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# Community Brain Injury Program for Children & Youth in BC (CBIPCY)

OUTCOMES MANAGEMENT REPORT  
2024-2025

The Community Brain Injury Program receives funding from the Ministry of Children and Family Development.

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### PROGRAM DESCRIPTION

#### Program Overview:

The Community Brain Injury Program for Children and Youth (CBIPCY) offers services to children and youth aged 0-19 with recently acquired brain injuries who lack third-party funding and require acute rehabilitation to facilitate their return home and to the community. To be eligible for this program, children and youth must be British Columbia (BC) residents with a primary diagnosis of acquired brain injury requiring acute rehabilitation and be referred within 12 months of their injury.

#### Services Include:

Funding and coordinating short-term rehabilitation services in a client's home community

- Connecting and coordinating ad-hoc interdisciplinary service teams across the province
- Supporting clients and families in their communication with schools
- Recruiting and onboarding new community service providers around the province

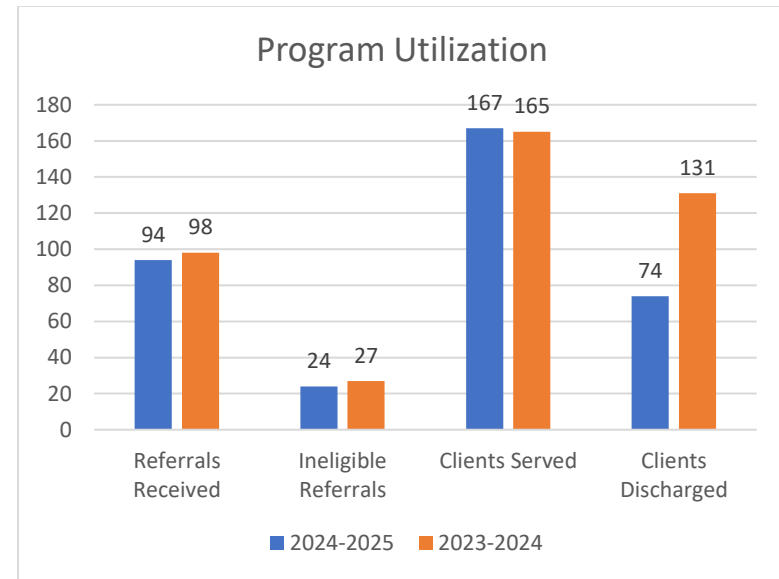
#### Highlights:

- Received the Michael Smith Health Research BC Grant in conjunction with BC Children's Hospital and the University of British Columbia for a research project titled *Modernizing Brain Injury Services in British Columbia*.
  - Developed a set of research priorities for pediatric brain injury in BC
  - Created a Padlet identifying research priorities
  - Attended discussion regarding the priorities in pediatric brain injury care and research with professionals working in the Acquired Brain Injury space
  - Developed and distributed a survey to families of CBIPCY focused on understanding the multiple factors that children and adolescents in British Columbia with an acquired or traumatic brain injury experience
- Collaborated with a Neuropsychologist to discuss neuropsychological assessment services in the province to guide the development of a neuropsychological assessment prioritization tool for CBIPCY.
- Supervised MSW Student who supported the CBIPCY program with updating and developing new staff and family resources.
- Supported the BCCFA Pediatric Outreach Team's coordinator in developing provincial service processes.

