



State Plan

DRAFT – June 18, 2019



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TO BE COMPLETED ONCE PLAN IS FINALIZED

ACRONYMS

There are a number of acronyms referenced throughout this document. They are defined as follows:

ABI	Acquired Brain Injury
ACC	Accountable Care Collaborative
ACL	Administration for Community Living
BI	Brain Injury
BIAC	Brain Injury Alliance of Colorado
BIMW	Brain Injury Medicaid Waiver
BrainSTEPS	Brain Strategies Teaching Educators, Parents, and Students
CBIC	Colorado Brain Injury Collaborative
CBIP	Colorado Brain Injury Program (now known as MINDSOURCE – Brain Injury Network)
CDE	Colorado Department of Education
CDHS	Colorado Department of Human Services
CDPHE	Colorado Department of Public Health & Environment
CIL	Centers for Independent Living
CMHC	Community Mental Health Center
DHHS	U.S. Department of Health & Human Services
DVR	Division of Vocational Rehabilitation
HCPF	Colorado Department of Health Care Policy & Financing
I/DD	Intellectual and Developmental Disability
OBH	Office of Behavioral Health
RAE	Regional Accountable Entity
REDCap	Research Electronic Data Capture system
SSA	Social Security Administration
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income
TBI	Traumatic Brain Injury
YBIC	Youth Brain Injury Connections

About MINDSOURCE

MINDSOURCE - Brain Injury Network (MINDSOURCE) is housed within the Office of Community Access and Independence (OCAI) at the Colorado Department of Human Services (CDHS). MINDSOURCE strives to enhance the quality of life for everyone in Colorado living with, or affected by brain injury, and their communities. MINDSOURCE serves as the umbrella entity for three distinct programs/functions: MINDSOURCE manages the Colorado Traumatic Brain Injury Trust Fund; provides training and technical assistance regarding brain injury for public and private entities; and manages the federal traumatic brain injury grant.

Background

MINDSOURCE received a grant from the U.S. Department of Health and Human Services, Administration for Community Living (ACL) Traumatic Brain Injury (TBI) State Partnership Program for the period June 1, 2018 – May 31, 2021. The purpose of the grant is to develop a state plan to create and strengthen a system of services and supports that maximizes the independence, well-being, and health of people with brain injuries across their lifespans and all other demographics, their family members, and support networks. This state plan will act as a blue print that will guide the work of MINDSOURCE and inform the work of other state agencies and private as well as non-for-profit partners.

To aid in the development of the State plan, MINDSOURCE created an Advisory Board to ensure that it is effectively identifying gaps in services and supports, developing a responsive plan to address these gaps, and collaborating across private and public partners to meet the needs of individuals with brain injury and their family members. The Colorado Brain Injury Advisory Board is comprised of volunteer members who bring a wide variety of perspectives and expertise including lived experience with brain injury, State agency representatives, community advocates, and providers. A list of Colorado Brain Injury Advisory Board members can be found in Appendix A.

The Advisory Board describes its work as

The Colorado Brain Injury Advisory Board is identifying gaps and making recommendations to ensure that access to support is available in a system that works for everyone with a Brain Injury and their families.

Once the Board has developed a State plan, it will be responsible for monitoring the implementation of the plan. It is expected that the success of the plan will be

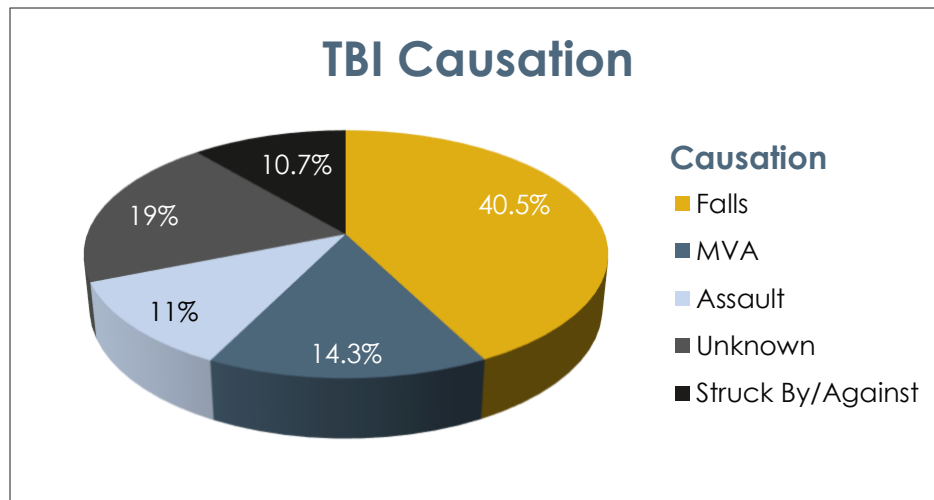
dependent on several state departments, including: Human Services; Judicial; Public Health and Environment; Education; Health Care Policy and Financing, and other offices/programs within Human Services as well as other community partners.

