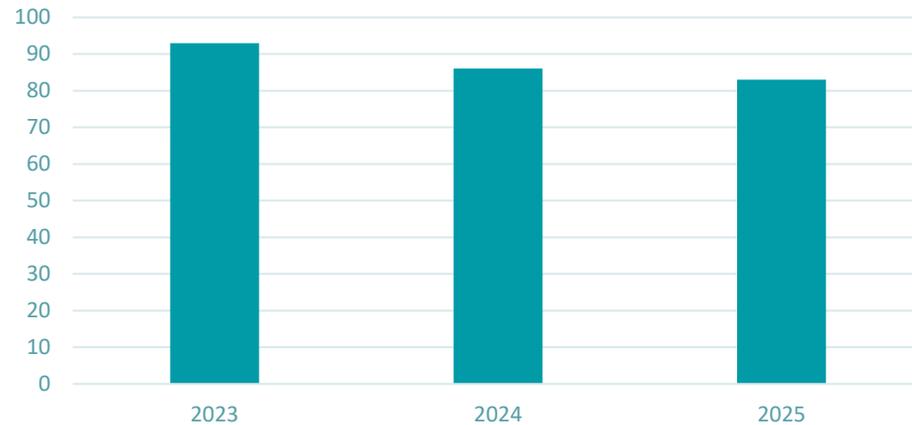


Transitional Living Center Clinical Outcomes 2025

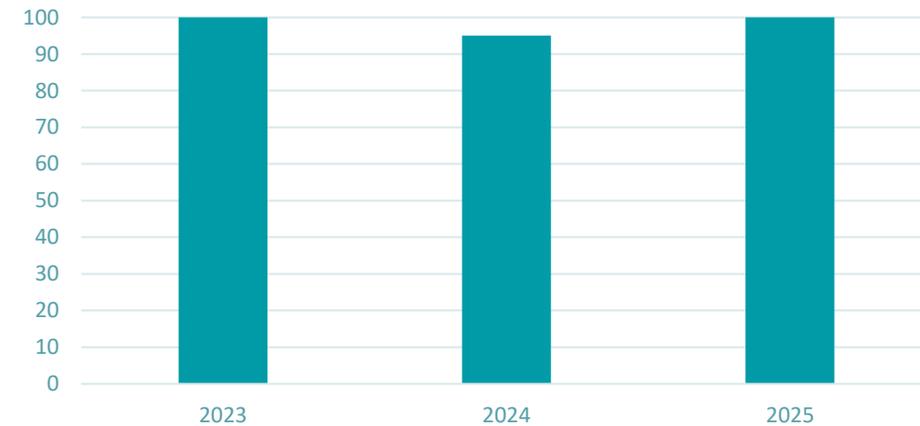
Clinical Outcomes

Most clients discharge from our residential program to the community and remain living in the community at 6 months.

Percentage of Clients who Discharge To The Community



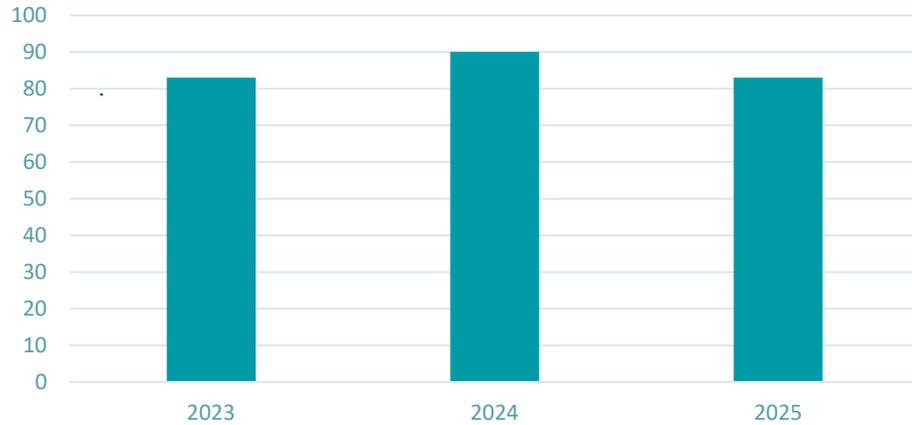
Percentage of Clients Living In The Community 6 Months After Discharge