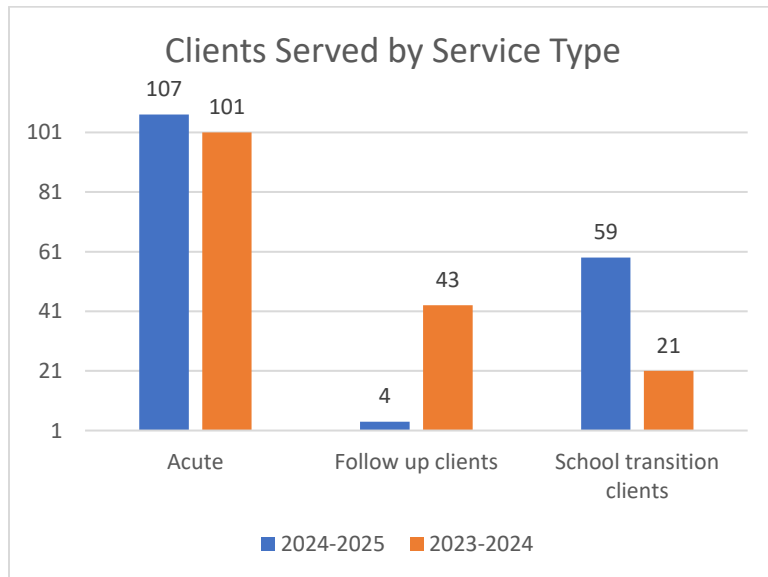
## PROGRAM UTILIZATION

Program Utilization Data	2024-2025	2023-2024
<b>Clients Served</b>	167	165
Acute Clients	107	101
<i>Clients carried over from previous fiscal year</i>	39	37
Follow-Up	4	43
School Transition Clients	59	21
<b>Referrals Received</b>	94	98
<b>Ineligible Referrals</b>	24	27
<b>Clients Discharged</b>	74	131

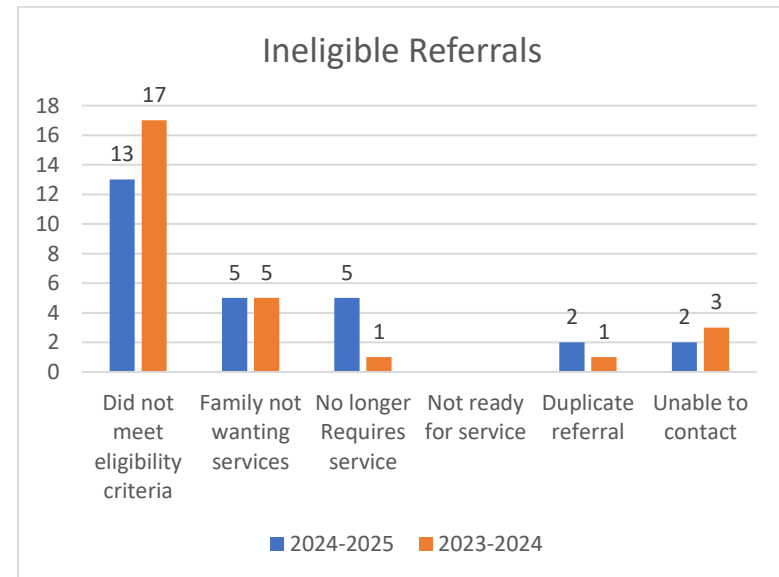
**Table 1: Program Utilization Data Table**



**Figure 1: Program Utilization**



**Figure 2: Clients Served by Service Type**



**Figure 3: Breakdown of Ineligible Referral Reasons**

### Analysis of Program Utilization

- The total number of clients served, which includes acute clients, clients receiving follow-up services, and clients receiving school transition services, demonstrated a modest increase, with 167 clients. While the number of referrals declined slightly, the number of clients discharged this year was significantly lower.
- Services required by clients had a different pattern from those in our previous year:
  - The number of clients receiving school transition services nearly tripled.
  - The number of clients receiving follow-up services decreased significantly. In our previous year, the program reached out to clients to offer them a newly developed resource about transitioning into adulthood, resulting in more follow-up clients. This resource is now accessible to all clients and does not require a follow-up service to access it. The number of clients requiring this service is much lower, as it typically includes clients with extenuating circumstances, such as needing a neuropsychology assessment or counselling services.

