

**Missouri Traumatic Brain Injury (TBI) Implementation Partnership Project:  
Professional Needs Survey**

We appreciate your time in completing this survey. The information gathered will be part of a statewide needs assessment that will be used to help develop a state plan to improve services and supports for people with Traumatic Brain Injury (TBI, all ranges of severity including concussion) and their families. One focus of the needs assessment will be to better understand the service needs and gaps of those with or at risk for TBI. It will also gather data on barriers that TBI survivors face, as well as the needs of professionals who serve individuals with TBI.

You can provide important information about your professional affiliation with TBI, your training needs, and your opinions regarding the successes and challenges related to serving TBI survivors. Your perceptions and suggestions are valued and appreciated.

The survey is voluntary and anonymous, and you will not be individually identified. You may also choose not to answer any specific questions. You may also complete this survey online at: <http://j.mp/2iai5sn>. The University of Missouri Kansas City (UMKC) will compile and summarize the results.

If you have any questions about this needs assessment project you may contact **Dr. George S. Gotto** from the UMKC Institute for Human Development at (816) 235-5334 or [gottog@umkc.edu](mailto:gottog@umkc.edu). If you have any questions about your rights as a research participant, please contact the Office of UMKC's Institutional Review Board at (816) 235-5927. Thank you for your support and cooperation.

<b>Information About You</b>	
<b><u>1. Which position best describes you?</u></b>	
<p><b>Medical/hospital personnel</b></p> <p><input type="checkbox"/> Advanced nurse practitioner</p> <p><input type="checkbox"/> Discharge planner</p> <p><input type="checkbox"/> Emergency room physician</p> <p><input type="checkbox"/> Licensed athletic trainer</p> <p><input type="checkbox"/> Nurse</p> <p><input type="checkbox"/> Nurse practitioner</p> <p><input type="checkbox"/> Other physician (neurologist, psychiatrist)</p> <p><input type="checkbox"/> Physician assistant</p> <p><input type="checkbox"/> Primary care physician</p> <p><input type="checkbox"/> Psychologist</p> <p><input type="checkbox"/> Other: _____</p> <p><b>Rehabilitation personnel</b></p> <p><input type="checkbox"/> Administrator</p> <p><input type="checkbox"/> Occupational therapist</p> <p><input type="checkbox"/> Physical therapist</p> <p><input type="checkbox"/> Speech therapist</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> <b>Military service personnel</b></p>	<p><b>Educator/school personnel</b></p> <p><input type="checkbox"/> Administrator</p> <p><input type="checkbox"/> Coach/director</p> <p><input type="checkbox"/> School nurse</p> <p><input type="checkbox"/> Teacher</p> <p><input type="checkbox"/> Other: _____</p> <p><b>Community service providers &amp; professionals</b></p> <p><input type="checkbox"/> Adult brain injury program provider</p> <p><input type="checkbox"/> Attorney</p> <p><input type="checkbox"/> Caseworker</p> <p><input type="checkbox"/> Department of corrections personnel</p> <p><input type="checkbox"/> First responder</p> <p><input type="checkbox"/> In home care provider</p> <p><input type="checkbox"/> Law enforcement personnel</p> <p><input type="checkbox"/> Mental health professional</p> <p><input type="checkbox"/> Social worker</p> <p><input type="checkbox"/> Vocational rehabilitation personnel</p> <p><input type="checkbox"/> Youth club coach</p> <p><input type="checkbox"/> Other advocate (e.g. domestic violence, independent living specialists): _____</p>



	Very Inadequate	Somewhat Inadequate	Somewhat Adequate	Very Adequate	Don't Know
<b>11. Hospital inpatient services</b>					
a. Currently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. 5 years ago	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12. Hospital discharge planning</b>					
a. Currently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. 5 years ago	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Acute Rehabilitation**

	Very Inadequate	Somewhat Inadequate	Somewhat Adequate	Very Adequate	Don't Know
<b>13. Inpatient rehabilitation</b>					
a. Currently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. 5 years ago	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>14. Home health (nursing or therapies)</b>					
a. Currently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. 5 years ago	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>15. Outpatient rehabilitation</b>					
a. Currently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. 5 years ago	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Community Services and Supports**

	Very Inadequate	Somewhat Inadequate	Somewhat Adequate	Very Adequate	Don't Know
<b>16. Employment services</b>					
a. Currently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. 5 years ago	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>17. In-home services (e.g., attendant care, homemaker services)</b>					
a. Currently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. 5 years ago	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>18. Transportation services</b>					
a. Currently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. 5 years ago	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>19. Service coordination/case management</b>					
a. Currently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. 5 years ago	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>20. Treatment for substance use disorder</b>					
a. Currently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. 5 years ago	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>21. Mental health counseling</b>					
a. Currently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. 5 years ago	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>22. Assistive technology services</b>					
a. Currently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. 5 years ago	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>23. Respite care services</b>					
a. Currently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. 5 years ago	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Very Inadequate	Somewhat Inadequate	Somewhat Adequate	Very Adequate	Don't Know
<b>24. TBI support groups</b>					
a. Currently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. 5 years ago	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>25. Assistance with financial management</b>					
a. Currently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. 5 years ago	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>26. Recreation services</b>					
a. Currently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. 5 years ago	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>27. Legal services</b>					
a. Currently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. 5 years ago	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>28. Section 8/subsidized housing assistance</b>					
a. Currently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. 5 years ago	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>29. Access to Social Security disability benefits</b>					
a. Currently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. 5 years ago	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>30. Continuing education related to TBI</b>					
a. Currently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. 5 years ago	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>31. Community living skills training</b>					
a. Currently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. 5 years ago	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>32. Information and referral</b>					
a. Currently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. 5 years ago	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**33. In regards to needed services and supports (questions 8 through 32), what do you think is working well for individuals with TBI and their families?**