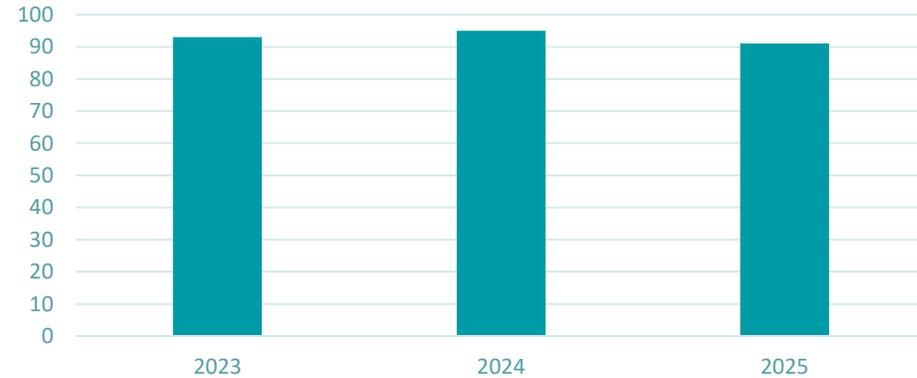
Clinical Outcomes

Our clients remain out of the hospital in the 6 months following discharge.

Percentage of Clients who Remain of the Hospital for 6 Month After Discharge- Residential



Percentage of Clients who Remain of the Hospital for 6 Month After Discharge- Day Treatment



Clinical Outcomes –Traumatic Brain Injury

Physical Improvement

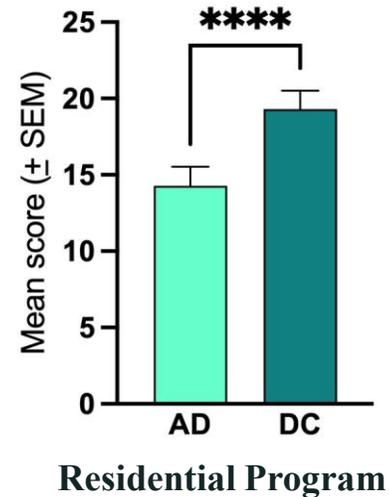
Clients experience a significant improvement in their physical abilities, including walking.

Upon admission, most clients are moderately impaired and unable to walk safely in the community without assistance.

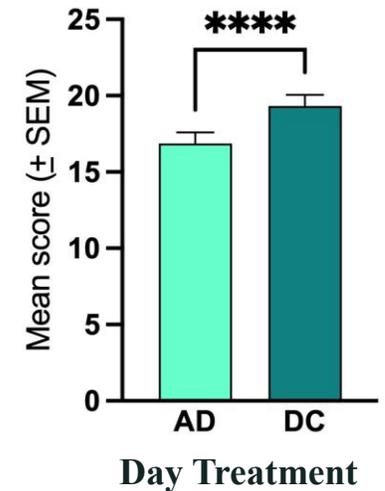
At discharge, most clients are walking independently with only mild impairments.

Data collected between May 2022 - December 2025; residential sample size = 56, $p < 0.0001$; Day treatment sample size = 130, $p < 0.0001$. We use the Functional Gait Assessment to measure walking ability. Scores range from 0-30; 30 represents normal walking.

Functional Gait Assessment



Functional Gait Assessment

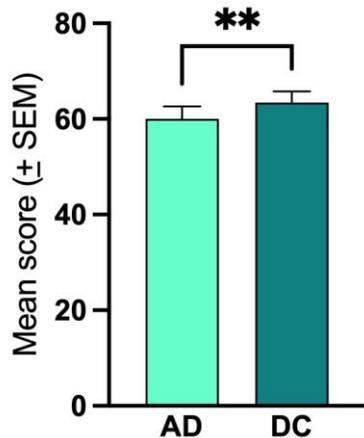


Clinical Outcomes –Traumatic Brain Injury

Activities of Daily Living (ADL)

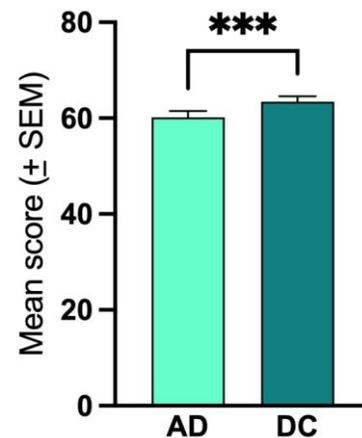
Clients experience a significant improvement in their independence with activities of daily living.

