**

**Colorado Advisory Board Meeting Minutes**

Date: 9/21/2018 Time: 9:00-12:00 P.M.

Location: Colorado Health Foundation

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| NAME | PRESENT | NAME | PRESENT |
| **(Board Members)** |  |  |  |
| Burton, Julia | X\* | Henika, Joy |  |
| Byrne, Diane | X | Henke, Patricia | X |
| Dungan, Brinda | X | Hotchkiss, Heather | X\* |
| Engle, Ian | X | Knauer, Russha | X |
| Enriquez, Denice | X | Levis, Bill | X |
| French, Anna | X | Martinez, Maria | X |
| Friedman, Ronen |  | Meier, Anne | X |
| Gabella, Barbara | X | Snelson, Kari |  |
| Genzel, Ben | X | Spaulding, Peggy | X |
| Hawley, Lenny |  | Tyler, Janet | X |
| Heidenreich, Steve |  | Wren, Louisa | X |
|  | | \*appeared by phone or video conferencing | |
| Staff | | Guests | |
| **Facilitator** Summer Gathercole | | Liz Gerdeman | |
| Judy Dettmer (MINDSOURCE) | |  | |
| Karen Ferrington (MINDSOURCE) | |  | |
| Regina Rodriguez (MINDSOURCE) | |  | |
| Melissa Herrera (MINDSOURCE) | |  | |

**Introductions**

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| **Discussion** | * The September meeting was opened with introductions * Russha moved to approve the minutes from the July meeting. Diane seconded the motion and the motion to approve the minutes was passed. * Possible Theme Songs for the Advisory Board * Imagine * Rocky Theme Song * Don’t Worry, Be Happy * Somewhere Over the Rainbow * Revolution * Don’t Stop Believing * Happy * Celebration * **Definition of Acquired Brain Injury**- Refers to damage to the brain from an internal or external source, that occurs post-birth and is non-congenital, non-degenerative, and non-hereditary, resulting in partial or total functional impairment in one or more areas such as attention, memory, reasoning, problem solving, speed of processing, decision making, learning, perception, sensory impairment, speech and language, motor and physical functioning or psychological behavior. * Group Agreements were reviewed: * If any Board member would like hard copies please indicate that on the board roster. * Parking Lot-discussions and items that we cannot get to will be referred to as “purple penguins.” Please feel comfortable using this phrase during meetings. * Work Groups will be formed at the November Meeting and will be responsible for meeting during the off months * Please review the PowerPoint for timeline review for the Advisory Board | | |
| **Action Items** | | **Person(s) Responsible** | **Deadline** |
| 1. Determining how to make decisions was tabled to the November meeting. | |  |  |

