

Washington State Department of Social and Health Services

Transforming
Lives

REPORT TO THE LEGISLATURE

COMPREHENSIVE STATEWIDE PLAN

***Washington State Traumatic Brain Injury Strategic Partnership
Advisory Council | RCW 74.31.020***
January 15, 2023

Aging and Long-Term Support Administration
Home and Community Services / State Unit on Aging
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Introduction

The Washington State Traumatic Brain Injury (TBI) Strategic Partnership Advisory Council (TBI Council) in collaboration with the Department of Social and Health Services (DSHS) developed the TBI Comprehensive Statewide Plan pursuant to: [Chapter 74.31 RCW: TRAUMATIC BRAIN INJURIES \(wa.gov\)](#).

The TBI Council is comprised of 25 people, including members with TBI, members from the public and private sector, medical and human service professionals, family members and caregivers, and state agency representatives.

The council's mission is to strategically partner with, and advise, DSHS and other state agencies on resources, services, and systems that impact people with TBI, caregivers, service providers, and the residents of the state.

A traumatic brain injury (TBI) is an injury to the brain caused by physical trauma resulting from, but not limited to, incidents involving motor vehicles, sporting events, falls, and physical assaults. A TBI shall be of sufficient severity to result in impairments in one or more of the following areas: cognition; language memory; attention; reasoning; abstract thinking; judgment; problem solving; sensory, perceptual, and motor abilities; psychosocial behavior; physical functions; or information processing. The term does not apply to brain injuries that are congenital or degenerative, or to brain injuries induced by birth trauma. Acquired brain injury, stroke, or mental health issues with no TBI do not fall under this definition.

TBI can impact anyone anywhere. The planning, coordination, and delivery of services must consider diverse communities across the lifespan of an injury. Most common causes of TBI are falls, firearm injury, motor vehicle crash, or an assault.

Health Equity and Belonging

While anyone can experience a TBI, data shows that certain populations are more likely to die from a TBI or experience long-term health effects.

According to the Center for Disease Control (CDC), higher-risk groups include:

- Traditional marginalized racial and ethnic groups
- Service members and veterans
- People who experience homelessness
- People who are in correctional and detention facilities
- Survivors of intimate partner violence
- People living in rural areas

2019-2020 WA Department of Health (DOH) Data: TBI Emergency Room, Hospitalizations, and Deaths

- 13,000+ injuries and deaths from TBI combined
- Primary causes are falls, suicide, and motor vehicle crashes
- 3,000 cases of TBI for those over the age of 60 from fall injuries alone

Comprehensive Planning and Cornerstones

Comprehensive planning is a process to identify community goals and aspirations in terms of community development. The impact of TBI connects a unique community of professionals, practitioners, educators, advocates, caregivers, and people of all environments and experiences.

Community planning is a process to assess needs, gaps, barriers, and data. It connects government and community through strategic partnership and influence – ideally improving outcomes for everyone.

Healthy community planning goes a step further integrating evidence-based health strategies into planning, development, and decisions - creating sustainable quality of life and resilient communities.

The TBI Council believes both comprehensive, and healthy community planning, is needed to best serve the needs of our TBI communities in Washington state. Updated every two years, the Comprehensive Plan is a roadmap addressing the unique needs of residents impacted by TBI.

DSHS and the TBI Council are committed to supporting the TBI community by continually adjusting and evolving with data-driven planning, strategic partnerships and building a strong foundation that provides statewide support.

After 15 years, the TBI council's commitment to a strong future begins with establishing four key cornerstones that support strategic investment and collaboration for years to come. The reality of a strong foundation in statewide partnerships allows the work of prevention and addressing TBI in the state of Washington to expand, even in the face of limited resources. This continued commitment by the TBI Council is structured and focused into four cornerstones:

[Cornerstone: Institutional Awareness and Capacity](#)

Build commitment and responsiveness within City, County, and State government Executive, Legislative, Judicial branches, and state agency policy makers.

[Cornerstone: Strategic Partnerships and Advisement](#)

Engage in partnerships and learning to promote equity, belonging, and positive community norms for injury and violence prevention.

[Cornerstone: Professional Development and Workforce Transformation](#)

Expand learning opportunities for students, workforces, caregivers, and communities.