Activity of Daily Living Scale



Residential Program

Activity of Daily Living Scale



Day Treatment

- Using a new scale based on the Functional Independence Measure, our clients improved their independence with activities of daily living. These results suggest that on average, when clients are admitted to Casa Colina with a brain injury, they require supervision to complete ADLs such as bathing and feeding. At discharge clients are independent or modified independent.
- *Data collected between May 2022 - December 2025; residential sample size = 34, $p < 0.0019$; day treatment sample size = 78, $p < .0003$.*

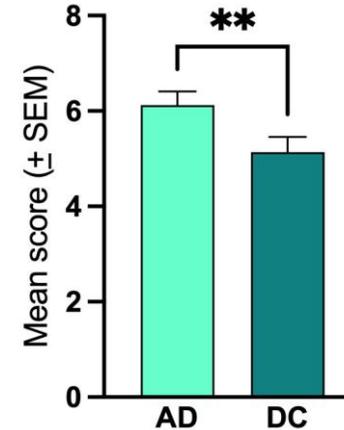
Clinical Outcomes –Traumatic Brain Injury

Increased Independence

Clients experience a significant decrease in the level of supervision they need, allowing them to return to their previous living environment.

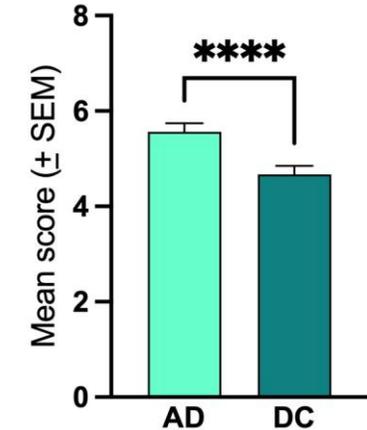
- On average when clients are admitted to Casa Colina with a brain injury, they require full time direct or indirect supervision. At discharge clients only require part-time supervision. This allows more of our clients to return home and participate in community activities.
- *Data collected between May 2022- December 2025; residential sample size = 60, $p < 0.0018$; Day Treatment Program sample size = 136, $p < 0.0001$. The Supervision Rating Scale measures the amount of supervision one may need from a licensed professional or caregiver. 10 = 24-hour supervision.*

Supervision Rating Scale



Residential Program

Supervision Rating Scale

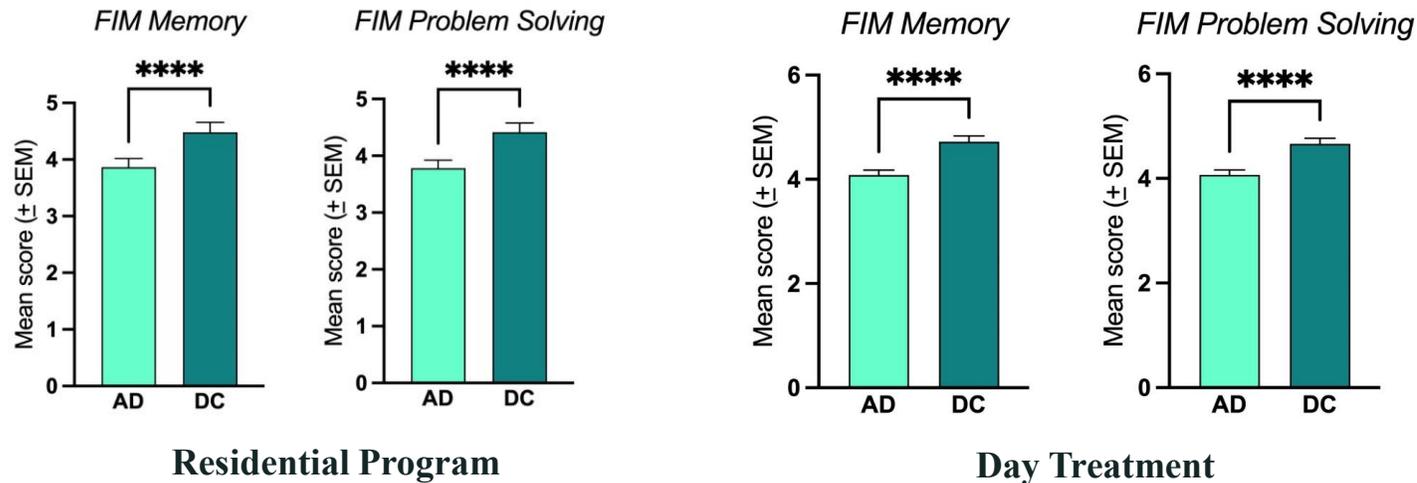


Day Treatment

Clinical Outcomes

Traumatic Brain Injury - Cognitive Changes

Clients experience significant improvements in their cognitive abilities, including memory and problem solving.



