

**REPORT TO THE LEGISLATURE**

**Washington State Traumatic Brain Injury  
Strategic Partnership Advisory Council  
Comprehensive Statewide Plan  
SFY 2022-2023**

RCW 74.31.020  
January 15, 2021

Aging and Long-Term Support Administration  
PO Box 45600  
Olympia, WA 98504-5600  
(360) 725-2272

<https://www.dshs.wa.gov/altsa/traumatic-brain-injury/traumatic-brain-injury-tbi-resources-washington-state>

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## Executive Summary

The Washington State Traumatic Brain Injury (TBI) Strategic Partnership Advisory Council (TBI Council) and the Department of Social and Health Services (DSHS) have collaborated to develop the TBI Comprehensive Statewide Plan pursuant to Chapter 74.31 RCW.

The Comprehensive Plan is updated and sent to the Legislature every two years and is used as a roadmap to address the unique needs of Washington state citizens living with, or affected by, TBI. The COVID-19 pandemic has had a significant impact on TBI programs, projects and future plans and those impacts are identified within this Comprehensive Plan.

The Comprehensive Plan recommendations are based on primary categories and focus areas, referred to as Pathways. A Pathway refers to the different journeys individuals with TBI and their caregivers take to continue life after a TBI. The goals of each Pathway are to (1) identify key entry points for caregivers and individuals with a TBI, (2) to find sustainable solutions to improve current resources; and (3) identify potential future programs and projects.

### Primary Recommendations:

- Build upon activities outlined in [Chapter 74.31 RCW](#)
- Maintain Information, Referral and Resource Services, Public Awareness, TBI-related Support Groups and activities of the Council
- Provide education to the medical community, first responders, corrections officers, housing / employment service providers, independent living centers, and educators
- Establish new partnerships within public and private sectors, tribal governments, and others to develop integrated services; and
- Empower self-advocacy through a person-centered planning approach

### Pathway Recommendations:

#### Return to Learn (RTL):

- Provide WA state schools toolkits and training for assisting students to RTL
- Pilot online course “In the Classroom” for educators across the state
- Develop a TBI resource center for schools, students, and educators

#### Independent Living (IL):

- Build resource guides and materials for successful independent living
- Develop resources for Department of Corrections
- Develop and define social service programs entry points and barriers

#### Return to Work (RTW):

- Develop access points within various employment programs
- Provide educational materials to employment agencies and programs

## Background

The Comprehensive Plan is updated and sent to the Legislature every two years and is used as a roadmap to address the unique needs of Washington state citizens living with, or affected by, TBI. The goal is to offer recommendations for statewide efforts to coordinate and continue services for those living with the impact of traumatic brain injuries.

The mission of the TBI Council is to advise and work in collaboration with DSHS and other stakeholders on the best ways to create and provide an array of coordinated, accessible services and supports that promote quality of life for all individuals with TBI, their families, and caregivers. The TBI Council is composed of 25 members from the public and private sector and includes individuals with TBI, medical professionals, human service providers, family members of individuals with TBI, caregivers serving individuals with TBI, and state agency representatives.

TBI is a public health issue in Washington state. A TBI may be caused by a bump, blow, jolt to the head, or a penetrating head injury that disrupts the normal function of the brain. Not all blows or jolts to the head result in a TBI. The severity of a TBI and the resulting impacts may range from “mild” (i.e. a brief change in mental status or consciousness) to “severe” (i.e. an extended period of unconsciousness or memory loss after the injury).

According to the 2014 Surveillance Report of Traumatic Brain Injury-related Emergency Department Visits, Hospitalization, and Deaths published by the Centers for Disease Control and Prevention (CDC), the United States saw about 2.87 million TBI-related emergency department visits, hospitalizations and deaths with over 837,000 of these events from children age 17 or younger. During 2015 alone, Washington saw 6,263 new cases of TBI. Falls, suicide, and motor vehicle crashes were the most common causes of TBI, accounting for just over 80% of all TBIs in Washington.

The legislation created the 12T-Traumatic Brain Injury Account in the state treasury, managed by DSHS. In State Fiscal Years (SFY) 2019-2020, approximately \$3.1 million dollars was deposited into the account. Revenue in the account is generated by a five-dollar fee collected from traffic violations.