[Cornerstone: Community-Based Support and Resilience](#)

Increase awareness, prevention, outreach, recovery, and resilience around TBI, injury and violence, and resource partnerships development for greater access to community-based resources.

Cornerstone Plans are in the Appendix E - H.

CORNERSTONE FRAMEWORK

BUILD COMMITMENT and RESPONSIVENESS WITHIN GOVERNANCE INSTITUTIONS and LEADERSHIP

• INSTITUTIONAL AWARENESS and CAPACITY

• STRATEGIC PARTNERSHIP and ADVISEMENT

ENGAGE IN PARTNERSHIPS and LEARNING TO PROMOTE EQUITY, BELONGING, and POSITIVE COMMUNITY NORMS FOR INJURY and VIOLENCE PREVENTION



EXPAND LEARNING OPPORTUNITIES FOR STUDENTS, WORKFORCES, CAREGIVERS, and COMMUNITIES

• PROFESSIONAL DEVELOPMENT and WORKFORCE TRANSFORMATION

• COMMUNITY-BASED SUPPORT and RESILIENCE

INCREASE AWARENESS, PREVENTION, RECOVERY, and RESILIENCE AROUND TBI, INJURY and VIOLENCE, and ACCESS TO RESOURCES

EQUITY and BELONGING

Forecasting

Revenue

Comprehensive Plan activities are funded by the 12T-Traumatic Brain Injury Account, managed by DSHS. Revenue is generated by \$5 fee collected from traffic infractions.

- FY 21 – 22 - \$3.4M revenue deposited
- FY 22 - \$600K decrease in revenue collection
- FY 23 – 24 projected \$3 - \$3.2M, continued slowing in collection rates

The TBI account funds the mandated activities in RCW 74.31:

- Recommendations and policy in the statewide TBI comprehensive plan
- Information and Referral
- Public awareness campaign
- Support group opportunities; and,
- DSHS staff costs to support the TBI Council programs and projects

Information and Referral

Resource Allocation – 40% (approximately)

- Increase access and options via No Wrong Door partnerships
- Update and align Information and Referral services
- Education and training opportunities for providers, caregivers, and state agencies
- Integrate person-centered and trauma-informed practices

Public Awareness, Prevention, Equity, and Health Community Planning

Resource Allocation – 50% (approximately)

- Targeted universalism for greater community support not historically served
- Timely access to community-based information and resources
- Focus on health disparities from lack of access and awareness
- Representation in all communities and regional partner supports
- Support caregivers, paid and unpaid, from all community types
- Public Awareness, outreach and prevention efforts with statewide programs, projects, partnerships, and community events via funded and unfunded efforts
- Increase the scope and effectiveness of public awareness and outreach

Institutional Supports and Advisement

Resource Allocation – 10% (approximately)

- Partnership development and transitional support
- Commitment and responsiveness to the needs of caregivers and people with TBI
- Institutional program understanding and design to support expansion of system

FY 2021-2022 Accomplishments

Development of access to services and supports, professional workforce and caregiver resources and training, accessibility of information and materials, public awareness, and shared learning:

- Information and Referral Services
 - [Traumatic Brain Injury | DSHS \(wa.gov\)](#)
 - Pilot Navigation and Support Services
- Virtual Support Groups
- TBI intimate partner and domestic violence support materials for survivors and first responders
- TBI Strategic Partnership Advisory Council
 - Six TBI Council meetings, monthly Executive Committee leadership and guidance for Council efforts, monthly Pathways meetings to identify equity of access, navigating healthcare, partnership understanding and development. The Council partners with DSHS in a strategic advisory role.
- Department of Health (DOH) and Safe Kids Coalitions
- Department of Corrections (DOC)
- Department of Commerce
- Health Care Authority (HCA)
- Aging and Long-Term Support Administration (DSHS AL TSA)
- Division of Vocational Rehabilitation (DSHS DVR)
- Washington Department of Veterans Affairs (WDVA)
- Department of Children, Youth, and Families (DCYF)
- Office of Superintendent of Public Instruction (OSPI)
- University of Washington (UW) TBI Behavioral Health ECHO Training Program
- University of Oregon (UO) Center for Brain Injury Research and Training (CBIRT)
- Building Capacity: Brain Injury Workshop Series
- TBI Skill Builder
- TBI Capable Caregiving for Traumatic Brain Injury