On average, we observe significant changes as clients go from requiring moderate to only minimal cues for memory and supervision for problem solving.

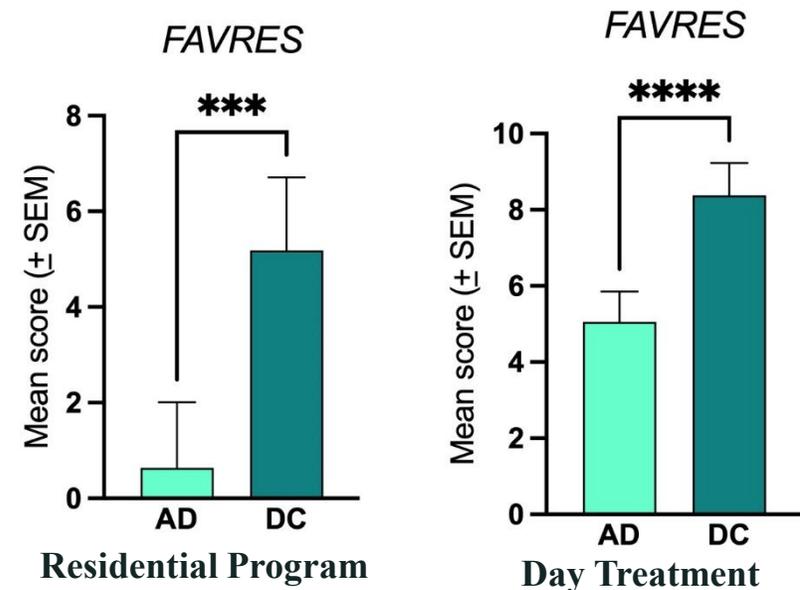
Data collected between May 2022- December 2025; Residential sample size = 57 (Memory), 58 (Problem Solving), $p < 0.0001$; Day Treatment Program sample size=137, $p < 0.0001$. We use the Functional Independence Measure to observe changes in problem solving and memory. 7= normal.

Clinical Outcomes

Traumatic Brain Injury - Cognitive Changes

Clients experience significant improvements in their cognitive abilities, including executive functioning.

- Client experience a significant improvement in functional cognition skills, including the ability to organize, plan, and interact appropriately in social settings.
- *Data collected between May 2022- December 2025; Residential sample size = 33, $p < 0.0007$; Day Treatment Program sample size = 89, $p < 0.0001$. We use the FAVRES Strengths and Weakness Checklist to observe changes in executive function. 22 = Maximum score.*



FAVRES Strengths and Weakness Checklist (Continued)

- Recent data analysis reveals that the FAVRES Strengths and Weakness Checklist can help guide clinical staff in determining whether a client is most appropriate for Building 5 or Building 8. *Data collected between May 2023- December 2025, n=119*

If FAVRES ≤ 5 → Refer to Building 8

Clients typically demonstrate:

- Reduced mental flexibility
- Slower information processing
- Higher need for environmental scaffolding
- Lower tolerance for complex, multi-step tasks

If FAVRES ≥ 6 → Refer to Building 5

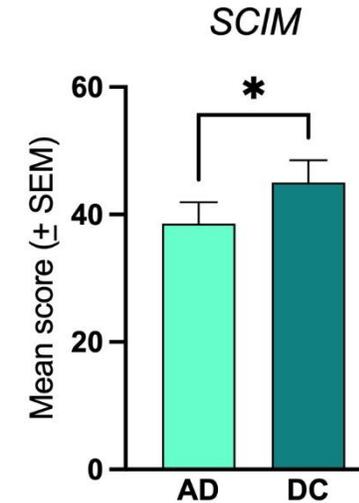
Clients typically demonstrate:

- Greater independence in executive processes
- Ability to learn and apply strategies
- Sufficient working memory to manage multi-step tasks
- Readiness for more cognitively demanding therapy tasks

Spinal Cord Injury- Mobility

Clients experience a significant improvement in their physical abilities, including walking.

- Upon admission our clients require maximal assistance to perform routine tasks. Upon discharge, clients demonstrate significant improvement in their physical abilities, including walking.
- *Data collected between May 2022- December 2025; Sample size=26, $p < 0.0172$. Using the Spinal Cord Independence measure we evaluate the level of assistance our clients need to perform daily routine tasks such as eating, bathing, dressing, breathing, bowel and bladder function and mobility. 100 = total independence.*



Clinical Outcomes

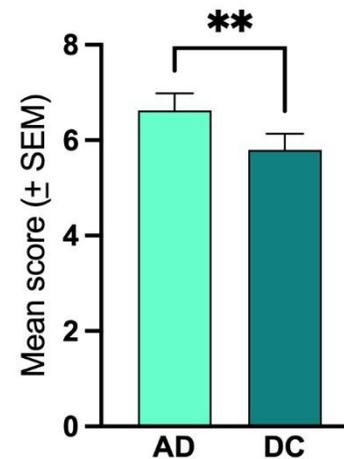
Spinal Cord Injury- Increased Independence

Clients experience a significant decrease in the level of supervision they need, allowing them to return to their previous living environment.