- 34. In your opinion, what barriers do individuals with TBI and their families face in accessing services and supports? (Check all that apply)**
- Cognitive limitations
  - Difficulty understanding paperwork
  - Difficulty with English language
  - Difficulty with enrollment/admissions
  - Inability to pay for needed services
  - Inadequate insurance
  - Inadequate support to find employment
  - Inadequate support to live in setting of choice
  - Lack of insurance
  - Lack of support/patient advocacy
  - Lack of transportation
  - Need help with financial management
  - Physical limitations
  - Services and resources not located near their homes
  - Unaware of services and resources
  - Other: \_\_\_\_\_

### TBI Training for Professionals/Community

**35. Does your organization provide education or training to the community on TBI?**

- Yes
- No (Please skip to question 37)
- Unsure (Please skip to question 37)

**36. Please indicate the type of TBI training that your organization provides to the community. (Mark all that apply)**

- Available services and supports for individuals with TBI and their families
- Employment
- General knowledge about TBI (e.g. causes, types)
- Housing
- Interpersonal
- Promoting skills for independence
- Specific knowledge about the needs of people with TBI
- Understanding and managing behavioral changes
- Understanding and managing communication and cognitive changes
- Understanding and managing medical and physical changes
- Other \_\_\_\_\_

**37. Did you receive TBI training as part of your professional/job training?**

- Yes
- No (Please skip to question 39)

**38. If so, please indicate the type of training you received. (Mark all that apply)**

- Available services and supports for individuals with TBI and their families
- Employment
- General knowledge about TBI (e.g. causes, types)
- Housing
- Interpersonal
- Promoting skills for independence
- Specific knowledge about the needs of people with TBI
- Understanding and managing behavioral changes
- Understanding and managing communication and cognitive changes
- Understanding and managing medical and physical changes
- Other: \_\_\_\_\_

**39. Does your organization currently offer TBI training and information to staff (not from outside source)?**

- Yes
- No (Please skip to question 41)
- Unsure (Please skip to question 41)

**40. If so, please indicate the type of training your organization offers to staff. (Mark all that apply)**

- Available services and supports for individuals with TBI and their families
- Employment
- General knowledge about TBI (e.g. causes, types)
- Housing
- Interpersonal
- Promoting skills for independence
- Specific knowledge about the needs of people with TBI
- Understanding and managing behavioral changes
- Understanding and managing communication and cognitive changes
- Understanding and managing medical and physical changes
- Other \_\_\_\_\_

**41. Do you or other staff within your organization access training or information regarding TBI from external sources?**

- Yes
- No (Please skip to question 43)
- Unsure (Please skip to question 43)

**42. If so, please indicate the type of training access from external sources. (Mark all that apply)**

- Available services and supports for individuals with TBI and their families
- Employment
- General knowledge about TBI (e.g. causes, types)
- Housing
- Interpersonal
- Promoting skills for independence
- Specific knowledge about the needs of people with TBI
- Understanding and managing behavioral changes
- Understanding and managing communication and cognitive changes
- Understanding and managing medical and physical changes
- Other \_\_\_\_\_

**43. What additional training or information do you or others within your organization need to improve your capacity to serve people with TBI and their families?**

**44. What is your preferred method through which to obtain additional training and information? Please rate each method individually.**

**a. Online training:**

Very low preference

1

2

3

Very high preference

4

**b. In-service training:**

Very low preference

1

2

3

Very high preference

4

**c. State conference:**

Very low preference

1

2

3

Very high preference

4

**d. Regional training:**

Very low preference

1

2

3

Very high preference

4

**e. Through professional organization:**

Very low preference

1

2

3

Very high preference

4

**f. Other (please specify):** \_\_\_\_\_

**45. What additional comments do you have regarding how to improve statewide services and supports for individuals with TBI and their families?**

Thank you for completing this survey. Your participation will help create a strong statewide plan to improve access to services for people with TBI and their families.

Please enter your responses online at <http://j.mp/2iai5sn>, scan and email your completed survey to [gottog@umkc.edu](mailto:gottog@umkc.edu), or print and mail to:

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 Kansas City MO, 64108

If you would like more information about services and supports for TBI in Missouri, please visit the Department of Health and Senior Services website: <http://health.mo.gov/living/families/shcn/>