Appendix A

TBI Council Members

MEMBER	BOARD POSITION
Vacant	Native American Tribe in Washington State
Tracy Kahlo	Non-profit organization serving individuals with TBI
Vacant	Non-profit organization serving individuals with TBI
Maureen Mahannah	Individual with expertise working with children with TBI
Vacant	Physician with experience working with individuals with TBI
Dr. Glenn Goodwin	Neuropsychologist with experience working with persons with TBI
Lee Collyer	Social worker with experience working with persons with TBI
Molly Robertson	Rehabilitation Specialist with experience working with TBI
Julia Terlinchamp	Individual with TBI
Amber Medina	Individual with TBI
Montana Johnston	Family member of individual with TBI
Vacant	Family member of individual with TBI
Nick Mehrnoosh	Public with experience with issues related to TBI
Dr. Amanda Kersey	Public with experience with issues related to TBI
Dana Allard-Webb	Department of Social Health Services
Teresa Claycamp	Division of Behavioral Health and Recovery
Jismy Chorath	Aging and Long-Term Support Administration
Vacant	Division of Vocational Rehabilitation
Dr. Will Hitchcock	Department of Health
Sheriden Roberts	Department of Corrections
Trisha Benshoof	Department of Child, Youth and Families
Cecil Daniels	Department of Commerce
Heather Bahme	Washington Department of Veterans Affairs
Vacant	Washington National Guard
Vacant	Disability Rights of Washington

Appendix B

TBI Council Staffing Plan and Recommendations

Position	Duties
TBI Council and Fund Coordinator	<ul style="list-style-type: none">• Manage and coordinate TBI Council activities.• Develop, coordinate, and monitor policy, procedures, and services for persons with TBI, and support networks.• Implement, within appropriated funds, the recommendations in the Comprehensive Plan.• Monitor information, referral, resource services and support groups.• Oversee contract budget, procurement, and management related to the TBI Council activities.
TBI Council Project Manager	<ul style="list-style-type: none">• Further the statewide TBI Comprehensive Plan.• Design, develop and implement program and project strategies.• Monitor program and project outcomes and objectives to ensure contractual requirements are met.• Develop community-based projects to include prevention and awareness, information, and resources.• Engage partners to support TBI resources and state agencies services, using the No Wrong Door Model.
TBI Council Assistant	<ul style="list-style-type: none">• Provide support to the TBI Council with information, meetings, correspondence, materials, scheduling, outreach, data-tracking, and partnership relationships.• Work closely with the TBI Coordinator to set priorities and achieve council goals and objectives.

Staffing Recommendations

- Title Change: TBI Council and Fund Coordinator to TBI Council Manager
 - Aligns with Boards and Commissions terminology and various state agency staff positions and structure, leads the Council and Team accomplishments, organizational process development.
- The Council has developed and approved an ideal staffing plan based on the comprehensive plan cornerstones, goals, and future desired outcomes. This staffing plan will be implemented as funding allows and adjusted as needed.

Appendix C

TBI Strategic Partnership Advisory Logic Model

TBI STRATEGIC PARTNERSHIP ADVISORY LOGIC MODEL

Target Population: People with Traumatic Brain Injury (TBI), providers, caregivers, institutions, & communities.

Goal: Achieve Requirements of RCW 74.31.

The statute recognizes that current programs & services are needed to support the diverse needs of the TBI community. This is done through data-driven & stakeholder-informed strategies & comprehensive planning to identify & address needs, gaps, & barriers in services, supports, & resources. The TBI Strategic Partnership Advisory Council works in conjunction with partners, stakeholders, workforces, and community groups to provide recommendations on service system access, barriers, improvements, & outcomes.

Current programs & services include but are not limited to Information & Referral (I&R), Resource Directory, Support Groups, Outreach & Awareness, Research, & Strategic Partnerships among agencies, organizations, stakeholders, communities, advocates, & leaders.