On average, when clients are admitted to Casa Colina with a spinal cord injury, they require full time, direct, or indirect supervision. At discharge, clients only require part-time supervision. This allows more of our clients to return home and participate in community activities.

Data collected between May 2022- December 2025; Sample size=24, $p < 0.0012$; The Supervision Rating Scale measures the amount of supervision one may need from a licensed professional or caregiver. 10 = 24-hour supervision.

Supervision Rating Scale



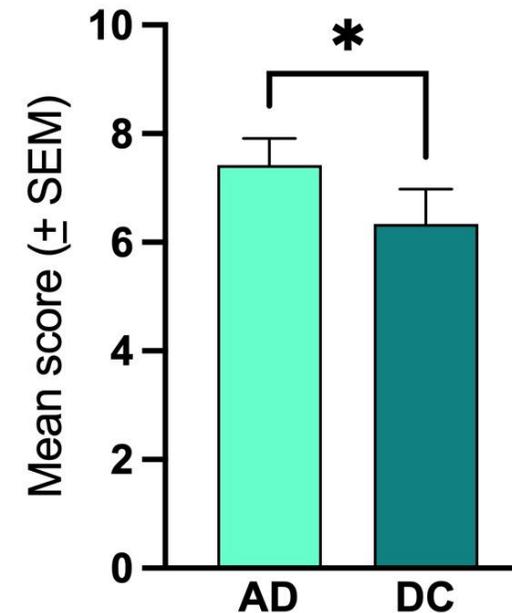
Clinical Outcomes

Stroke- Increased Independence

Clients experience a significant decrease in the level of supervision they need, allowing them to return to their previous living environment.

Data collected between May 2022 - December 2025; sample size = 12, $p < 0.0299$. The Supervision Rating Scale measures the amount of supervision one may need from a licensed professional or caregiver. 10 = 24-hour supervision.

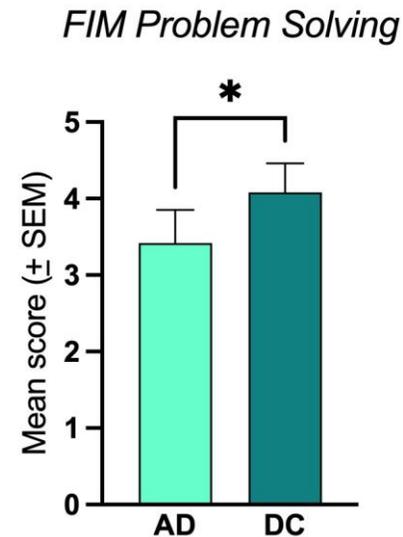
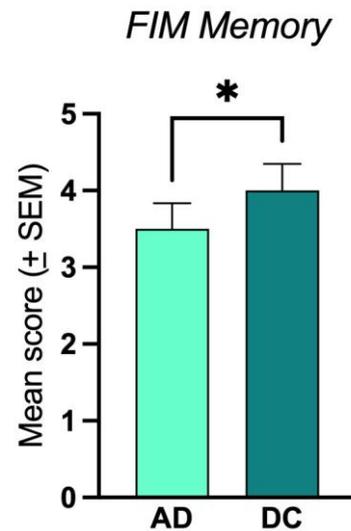
Supervision Rating Scale



Clinical Outcomes

Stroke- Cognitive Changes

Clients experience significant improvements in their cognitive abilities, including memory and problem solving.



On average, we observe significant changes as clients go from requiring moderate to only minimal cues for memory and supervision for problem solving.

Data collected between May 2022- December 2025; sample size = 12, Memory $p < 0.0261$, Problem solving $p < 0.0128$. We use the Functional Independence Measure to observe changes in problem solving and memory. 7= normal.

Client Satisfaction

Client were satisfied or highly satisfied with these aspects of care:

	Day Treatment N=7	Residential N=11
Physical Therapy	100%	91%
Occupational Therapy	86%	100%
Speech Therapy	86%	100%
Psychology	100%	91%
Physician	100%	91%