## DEMOGRAPHICS

### Acute Clients Served

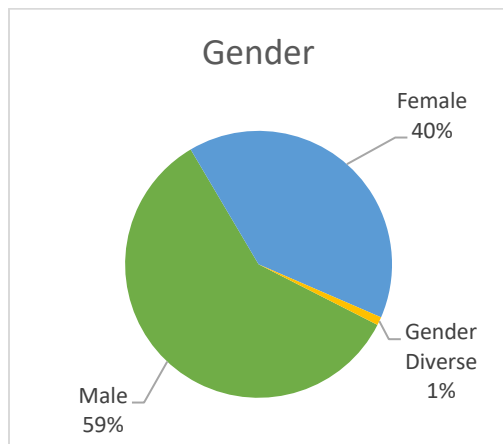


Figure 4: Gender

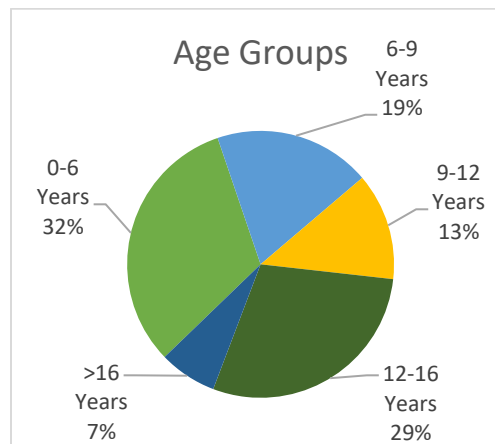


Figure 5: Age Groups

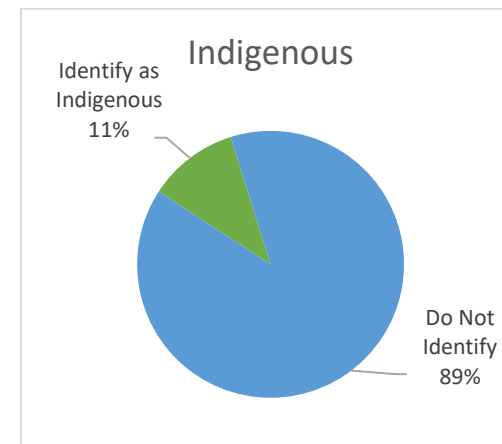


Figure 6: Identify as Indigenous

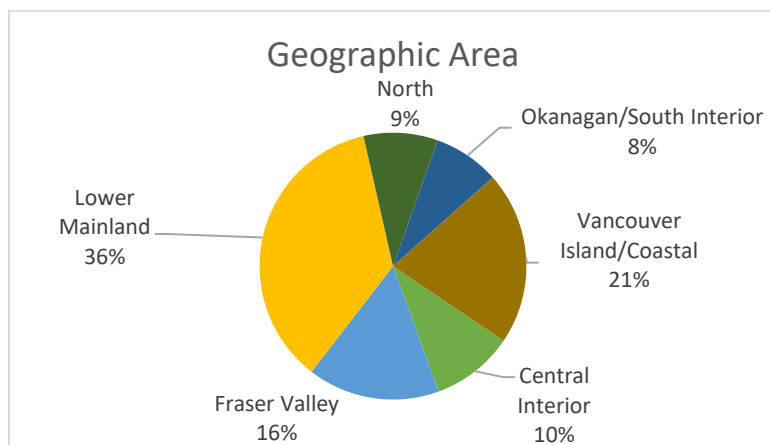


Figure 7: Geographic Area

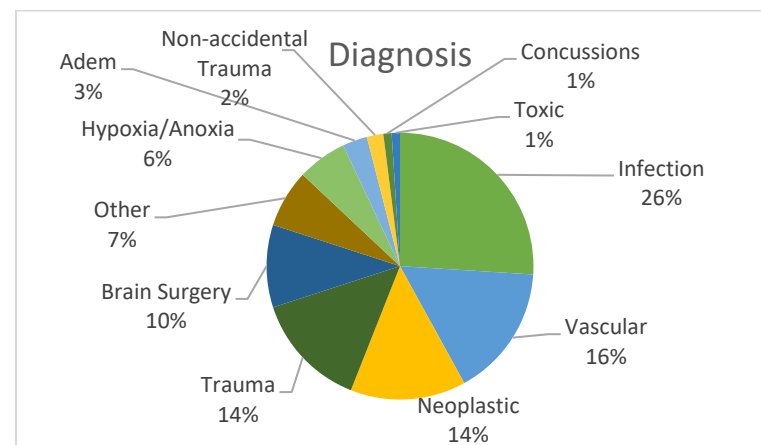


Figure 8: Diagnosis

### Analysis:

- The program continues to have more male clients than female, with the largest age group being 0- 6 years old. The primary etiology of our clients' brain injury was infection, which is consistent with previous years. However, the program had clients with more diverse etiologies this year, including ADEM, non-accidental trauma, toxic exposure and concussion.