TRAUMATIC BRAIN INJURY
Strategic Partnership Advisory
Council of Washington State

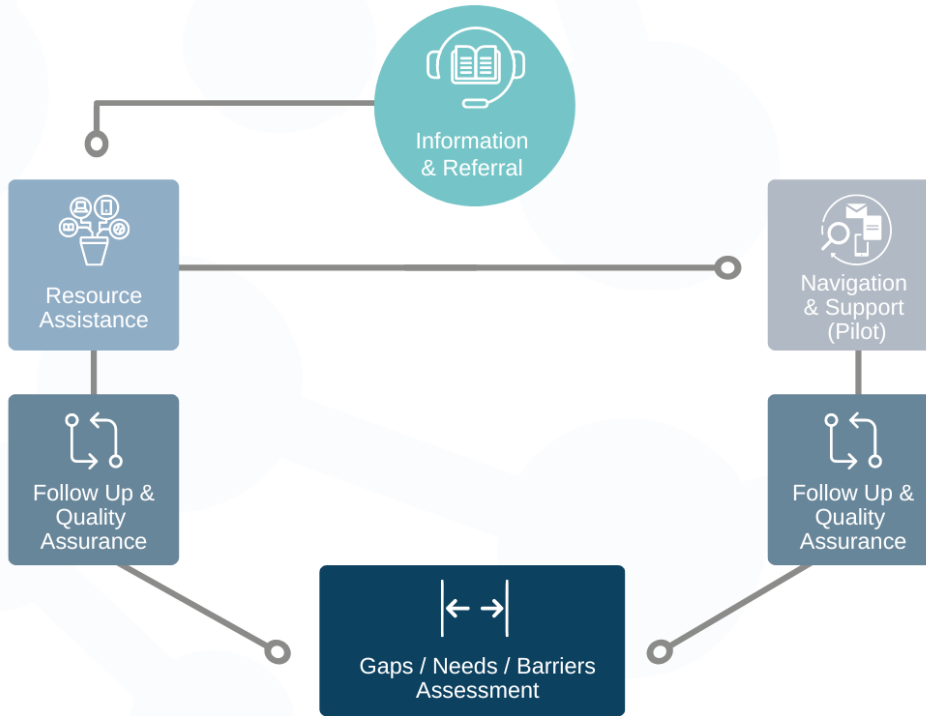
Objectives (What target will be able to do/say/feel, etc., after I&R)	Resources (What you have or need to do I&R)	Activities (What you do to make I&R happen)	Outputs (What you produce or deliver as part of I&R)	Outcomes (Target changes immediately, after I&R within 1-2 years)	Long-term Impact (Target changes after longer time since I&R, 2+ years)
<p>People will have access to information & resources.</p> <p>People will be able to get what they need when they need it.</p> <p>People will gain awareness & information about TBI, clarity of & access to available resources, & supports.</p> <p>People will be informed & empowered to prevent & avoid TBI & other injuries.</p> <p>The I&R System will be able to show return on investment (ROI) for activities & services provided.</p>	<p>An integrated system of functions designed to assist people with TBI or their support network to identify, understand, & effectively access resources available to the state.</p> <p>Increase strategic partnerships & targeted outreach to message access to service & value of service.</p> <p>Regional partners work with local 2-1-1 call centers to handle calls for 2-1-1 callers, per contractual agreement, statement of work, etc.</p>	<p>Information & Referral (I&R), Outreach & Awareness, additional screening & eligibility support, Follow-up & Quality Assurance; TBI Council, partnerships & other stakeholders; Curriculum & content development for training & education.</p> <p>Maintenance of resources to meet community needs in I&R, Outreach & Awareness, TBI Screening (if required), Follow-up & Quality Assurance; TBI Council, stakeholder, & partnership operations, coordination, & communications.</p>	<p>I&R services may range from simple provision of requested information to helping identify needs & providing hands-on assistance with paperwork if needed; service delivery options may include telephone, in-person, email, & virtual options.</p> <p>Ongoing strategic partnerships & awareness campaigns, such as Falls Prevention, Safe Kids, Traffic Gardens, virtual support groups, & targeted workforce development events.</p>	<p>People will have greater access to lower-level services before higher-level services, which will prove the need for additional upstream investments in frontline I&R work.</p> <p>A more trauma-informed & TBI-responsive workforce at all levels in communities, organizations, & institutions.</p> <p>Outcomes include types & amount of service needs, timely solutions to barriers, & accurate data on limitations of existing services & systems.</p>	<p>As more people access resources & gain awareness sooner, the need for higher-level services can be reduced, & people will be empowered to prevent TBI & not delay resource assistance, screening, and treatment.</p> <p>Our workforces & communities will become more trauma-informed & use best practices in alignment with practice & data collection standards.</p> <p>The I&R System will be able to show ROI for its activities & services provided.</p>

