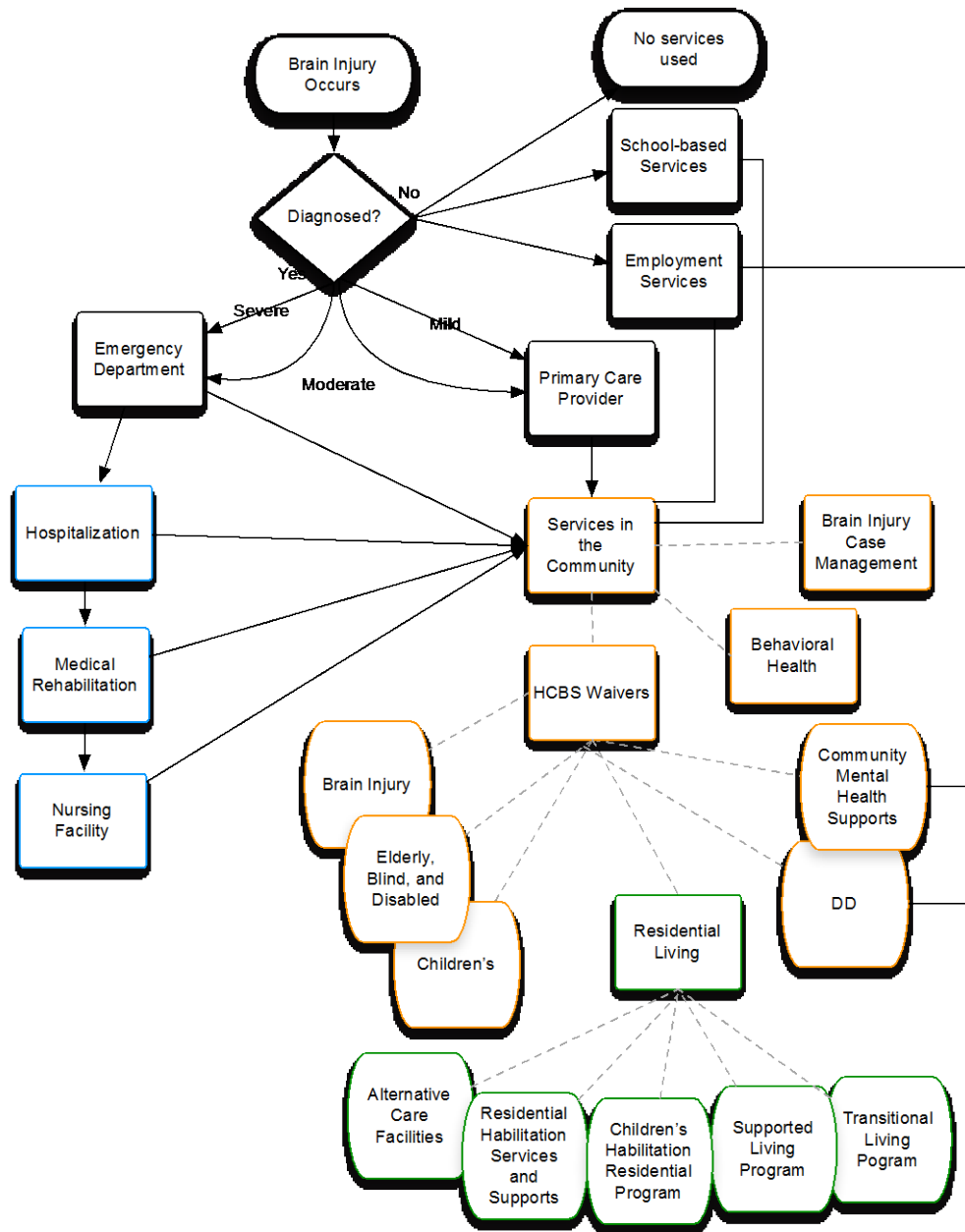
Respondents connection to brain injury (n=193)	105 (54.4%) people with brain injury 38 (19.6%) family members and also caregivers 27 (13.9%) family members or significant others 23 (12%) other (write-ins included: friend, survivor and provider)
Age (n=138)	6 (4.35%) 0-15 years old 11 (7.97%) 16-25 years old 21 (15.22%) 26-35 years old 20 (14.49%) 36-45 years old 31 (22.46%) 46-55 years old 31 (22.46%) 56-64 years old 18 (13.04%) 65 years or older
Race / Ethnicity (n=132)	111 (84.09%) White or Caucasian 7 (5.3%) Hispanic/Latino/Chicano 4 (3.03%) Black or African American 3 (2.27%) American Indian or Alaskan Native 3 (2.27%) Asian or Pacific Islander 3 (2.7%) Not Listed (write ins: Jewish, Latina, Italian/Tribal/Multi) 1 (0.76%) Multiracial or Multiethnic
Gender (n=131)	71 (54.2%) Female 57 (43.51%) Male 0 (0,0%) Transgender 3 (2.29%) Not listed (write-ins: 3rd gender, 2-spirit, non-binary)

Provider Survey

Profession (n=216)	44 (20.37%) Case Manager / Care Coordinator 36 (16.67%) Police, Probation or Corrections Officer 30 (13.89%) Vocational / Employment Support 30 (13.89%) Other (write-ins include: Alternative/complementary Practitioner, Volunteer, Neuropsychologist, Life skills coach, Independent Living Skills Trainer, Cognition Specialist) 21 (9.72%) Rehabilitation Provider 16 (7.41%) Health Care Professional 14 (6.48%) Mental Health Provider 8 (3.7%) School Staff / Teacher / Nurse / Counselor 6 (2.78) Advocate 6 (2.78%) Substance Use Disorder Service Provider 3 (1.39%) Residential Service Provider 1 (0.46%) Waiver Service Provider 1 (0.46%) Policymaker 0 (0.0%) Funder
Length of time working in field (n=215)	95 (44.19%) 11 years or more 68 (31.63%) 1-5 years 41 (19.07%) 6-10 years 11 (5.12%) 6-12 months

APPENDIX E: SERVICE SYSTEM MAP

The following map illustrates an example of service pathways an individual with brain injury could take to obtain services they need, with the primary focus being on Medicaid services. Many people with brain injury will pay privately for care and not be impacted by the Medicaid components of this service map. The complexity of the map shows that there is no cohesive system of care for people with brain injury. Rather, there are many systems, which provide numerous opportunities for people to fall through the cracks.



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