Based on predictions from the new increase of fees in SFY 2020, biennium collection could be \$5.0 million. The TBI account funds the mandated activities in RCW 74.31:

- Information, referral, and resource services
- Public awareness campaign
- TBI Support Group opportunities
- Goals and policy in the statewide TBI comprehensive plan; and,
- DSHS staff costs to support the council programs and projects

The COVID-19 pandemic has brought in a lower than expected collection rate due to less vehicle travel resulting in less traffic violations.

### **Council Accomplishments in SFY 2019-2020**

DSHS and the TBI Council worked diligently over the past two years to accomplish foundational activities in support of short and long-term vision, goals and policies. The tremendous amount of work, effort, ideas, shifting priorities and projects continued even under the significant changes required due to the COVID-19 pandemic. The accomplishments below are only a small part of a larger mosaic of activities:

#### Achievements and partnerships during this timeframe:

- Enacted TBI Domestic Violence (DV) Legislation (SHB 1532), a set of self-screening tools, provider / shelter screening tools and information about DV organizations have been added to the DSHS TBI website. The project went even further with development of screening tools in both English and Spanish. These tools were sent to Law Enforcement and Fire Authorities across the state;
- Partnered with Department of Children, Youth and Families (DCYF) in conducting an evaluated, researched report to the Legislature (SHB 1605) on the impacts, potential, barriers, and possibilities for a screening tool for children entering the foster care system. DCYF submitted this report in December of 2019;
- The Brain Injury Alliance of Washington State (BIAWA) provided information, referral and resource assistance to over 22,000 callers and 111,300 web-based searches. In SFYs 2019-2020, they also provided assistance, outreach, one-on-one person-centered planning, goals establishment and support to over 680 individuals, to include youth and pediatric support;
- Funded support group efforts across platforms for both virtual and in-person in order to expand efforts geographically and reach rural areas. Support groups emphasize education and interpersonal support and are based on the concept that a person-centered approach can empower an individual's life. A standardized Community Facilitator Program was developed to better prepare facilitators conducting support groups. COVID-19 brought a necessary change to an all virtual support group setting, increasing coverage across the state, to include rural areas;
- A redesign of the TBI website and addition of supportive materials was completed ([www.dshs.wa.gov/altsa/traumatic-brain-injury](http://www.dshs.wa.gov/altsa/traumatic-brain-injury)). The materials provide education, advocacy, research and information. Many of these materials are now available in Spanish versions as well;

- Also available on the TBI website [www.dshs.wa.gov/altsa/traumatic-brain-injury](http://www.dshs.wa.gov/altsa/traumatic-brain-injury), are TBI informational short videos that help explain “What is a TBI?”, “Person-Centered Planning,” and three videos based on the Pathway plans that also identify some potential “front doors” to help educate and offer self-advocacy and empowerment to individuals with TBI and their families;
- Collaborated with University of Oregon Center on Brain Injury Research and Training (CBIRT) on nationally-recognized TBI education programs for development of Return to Learn Brain Injury Management Toolkits (BMIT) and training course “In the Classroom”. Efforts include a Return to Learn protocol for students returning to academic activities after a TBI;
- Collaborated with University of Washington in sponsoring a successful TBI conference in 2019 in Spokane, WA. Additional outreach and informational sessions were conducted with partners at Eastern Washington University and St. Luke’s Medical Regional Hospital during TBI events in eastern WA;
- Designed and delivered the final pilot and statewide rollout of the TBI Level 1 Capable Caregiving for Brain Injury course. The course was provided to over 30 classes and over 600 participants across the state, building the knowledge, skills, and abilities of caregivers, providers, and families;
- Collaborated with WA State Criminal Justice Training Center (WSCJTC) in providing a statewide TBI course for Law Enforcement (LE) that teaches skills and understanding when working with people who have a TBI. Over 90% of the state LE Officers have participated in the training through the WSCJTC;
- Designed and collaborated with WA Department of Health (DOH) and Seattle Children’s Hospital Safe Kids on a statewide coalition campaign. Over 50 live events were cancelled due to COVID-19 limitations, but information sharing and training events were conducted;
- Partnered with DSHS’ Tribal Affairs staff in the development of semi-annual tribal events and conducted numerous TBI caregiver training and outreach events;
- Funded and collaborated with Department of Veterans Affairs (WDVA) TBI Program. WDVA participated in 22 conferences/summits, conducted over 65 training events, and provided outreach to over 2,000 individuals. The “Max Impact” phone app had over 4,000 users accessing tools for TBI;
- Designed and collaborated with Department of Corrections (DOC) TBI Task Force in the development of TBI-specific training, virtual support group opportunities, resources for support prior to release, and community corrections training events.