TBI STRATEGIC PARTNERSHIP ADVISORY LOGIC MODEL – Page 2

INPUTS	OUTPUTS		OUTCOMES	
Investments: What We Invest	Activities: What We Do	Participation: Who We Reach	Short-Term Impact (1-3 years)	Long-Term Impact (7-10 years)
<p>TBI Staff Time</p> <p>DSHS Program Managers</p> <p>DSHS Administrations & Supporting Systems</p> <p>12T Account Funding Coordination & Accountability</p> <p>Program & Project Oversight</p> <p>TBI Council & Pathway Participation</p> <p>Materials & Equipment</p> <p>Strategic Planning</p> <p>Strategic Partnerships</p>	<p>Communication & Marketing:</p> <ul style="list-style-type: none"> Information & Referral Community Resources & Directory Public Awareness & Outreach <p>Professional & Workforce Development:</p> <ul style="list-style-type: none"> Integration of trauma-informed care, person-centered approaches, & evidence-based best practices Injury & violence prevention awareness Resource access & awareness Translation of materials & resource info Event planning, resource distribution & demonstration, & coordination (conferences, trainings, workshops, podcasts, support groups, & local events, traffic gardens, research, etc.) <p>Services & Service Delivery:</p> <ul style="list-style-type: none"> I&R System update and aligned Resource Support Pilot Navigation and Support Resource Database Reduce siloes, lack of data, gaps, and barriers Engage Strategic Partnerships <p>Management & Monitoring:</p> <ul style="list-style-type: none"> Quality Assurance of Services & Best Practice Standards for the TBI Community Ensure Contractual Compliance Required to Provide Services Responsibly & Effectively 	<ul style="list-style-type: none"> TBI Community Healthcare & Medical Providers & Institutions Social & Human Services Aging & Disability Networks Home Care Organizations Residential Facilities Community-Based Resources I&A / I&R Systems Educators & Schools Family & Caregivers General Public & Community <ul style="list-style-type: none"> I&R Contracted Services DSHS ALTA Home & Community Services (HCS) Community Living Connections (CLC) Area Agencies on Aging (AAAs) & Aging & Disability Resource Centers (ADRCs) Washington Connection 	<ul style="list-style-type: none"> Clearer Access to Expanded Options & Resources Aligned & Streamlined Process Data for Research & Comprehensive Planning Purposes Better Understanding of Return on Investment (ROI) Ability to Identify & Address Needs, Gaps, & Barriers Timely System Improvements Increased Partnerships Targeted Equitable Access & Awareness 	<ul style="list-style-type: none"> Reduction & removal of identified gaps & barriers Increased stakeholder & community engagement Awareness & understanding developed in workforce & partners to better support people with TBI Greater public presence Larger I&R resource options Increased level of understanding in all parts of TBI programs & projects Positive impact to health equity statewide

Appendix D

Information and Referral Process



Information and Referral (I&R)

People will have access to information and resources to assist in getting what they need when they need it. This enables an informed and empowered set of options that is best for the individual. It provides additional supportive information, materials, and services on a local, regional, and state level through public and private organizations.



Resource Assistance

Assist people and their support network to identify understand and effectively access resources available to the state. This ranges from simple requested information to helping identify needs and providing hands-on assistance with options, paperwork, and needs assessment. Service delivery may include telephone, email, virtual assistance, text, and in-person. Provide great access to lower-level services before higher-level services.



Navigation and Support (Pilot Program)

Provides the person with short-term navigation and support for those people that fall outside of the public, private and local resources. The challenges are identified, and assistive supports are built with the person to make the connection and warm transfer.



Follow Up and Quality Assurance

Follow-up with person that connection was made and identify general direction of their resource plan. Remind them to contact again if additional supports or needed.