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| **Discussion** | How is Colorado going to be different in 2030 because of the work of this Advisory Board?  *Group One:*   * Screening upon system entry (DVR, DHS, etc.) along with data tracking and sharing of the screening and the results. Screening would include information beyond brain injury: trauma history, substance use, suicidality, mental health. * Research informed/evidence-based case management model focusing on multisystem collaboration. Learning from nursing models/OT, for example, that provides continuum of care. Workload & capacity & resources. * Ideally before 2030: substantial supported employment services (enhanced waiver for individuals with brain injury, similar to DD and SLS). * CO has evidence-based supported employment program for individuals with brain injury. Onboarding and training for all DVR counselors related to brain injury. * One-stop shop (right now we have SEPs, DHS, CILs, waiver, BIAC) - need one place to go, instead of multiple. * All Acquired brain injuries * All municipalities participating (speeding tickets) * Dialogue between ABI and degenerative disease communities to learn best practices, overlaps, gaps, etc. * Brain injury is recognized as a problem in society. Awareness is increased such that the community at large is able to identify brain injuries. Especially in vulnerable populations such as incarcerated. * Mental health system provides support without barriers to individuals with brain injury. * Reduced barriers to services offered under waivers - for example, individuals who don’t qualify. Broaden scope of services and those who can be served. * Housing programs - brain injury focus * DVR following individuals * Expanded peer support, leveraging the successes of the program over the years. Wide network of individuals * Everyone has a support person   *Group Two:*   * Will identify a coordinated system of care (not DEVELOP something new) * Like a flowchart, path, or map for individuals and families * Maybe a toolkit or “best practices” guide for providers * System will not go into crisis when individuals and families feel like they're in crisis * Stop reinventing the wheel when coordination happens, while maintaining flexibility to address individual differences * Well trained workforce in these systems, institutional knowledge * Well-designed system will reduce turnover * BI training for MH, law enforcement, judicial, new statewide crisis system, etc. * Support for families in criminal justice especially   *Group Three:*   * People with BI will no longer be misdiagnosed. There will be a clear diagnosis and more effective treatment * People with BI will have access to services and supports that include intensive case management that works with people and goes through it with us, not just giving info and saying, “good luck” or doing it for us without our engagement * Well-established supports for caregivers and personal attendants   Imagine in 2030 that you are saying, “I’d wish we’d thought about ‘X.’” What is “X?”  *Group One:*   * Thinking about data sharing and identifiable information * Population increase in Colorado - consider capacity & resources * Make individuals with brain injury the case managers/peer support specialists * Who should be at the table (OBH, for example)? Who did we forget to include?   *Group Two:*   * Being able to consistently access housing resources * Food insecurity and housing * Multigenerational issues--how to support the whole family, not just the individual * Respite and support for caregivers generally is a major request for us * Starting to look at it more, too   *Group Three:*   * Creating relationships 🡪 mentoring relationships (so if point-of-contact leaves, there is continuity) and developing networks of support * Funding streams * Mental and physical 🡪 services that won’t split and accommodate the whole person * Undiagnosed population 🡪 stigma   What measureable impact will MINDSOURCE have made by 2030?  *Group One:*   * Reducing incarcerated population - saving money to fund other needs * Improving quality of life, perspectives, options for people with brain injuries * Employment options for people with brain injuries * Reduce/remove stigma * The community is seeking input from the brain injury world, instead of us inserting ourselves into situations * BIAC still has the contract and has doubled again in size. Services are expanded, more comprehensive, efficient, and measurable. Reduced duplication of services. * Brain injury specialists built into systems * Hospitals are referring upon discharge * More understanding and awareness of brain injury (esp. mild) - public campaigns   *Group Two:*   * It's not just MINDSOURCE, it's all systems, entire system * acknowledging importance of partners * who's there doing the work, who's the hub for the State that each community can access if they don't have experts (rural especially) * Like a lifeline (see provider resources comment to Question 1) * Importance of measure-ability to know if change has happened * measure connections to hub, look at their directions, crisis line calls, etc. * How to measure access in stability and crisis? * A way to measure change regularly to keep things accountable?   + Better screenings, assessments implemented more broadly in systems that may not implement them now * "now you know you have a BI, here's what you can do" * Employment!   *Group Three:*  Easier access to services, removal of funding/insurance coverage (approval) barriers   * More robust peer support network, supported by adequate funding   + First thing that happens is meeting someone who’s been or going through similar experience * Funding that adequately supports quality provision of funding and solid service provider infrastructure * Increase in use of services * Reduction of recidivism * Creation of a gov’t position that oversees all BI services and coordinates with all gov’t depts. and service providers * Colorado will be the model for the world * More people with BI in positions of power and agency * Screening, education, assessing can be daunting and a barrier 🡪 info sharing so I don’t have to tell my story every time I am referred to or meet a new person * Measuring and capturing what success looks like (strengths-based approach to metrics and measuring impact) | | |
| **Action Items** | | **Person(s) Responsible** | **Deadline** |
| 1. | |  |  |

Parking Lot Items

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| **Discussion** | * Legislature and strategies * Present on CSOR program pilot design and findings | | |
| **Action Items** | | **Person(s) Responsible** | **Deadline** |
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Next Meeting: CO Health Foundation November 15, 2018 9:00-12:00 am

APPENDIX: NOTES FROM FLIPCHART

Summer summarized some the report-out from the groups on flip charts, the notes of which can be seen below. However, the most comprehensive response to the questions can be found in the meeting minutes.

How is Colorado going to be different in 2030 because of the work of this Advisory Board?

* No misdiagnoses/clear diagnosis of BI
* Information sharing
* There is a system navigator/peer for warm hand-offs (not just referrals or giving info) and working through the system together
* There is a system for caregivers/system attendants
* There is no split between the brain and physical health and mental health
* A system of care is identified (not created): (1) there is a flowchart for individuals and families; and (2) a toolkit for providers
* The workforce is stronger
* There is better BI training
* There is support for families in the criminal justice system
* There is screening upon system entry, and information is tracked and shared across systems in a manner respectful of privacy
* ABI is used
* All municipalities participate
* There is housing with a BI focus
* There is more BI awareness
* The scope of the waiver is expanded
* There is more peer support

Imagine in 2030 that you are saying, “I’d wish we’d thought about ‘X.’” What is “X?”

* Who should be at the table? OBH?
* The population increase in Colorado 🡪 what is our capacity?
* Data sharing and privacy
* Individuals with BI are at the table, there are peer support specialists
* Access to stable housing
* Food insecurity
* Multi-generational approach – supporting the whole family
* Creating relationships/networks (e.g., MOUs, Executive Orders, etc.) of support (i.e., doing succession planning) to focus on relationships between orgs/agencies and not people
* There is a government position for BI, appointed by the Governor
* There are more funding streams, and more strategic/general funds for sustainability
* There is no stigma
* Employment

What measureable impact will MINDSOURCE have made by 2030?

* It’s the entire system with partners (and figuring out how to measure their work).
* Who is the hub doing the work?
  + We have a toolkit or “best practices” guide.
* We actually measure stuff regularly.
* Colorado is the model.
* Employment
* Removal of barriers
* Robust peer support network
* Funding
* Increase use of services
* Reduction of recidivism in the criminal justice system
* There’s a government (governor-appointed) position
* We are seeking input from the BI Community
* BI specialists are built into the system

Parking Lot Items:

* Legislature and strategies
* Present on CSOR program pilot design and findings