## DEMOGRAPHICS

- The majority of our referrals are for clients living in the Lower Mainland and Vancouver Island, where we have numerous contractors available. Our referrals for clients in more challenging-to-serve areas, such as the North and Central Interior, have remained consistent with previous years. We continue recruiting contractors while relying on virtual services to support clients in these areas.
- 11% of clients served self-identify as Indigenous. Clients and families are asked if they identify as indigenous during the family assessment with the program coordinator. The program strives to support Indigenous Reconciliation, and we aim to provide services that demonstrate cultural humility using a trauma-informed lens.

## 2024/2025 PERFORMANCE IMPROVEMENT PLAN

Area for Improvement	Action Plan	Results
<p>Client: Centre services on our needs and preferences</p> <p>F-words are integrated into processes and documentation</p>	<ul style="list-style-type: none"> <li>The F-word framework guides initial interview with families to gather information in a holistic and family-centered manner</li> <li>The service plan uses the F-word framework to capture the client and family goals and ensure that the service(s) contracted focus on the client's priorities</li> </ul>	<ul style="list-style-type: none"> <li>The family assessment has been updated to obtain information from the family and client using the F-words framework, ensuring that the service plan is family-centred and focuses on the hopes and goals of the family and client.</li> <li>This goal is in process. The service plan is built using the family's and client's goals. The F words continue to be incorporated into documentation.</li> </ul>
<p>Client: Make it quick and easy for clients to access the service</p> <p>Clients are prioritized based on support needs when there is a wait for service</p>	<ul style="list-style-type: none"> <li>Develop a needs-based prioritization tool</li> <li>In trials, the tool demonstrates sensitivity to capture and prioritize clients with the highest support needs</li> <li>The tool is used during periods of high referrals to ensure clients with the highest support needs are prioritized</li> </ul>	<ul style="list-style-type: none"> <li>The Needs-based priority tool for all clients was deferred and determined not to be required at this time. However, the team developed a tool to prioritize neuropsychology assessments, which are in high demand and put added pressure on the ability to provide therapy services due to the cost associated. In addition, a resource document was created regarding requesting and accessing Psychoeducational assessments through the school district.</li> </ul>
<p>Collaborate: Strengthen external partnerships with key organizations</p> <p>Increase clarity regarding program eligibility and duration.</p>	<ul style="list-style-type: none"> <li>Update our website to reflect the eligibility criteria and outline what participants can expect from the program.</li> <li>Create a handout regarding program eligibility and services offered to be shared with centers outside our primary referral source (BCCH)</li> <li>Create collateral information to be included in the contracted service provider onboarding package regarding program duration</li> </ul>	<p>Completed</p> <p>Completed</p> <p>The Service Provider handbook was updated to provide information regarding program duration.</p>



## 2024-2025 PROGRAM OUTCOMES

## SERVICE ACCESS

Objective/Outcome	Performance Indicator Percentage of respondents that answer “agree” or “strongly agree”	Target	Measure Applied To	Achieved Outcome		
				2024-2025	2023-2024	2022-2023
Clients are able to access services in their preferred language	We were able to receive services in our preferred language	90%	All clients	100%	100%	100%
Services are quick and easy for all clients to access	It was quick and easy for us to access services			100%	100%	100%
Parents articulate there are enough option settings available for services	Services were provided in a location that meets the needs of our family			100%	100%	100%

**Analysis of Service Access:**

The program consistently receives high scores related to service access. The integration and acceptance of virtual services have allowed the program to provide services to families regardless of their location in the province. The program has continued to prioritize increasing our network of service providers, especially in more remote areas. Close collaboration with referral sources has enabled the program to coordinate client services quickly.