Gaps / Needs / Barriers Assessment - Review

Review I&R and Pilot – Navigation and Support data and reporting, to strengthen services, programs, and projects. Making data-driven and informed stakeholders for system inputs and upgrading for change



TRAUMATIC BRAIN INJURY

Strategic Partnership Advisory
Council of Washington State

Appendix E

Cornerstone: Institutional Awareness and Capacity

Build commitment and responsiveness within governance institutions and leadership

STRATEGIES:

1. Promote person-centered, trauma-informed practices within public service sector to support workforces, communities, and all types of caregivers.
2. Advocate for awareness, capacity-building, and investments targeted to supporting caregivers and TBI.
3. Explore use of equity tools in comprehensive planning and related processes.
4. Fund research on lived experiences to build understanding of TBI community, services and barriers, gaps and opportunities, intersections, and health equity impacts.
5. Use a targeted universalism approach, which means supporting the needs of target groups, like caregivers, while maintaining universal access and belonging for all.
6. Continue activities with intersectional partners to advocate for, pilot, stabilize, and model TBI supports and transitions within state correctional and other facilities.
7. Explore legislative and judicial responses to the identified barriers to report and serve those impacted by TBI.
8. Advance TBI Council pathway workgroup priorities to inform system improvements, support caregivers, and raise awareness to the value and impact of TBI caregivers.
9. Participate in Contracts Monitoring workgroup and learning with internal partners.
10. Build outreach, workforce development, and supportive information for public service within city, county, and state institutions.

RATIONALE:

*Due to the nature of health and social service systems, **investing in and integrating person-centered and trauma-informed practices is critical** to build public awareness and capacity for people with TBI, caregivers of all types, providers and practitioners, and the broader community. Institutional awareness, organizational change, and capacity building are needed to address **health equity** concerns for the TBI community and **intersectional** groups.*

*There is a need for **targeted investments** to certain groups and efforts, as well as a need for **universal access** across the state and all communities, in a variety of environments.*

*One such environment is found within state **prisons**, where data shows a much higher rate of TBI amongst those who are and have been incarcerated than is found in the general community. There may also be a higher risk and/or rate of injury for the workforce.*

***Investing in and supporting caregivers**, whether family or not, whether paid or unpaid, is necessary to care for and support people with TBI and their providers. It is important for the TBI Council in its **strategic partnership advisory** role to **advocate for caregivers** at the **institutional leadership** level to build **commitment and responsiveness to the needs of those caregivers and people with TBI**.*

MEANINGFUL PROGRESS:

The TBI Council and DSHS are working collaboratively to develop and measure desired outcomes around planning, programming, projects, goal setting, strategies, and other activities to be used for ongoing internal and external reporting of progress.

Appendix F

Cornerstone: Strategic Partnership and Advisement

Engage in partnerships and learning to promote equity, belonging, and positive community norms for injury and violence prevention

STRATEGIES:

1. Grow and develop TBI Council work with strategic advisory partnership and guidance of DSHS.
2. Target outreach and support to groups, communities, providers, and caregivers experiencing health disparities and inequities.
3. Consult with key partners to explore and integrate equity and belonging framework and equity tools.
4. Elevate, advocate for, and address TBI priorities for incarceration, recidivism, reentry, transitional supports, impacted family and caregivers, health equity, and building value case to show multi-system return on investment (ROI).
5. Collaborate with and support local Safe Kids coalitions via funding, coordination, and resourcing.
6. Support statewide traffic safety efforts with local Target Zero linkage and resourcing.
7. Participate in relevant and intersectional workgroups to support TBI-responsive solutions and decisions.
8. Conduct ongoing and collaborative comprehensive planning process that involves caregivers and stakeholders of all types.
9. Build and adjust public awareness outreach plans with Community partners (funded and unfunded) and contracted partners. That support Council efforts and projects that provide information, referral, resources, and prevention materials / information.