## **Vision of a Comprehensive Statewide TBI System**

DSHS and the TBI Council recognize that a multi-year strategy is necessary to achieve the long-term vision for improving the experience for persons living with a TBI in Washington state. The information presented in the Comprehensive Plan are short-term goals that will build the long-term vision for a system characterized by:

- Public and private efforts in public awareness and prevention for all age groups;
- Cultural competence in TBI services and programs, outreach to underserved populations and groups;
- Effective intervention for children and youth, including a statewide Concussion / TBI Return to Learn program;
- Employer and employee education programs through Return to Work;
- Coordination of services across public and private human service systems;
- Independent living information, transitional supports and supportive program sharing for individuals with TBI and their family members.

## **Foundations for Recommendations**

In making these recommendations for a Comprehensive Plan, DSHS and the TBI Council acknowledged and considered the following underlying foundation:

- TBI can impact anyone, at any time, in any geographical area of the state. TBI planning, coordination, and service delivery must address broad needs across the lifespan. TBI impacts all age groups, cultures, races and socioeconomic classes.
- Some groups of people are disproportionately impacted by TBI. Hospitalization rates are highest among African Americans; American Indians/Alaska Natives; children from birth to 4 yrs.; adolescents 15 to 19 yrs.; those over 65 yrs.; military veterans; current and previously incarcerated individuals; and those experiencing homelessness.
- Most TBIs are preventable and early intervention increases long-term success for individuals, families, and community supports.
- TBI impacts education at all levels, juvenile rehabilitation, adult prison, and parole systems.

- TBI planning must address services that are specific to the needs of those living with TBI and their families and building self-advocacy around person-centered planning.

## Process Used to Develop Recommendations

DSHS and the TBI Council followed a collaborative process to develop recommendations that will create and build upon a Comprehensive Plan for Washington state.

The TBI Council developed nine critical Pathways that exist along the lifespan of a person with a TBI. These Pathways are designed to identify and potentially develop “Front Door” point-of-entry over various points of the injury and lifespan.

The first three Pathways used for the development of the current Comprehensive Plan are “Return to Learn”, “Independent Living”, and “Return to Work”. All Pathways focus on specific gaps and specialty areas ensuring the recommendations presented here reflect the expertise of those living with TBI, family members, providers, caregivers, and the community.

Current and future Pathway development will be viewed from a lens of self-advocacy and person-centered planning, keeping these simple fundamentals in the forefront of projects and programs.

The pathways framework broadly defines the scope of “Front Doors” that will provide supports and resources for the numerous segments of the TBI community.

## Final Recommendations

To address the short and long-term vision for a comprehensive statewide TBI system, DSHS and the TBI Council have identified the following recommendations:

**1. Continue to monitor and improve the foundational activities outlined in Chapter 74.31 RCW:** Information, Referral and Resource Services, Public Awareness, TBI Support Groups and activities of the TBI Council.

**2. Build capacity through specialized training and education activities, such as:**  
Awareness, Education, Training Activities  
 Provide awareness materials, educational opportunities, and training to the medical community, first responders, corrections officers, housing and employment service providers, independent living centers, and educators about the needs of individuals with TBI.

### Prevention Activities

- Train school personnel on the needs of children and youth with TBI and best practices to integrate back into school;

- Continue to develop the Washington State Safe Kids Coalition for a wider audience statewide;
- Target outreach to higher risk populations.

**3. Establish new partnerships within public and private sectors, tribal governments, and others to develop integrated services and address health equity, such as:**

- Partner with the Office of the Superintendent of Public Instruction (OSPI), Labor and Industries (L&I), DSHS social and health programs, 13 Area Agencies on Aging (AAAs), WDVA, Adult Family Home Council, Independent Living Council, and WA State Tribal Governments;
- Provide linkages to health equity training and technical assistance partners with DOH and Western Pacific Injury Prevention Network (WPIP).