*“The organization for my daughter to receive support in a Northern BC smaller town, both within the community and virtually when we couldn’t find services locally.” – Parent response to: what went well?*

## RESOURCES USED TO ACHIEVE RESULTS FOR THE PERSONS SERVED (EFFICIENCY)

Objective/Outcome	Performance Indicator	Target	Measure Applied To	Achieved Outcome		
				2024-2025	2023-2024	2022-2023
Children/youth receive timely services	Average number of days from Referral to the coordinator making first contact with the family.	14 days	All clients	15	13	14
	Average number of days from referral acceptance to intake interview.	14 days		22	17	17
	Average number of days from intake interview to completion of an initial service plan.	7 days		1	2	2

### Analysis of Program Efficiency:

The program has nearly met the target for referral to first contact, demonstrating a commitment to short wait times for families. The average number of days from referral acceptance to intake interview is higher than our goal. This timeline is increased as the program has improved communication with our primary referral source (BCCH), resulting in the client's referral being accepted while the client is an inpatient and unavailable for service (not ready for an intake interview). This allows for better planning and service to be put into place upon discharge quicker, but creates the appearance of a longer wait, which has likely skewed data. In our next fiscal year, the program will include a data point to mark when the client is ready for service to reflect this timeline better. Regardless, once the intake interview is complete, the service plan is in place very quickly, and families have information regarding upcoming services.

*"Great communication with coordinators, and questions answered in a timely manner. Clear and easy referral process. It seems as though patients and families are contacted promptly with services starting in a timely manner."* - Community Partner

## RESULTS ACHIEVED FOR THE PERSONS SERVED (EFFECTIVENESS)

Objective/Outcome	Performance Indicator Percentage of respondents that answer “agree” or “strongly agree”	Target	Measure Applied To	Achieved Outcome		
				2024-2025	2023-2024	2022-2023
By participating in the CBIPCY Program, families/caregivers have increased knowledge and have gained skills to be able to help their child achieve their goals	We made progress towards our goals.	90%	All clients	100%	100%	100%
	The Coordinator was flexible and responsive to my child/ youth/ family's needs.			90%	100%	95%
	My involvement with the Community Brain Injury Program (e.g. Coordinator and/or Therapists) helped me better understand the impact of acquired brain injury on my child/youth's development.			90%	93%	95%
	I learned helpful ideas and skills to manage my child/youth's brain injury.			90%	100%	95%
	The services received have contributed to us being able to participate more fully in some community activities.			90%	100%	84%

### Analysis of Program Effectiveness:

The program met all targets in the effectiveness category. While we saw slight decreases in some scores, we continue to meet our targets and strive to enable clients' participation in their routines while also supporting families' understanding of their child's brain injury.

*“Our coordinator, was absolutely amazing and responsive to all our needs. Her effective communication skills (empathy, listening to understand rather than listening to reply) made it easier on us as parents to navigate a challenging time in our lives.” – Parent*

*“We were impressed with the quality of service and the therapists. They were very understanding and informative when our grandson had a bad day or we needed information.”*

## EXPERIENCE OF SERVICES RECEIVED AND OTHER FEEDBACK – PERSONS SERVED

Objective/Outcome	Performance Indicator Percentage of respondents that answer “agree” or “strongly agree”	Target	Measure Applied To	Achieved Outcome		
				2024-2025	2023-2024	2022-2023
Parents/Guardians are always involved in determining their child's goals and strategies	We were involved in developing our child/ youth's rehabilitation goals, strategies, and/or service plan	100%	All clients	100%	100%	100%
The CBIPCY program provides clear and understandable information to all parents/guardians	We have a clear understanding of the supports and services available from the BCCFA	90%	All clients	100%	100%	89%
BCCFA programs make a positive difference in clients' lives	Services from the BCCFA have made a positive difference in our lives	90%	All clients	100%	100%	100%
Parents/Guardians are always treated with respect and courtesy	We were treated with respect and courtesy during our time receiving services from the BCCFA	100%	All clients	100%	100%	100%
Each BCCFA program provides service	We are satisfied with the quality of services we've received from the BCCFA	90%	All clients	100%	100%	100%

### Analysis – Persons Served:

The responses in the experience section of our client experience survey were overwhelmingly positive, with 100% of respondents agreeing that they were involved in developing their child’s or youth’s goals. The F words framework was used to guide the family assessment and ensure that the family’s hopes, goals and daily routines were captured and made part of their service plan.