RATIONALE:

*Based on CDC data, certain groups and demographics are more likely to get a TBI, and more likely to experience health **disparities from lack of access, awareness, quality care, and other factors** out of the person's control. Priority groups for strategic **partnership and advisement** include but are not limited to these **high-risk groups, caregivers, providers, practitioners, and communities** of all types.*

***Strategic advisory partnerships** are needed to raise **awareness, advocacy, learning, and solutions** to address health equity concerns for the **TBI community, caregivers, and intersectional groups**. A **key priority is advocating for and messaging the value of caregivers**, whether family or not, whether paid or unpaid.*

*Another priority intersection and impact point is found within state **prisons**, where data shows a much higher rate of TBI amongst those who are and have been incarcerated than is found in the general community. Another critical intersection is found within **schools**, where a new **Student Head Injury Concussion Reporting** mandate (House Bill 2731) exists, which has increased advisory partnership opportunities in school environments and workforces.*

MEANINGFUL PROGRESS:

The TBI Council and DSHS are working collaboratively to develop desired outcomes around planning, goal setting, strategies, and other activities to be used for ongoing internal and external reporting of progress.

Appendix G

Cornerstone: Professional Development & Workforce Transformation

Expand learning opportunities for students, workforces, caregivers, and communities

STRATEGIES:

1. Promote person-centered, trauma-informed practices amongst students, workforces, caregivers, and communities of all types.
2. Engage and learn with workforce development groups on intersections with TBI, cognitive diversity, behavioral supports, and value of investments in workforce and caregivers.
3. Work with state prisons and partners to elevate and address TBI priorities for health equity, incarceration, reentry, recidivism, transitional supports, and impacted caregivers.
4. Explore and understand how equity tools can be used in planning, design, implementation, evaluation, and other activities to reduce disparities and promote health equity.
5. Identify, engage, and target support to key access points for info, assistance, and referral.
6. Engage and outreach learning opportunities to first responders, law enforcement, criminal justice, and corrections entities.
7. Support a wide range of learning options for learners and caregivers of all types across regions, industries, and sectors.
8. Promote continuing education opportunities for educators, school faculty, and students at all levels of learning.
9. Increase language access and cultural relevance of existing and future learning opportunities and materials.

RATIONALE:

*We know that to support **people with TBI**, we must support **caregivers, families, and communities** as well. One way to do that is through professional and workforce development efforts to build awareness, skills, capacity, and resources that are more responsive to people with TBI and caregivers.*

***Person-centered and trauma-informed practices** are key in the transformation and development of skills in those who are supporting people with TBI, as well as **caregivers, providers, employers, educators, and others in the communities and environments** where people work.*

*One such environment is found within **state prisons**, where data shows a much higher rate of TBI amongst those who are and have been incarcerated than is found in the general community.*

*There is a need for **targeted investments** in professional and workforce development resources, trainings, and technical assistance to certain groups and efforts, such as with **law enforcement and first responders**, as well as a need for **universal access and outreach to all workforces, professionals, and communities of practice**.*

*More information is being gathered on **languages** spoken and other **communication gaps and cultural awareness** relevant to, and necessary for, effective professional development and workforce transformation.*

MEANINGFUL PROGRESS:

The TBI Council is developing desired outcomes based on what is meaningful progress regarding the planning, goal setting, strategies, and other internal details to be used for ongoing internal and external reporting of progress.

Appendix H

Cornerstone: Community-Based Support and Resilience

Increase awareness, prevention, recovery, and resilience around TBI, injury and violence, and access to resources

STRATEGIES:

1. Target universally accessible supports to groups and environments most impacted by TBI, most at-risk of TBI, and most at-risk of health disparities connected to TBI.
2. Explore use of equity tools in engagement and outreach activities to ensure that groups experiencing disparities and a higher risk of TBI are represented.
3. Update and align TBI-responsive I&R services to best practices and industry standards.
4. Support community learning and development to further health equity via safety equipment resourcing, traffic garden development, and other collaborations as defined by the community or local coalition.
5. Engage re-entry and Corrections stakeholders and key partners in strategic planning and coordination to improve outcomes, increase health equity, and reduce recidivism.
6. Improve outreach and engagement materials and methods based on stakeholder and community input.
7. Expand virtual support group options in public and institutional settings.
8. Increase language access and cultural relevance of existing and future resource materials and events.
9. Build relationships and partner with agencies and groups specialized in providing support and healthcare for refugee, immigrant, and asylum-seeking communities.
10. Leverage public awareness and outreach efforts in community groups for expansion of sharing information and materials. Further expanding the reach of TB Council efforts.