**4. Continue Implementation of the Return to Learn Pathway through activities such as:**

- Provide WA schools (public and private) Brain Management Injury Toolkit (BMIT), and training to assist students with TBI transitions to Return to Learn;
- Pilot online course “In the Classroom” for educators at all levels;
- Develop a resource center for schools, students and educators.

**5. Build on Implementation of the Independent Living Pathway through activities such as:**

Awareness, Training, Resources, Foster Independent Living and Self-Advocacy

- Provide advocacy training and person-centered planning tools;
- Develop seamless hand-off points with agencies for resource assistance;
- Build resource guides and materials for successful independent living;
- Continue partnership with Department of Corrections to build upon resource development and support;
- Develop access points for DSHS social service programs, Community Connections, and additional points of entry across state agencies.

**6. Establish the Return to Work Pathway through activities such as:**

- Partner with the Division of Vocational Rehabilitation (DVR), Work Force Development Council, Work Source, and RETAIN WA in providing supportive employment for the TBI community.

**Conclusion**

This community is broad, diverse, and growing, not only by the number of brain injuries but through increasing partnerships with state agencies, schools, organizations, and service providers becoming aware and involved. The reality of working virtually has increased our capacity to engage and interact with many of these members of our TBI community.

The Comprehensive Plan and recommendations represent the commitment and collaboration of subject matter experts and people with lived experiences across the state. The elected Executive Committee offers monthly guidance, input, and ideas towards the work of the Council, Pathway Teams and the DSHS Staff. All of these efforts will truly manifest in positive impacts across Washington state.

**Appendix A: Roster of TBI Council Members**

<b>Member</b>	<b>Board Position</b>
<b>Daniella Clark</b>	Public member with TBI
<b>Vacant</b>	Public member with TBI
<b>Heidi Hill</b>	Public member experienced with issues related to the causes of TBI
<b>Karen Kaizuka</b>	Family member of individual with TBI
<b>Nick Mehrnoosh</b>	Public member experienced in issues related to the causes of TBI
<b>Kylie Uriostegui</b>	Family member of individual with TBI
<b>Vacant</b>	Rehabilitation Specialist with experience working with TBI
<b>Vacant</b>	Non-Profit organization serving individuals with TBI
<b>Vacant</b>	Physician with experience working with individuals with TBI
<b>Vacant</b>	Native American Tribe in Washington State
<b>Lee Collyer</b>	Social Worker with experience working with persons with TBI
<b>Teresa Claycamp</b>	Division of Behavioral Health and Recovery
<b>Cassi Villegas</b>	Division of Vocational Rehabilitation
<b>Will Hitchcock</b>	Department of Health
<b>Betsy Jansen</b>	Aging and Long-Term Support Administration
<b>Trisha Benshoof</b>	Children’s Administration
<b>Daniel Overton</b>	Washington Department of Veterans Affairs
<b>Amanda Kersey</b>	Department of Corrections
<b>Dana Allard-Webb</b>	Department of Social Health Services
<b>David Lord</b>	Disability Rights of Washington
<b>Vacant</b>	Washington National Guard

<b>Peter Tassoni</b>	Department of Commerce
<b>Vacant</b>	Individual with expertise working with children with TBI
<b>Vacant</b>	Neuropsychologist with experience working with persons with TBI
<b>Vacant</b>	Non-Profit organization serving individuals with TBI

### **Appendix B: TBI Council Staffing Plan**

<b>Position</b>	<b>Duties</b>
<b>TBI Council and Fund Coordinator</b>	<ul style="list-style-type: none"> <li>• Management and coordination of the activities regarding the TBI Council.</li> <li>• Develops and coordinates policy, procedures, and services for individuals with TBI.</li> <li>• Implements, within appropriated funds, the agreed upon recommendations as noted in the Comprehensive Plan.</li> <li>• Monitors information, referral, resource services and support groups.</li> <li>• Provides budget, procurement, contract oversight and management related to the TBI Council activities.</li> </ul>
<b>TBI Council Assistant</b>	<ul style="list-style-type: none"> <li>• Provides various administrative functions to support the TBI Council with information, meetings, correspondence, materials, scheduling, outreach, etc.</li> <li>• Works closely with the TBI Coordinator to set priorities and achieve council goals and objectives.</li> </ul>