*“I really don’t know how I would have done it without the support we received.” -Parent*

## EXPERIENCE OF SERVICES RECEIVED AND OTHER FEEDBACK – COMMUNITY PARTNERS

Objective/Outcome	Performance Indicator Percentage of respondents that answer “agree” or “strongly agree”	Target	Measure Applied To	Achieved Outcome		
				2024-2025	2023-2024	2022-2023
Referring agencies have a clear understanding of the Program mandate and are satisfied with the service.	I am satisfied with the services offered from the BCCFA.	85%	Referral sources	100%	100%	90%
	The program eligibility criteria are clear.			80%	83%	80%
	The referral process is simple and easy to understand.			100%	100%	100%
	Coordinators responded to the referrals made by our agency in a timely manner.			100%	100%	90%
	Coordinators worked collaboratively with me to facilitate the discharge of the child from our agency.			100%	83%	90%
	Coordinators are accessible, making it easy to share information and provide assistance and support as needed.			100%	100%	100%

### Analysis – Community Partners:

The program received slightly lower scores regarding the clarity of program eligibility. This may reflect the diverse etiologies of the client’s brain injuries and whether the diagnosis is eligible. The coordinators continue to have multiple touchpoints with referral sources to discuss possible referrals and provide information regarding eligibility. The coordinators have focused on increased collaboration with our referral sources over the last year, which is reflected in the increased score regarding collaboration at time of discharge.

*“Great communication with coordinators, and questions answered in a timely manner. Clear and easy referral process. It seems as though patients and families are contacted promptly with services starting in a timely manner.” – Community Partner*

## EXPERIENCE OF SERVICES RECEIVED AND OTHER FEEDBACK – CONTRACTED SERVICE PROVIDERS

Objective/Outcome	Performance Indicator Percentage of respondents that answer “agree” or “strongly agree”	Target	Measure Applied To	Achieved Outcome		
				2024-2025	2023-2024	2022-2023
Therapy service providers are satisfied with the support from the CBIPCY program.	I have a clear understanding of the Community Brain Injury Program's eligibility criteria.	85%	Contracted service providers	95%	89%	88%
	I have a clear understanding of the Community Brain Injury Program's duration of client services.			95%	89%	94%
	I have a clear understanding of the Community Brain Injury Program's goal for clients (i.e. transitioning clients to school and community-based services).			100%	97%	91%
	The Program Coordinators provide support and assistance when needed.			100%	100%	97%

### Analysis – Contracted Service Providers:

38 contracted service providers responded to our Service provider feedback survey and scored the program above our target in all experience areas. Our highest scores were related to understanding the Program’s goal in supporting clients and the support received by our coordinators. We provided more information in our service provider handbook regarding clarity of our eligibility criteria and the duration of services and saw increases in these scores. As we continue to onboard new service providers, we will continue to ensure that this information is provided thoroughly. These scores demonstrate the strong relationship the coordinators and program have developed with the service providers throughout the province enabling excellent care for the client’s and their families.

*“The coordinators are incredible. I feel very supported by them and know I can reach out to them to discuss any challenging situations and/or to have them provide additional support to the families during these situations. It is very much appreciated!” – Service Provider*

*“Thank you so much for being an incredibly efficient and effective program. I have worked with many programs across three provinces and this program is actually one of the efficiently organized and facilitated. Thank you all for your wonderfully impactful work!” – Service Provider*

## 2025/2026 PERFORMANCE IMPROVEMENT PLAN

BCCFA Strategic Priorities	Initiatives	Targets
Delivering Exceptional and High-Quality Services	Integrate leading international service frameworks across all child and youth programs to enhance consistency, impact, and family-centered care.	<ul style="list-style-type: none"> <li>Update service provider document templates to incorporate the F-words Framework               <ul style="list-style-type: none"> <li>Treatment plan document</li> <li>Discharge summary</li> </ul> </li> <li>Provide collateral documentation to support using the F word language in service provider's goal writing</li> </ul>
	Expand program-advisory committees to ensure diverse client and family voices actively shape services.	<ul style="list-style-type: none"> <li>The program has recently had long term family members on the advisory committee step down. The program will actively recruit at least two new members from different service areas of BC</li> </ul>
Growing our Impact and Influence	Build strategic partnerships with organizations and communities to identify and address common challenges	<ul style="list-style-type: none"> <li>The program coordinators will create education and offer to present to targeted school districts regarding Brain Injury, transitions and reintegrating into school to promote inclusion and advocate for client support.</li> </ul>