RATIONALE:

Community-based support is key for building **TBI relationships, access, connections, resources, and resiliency** statewide. Based on CDC data, certain groups and communities are more likely to get a TBI and more likely to experience health **disparities** from **lack of access, awareness, quality care, and other factors** out of the person's control. Priority groups for community-based support and resilience work include and target (but are not limited to) these **communities and their caregivers, providers, students, and environments**.

While there is a need for **targeted investments** to certain groups and efforts, there is also a need to ensure and **maintain universal access** across the state and for all types of communities. One such community is found within state **prisons**, where data shows a much higher rate of TBI amongst those who are and have been incarcerated than is found in the general community.

A key priority in the work to ensure **timely access to community-based resources** is found in the updating and aligning of **Information & Referral (I&R)** to AIRS Standards, as well as integrating with **person-centered and trauma-informed (PCTI) practices**. These efforts require working closely with **regional and local access points** to provide I&A/R, pilot resource navigation services, collecting and analyzing data for quality assurance and outcomes reporting, and building business case to demonstrate the value of community-based access points and informed practices **for people with TBI and caregivers**.

MEANINGFUL PROGRESS:

The TBI Council and DSHS are working collaboratively to develop desired outcomes around planning, goal setting, strategies, and other activities to be used for ongoing internal and external reporting of progress.

Appendix I

Relevant projects, Activities, and Methods for Intersectional Strategies

- [National Center on Advancement of Person-Centered Practices & Systems](#)
- [Person-Centered Trauma-informed | Administration for Community Living](#)
- [TBI Level 1: Capable Caregiving for Brain Injury | TBI Council](#)
- [Staff TBI Skill Builder | UO CBIRT](#)
- [Return to School WA | UO CBIRT](#)
- [In the Classroom after Concussion | UO CBIRT](#)
- [TBI Events Portal | UO CBIRT](#)
- [Research & Data Analysis | UO CBIRT](#)
- [Building Capacity Brain Injury Workshop Series & Library | UO CBIRT](#)
- [Understanding Current Policy, Legislation, & Advocacy | UO CBIRT](#)
- [TBI Behavioral Health ECHO | UW](#)

- [Alliance of Information & Referral Services \(AIRS\) Standards](#)
- [AIRS Learn | AIRS](#)
- [211 | Washington 211](#)
- [Office of Equity | WA State](#)
- [Targeted Universalism | UC Berkeley Haas Othering & Belonging Institute](#)
- [Equity Impact Review Tool | UW Medicine](#)
- [Equity Zones Initiative | WA Dept of Health](#)
- [Healthy Community Planning | Tacoma-Pierce County Health Dept](#)
- [Health-in-all-Policies | Tacoma-Pierce County Health Dept](#)
- [Think Cultural Health | Culturally & Linguistically Appropriate Services](#)
- [Principles For Equitable Public Outreach & Engagement During Covid-19](#)
- [Shared Risk & Protective Factors Framework | WA Dept of Health](#)
- [Office of Refugee & Immigrant Assistance](#)
- [ALTSA Tribal Affairs](#)
- [Promoting Positive Community Norms | CDC Essentials for Childhood](#)

- [Pilot Program at Stafford Creek to Identify & Help with TBI | Dept of Corrections](#)
- [TBI in Corrections | Brain Injury Association of America](#)
- [Traumatic Brain Injury in Corrections | UW](#)

- [Health Disparities and TBI | Concussion | CDC Injury Center](#)
- [Traumatic Brain Injuries | Washington State Department of Health](#)
- [Brain Injury Advocacy Toolkit | Brainline](#)

- [Traumatic Brain Injury | DSHS \(wa.gov\)](#)
- [TBI-Specific Content Development & Dissemination | TBI Council](#)
- [WA State TBI Strategic Partnership Advisory Council](#)
- [Virtual Support Groups | HeyPeers](#)
- [WA State Safe Kids | WA Dept of Health](#)
- [Student Head Injury Concussion Reporting | Dept of Health](#)
- [Health Youth Survey | Dept of Health](#)
- [Target Zero | WA State Traffic Safety Commission](#)
- [Safe Routes to School | City of Tacoma](#)