Once the State plan is finalized, it is expected that MINDSOURCE will share the experience, findings and plan with other states. Additionally, MINDSOURCE will offer consolidated curricula and training materials to all states and/or agencies that are interested.

Data

It is recognized that several entities have adopted the broader definition of brain injury, which is Acquired Brain Injury (ABI). ABI encompasses both traumatic and non-traumatic mechanisms of brain injury. A working definition is as follows: "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." Currently, statistics related to the incidence or prevalence of non-TBI in Colorado are not available. However, this is something the State is working toward understanding.

Exhibit 1: Causes of Brain Injury



Over 500,000 adults in Colorado have sustained a brain injury and are living with disability-related impairments. Colorado ranks 9th in the nation for fatalities and 13th in the nation for hospitalizations due to a TBI. Almost 5,000 individuals are hospitalized and nearly 1,000 die due to a TBI in Colorado each year. Over 23,000 emergency room visits each year are due to a TBI. The age groups with the highest risk of sustaining a TBI in Colorado are 15-24 years and 65+ years. Annually, 2,200 individuals continue to experience disability one year after hospitalization for a TBI. The number of people with TBI who are not seen in an emergency department or who receive no care is unknown (Traumatic Brain Injury National Data Center).

Methodology¹

After the kick-off meeting in July 2018, the facilitator of the Advisory Board held one-on-one conversations with each of the members to understand their perspective on what the group could and should accomplish.

The Advisory Board has held a series of meetings throughout the development of this plan:

Exhibit 2: Advisory Board Meeting Activities

Date	Advisory Board Activities
July 2018	<ul style="list-style-type: none"> • Advisory Board Members met each other and were introduced to Brain Injury 101 • Advisory Board Members were informed of their roles, responsibilities, and expectations
September 2018	<ul style="list-style-type: none"> • Advisory Board members were introduced to the research that has been completed over the past two years including: <ul style="list-style-type: none"> ○ 2008: A Needs & Resources Project documented quantitative and qualitative information that would translate to better supports and services ○ 2009: A work group established after Governor Ritter signed an Executive Order aligned efforts with brain injury stakeholders to identify critical elements for improving services ○ 2015: The Brain Injury Alliance of Colorado completed a needs assessment to understand

¹ Language about soliciting input from stakeholders across the state will be included once the state tour is complete.

	<p>how clients with brain injuries access case management and other services</p> <ul style="list-style-type: none"> ○ 2015: The Colorado Brain Injury Program/Youth Needs Assessment was released. ○ 2017: The Koné Study analyzed whether and how individuals with brain injury experience difficulties accessing supports. <ul style="list-style-type: none"> ● Advisory Board members brainstormed on the long-term vision for the Board and how Colorado will be different in 2030 because of their work.
November 2018	<ul style="list-style-type: none"> ● The Advisory Board reviewed the Needs Assessment Summary that documented all of the research completed over the past decade ● The Advisory Board learned about other state plans, including Hawaii, Missouri, and Iowa ● Members split into self-selected working groups and began to draft goals, and strategies
January 2019	<ul style="list-style-type: none"> ● Working groups shared their goals and strategies with the full Advisory Board ● Small groups were asked to prioritize the proposed strategies
March 2019	<ul style="list-style-type: none"> ● The Advisory Board discussed the existing resources that can be leveraged during the implementation of the plan. ● Working groups reviewed their revised goals and strategies and made changes as needed.

Goals & Strategies

The Advisory Board is tasked with creating a plan to address the identified gaps in the system. Per the Koné Study that was completed in 2017, there are several barriers that create difficulties in accessing supports:

- There are no standardized screening and identification protocols to identify a brain injury.
- There is little public awareness about brain injuries, which impact prevention and reinforces stigma.
- Providers need better training on the symptoms of brain injury to avoid differential diagnosis for individuals.

- Access to services is prevented by cost and health insurance limitations due to high out-of-pocket expenses.
- Dividend payer and service structure create access barriers, especially between primary/medical care and behavioral health care.
- Disparate systems are hard for individuals and service providers to navigate, and make it difficult to understand what services are available and how they can be accessed.
- There is little to no coordination among service providers. Communication and information sharing isn't consistent, often because of technology constraints and broader system silo issues.
- Affordable housing and appropriate residential facilities are nearly impossible to find. This results in high rates of homelessness among individuals with a brain injury, including youth.
- Long-term employment options are limited due to an individual's changing needs because of the brain injury.

In developing its goals and strategies, the Advisory Board agreed that their work should have a broad impact. In addressing the gaps in services that have been identified, the MINDSOURCE Advisory Board focused on developing strategies that would touch as many people as possible. Advisory Board members self-selected into three working groups that established goals to create and strengthen a system of services and supports that maximizes the independence, well-being, and health of people with brain injuries:

Goal One: Strengthen the infrastructure and capacity of MINDSOURCE and its partners to identify and disseminate info about resources, services and supports

Goal Two: Offer a user-friendly and non-redundant system of brain injury supports for survivors, family members and professionals

Goal Three: Improve wrap-around services for individuals with brain injury

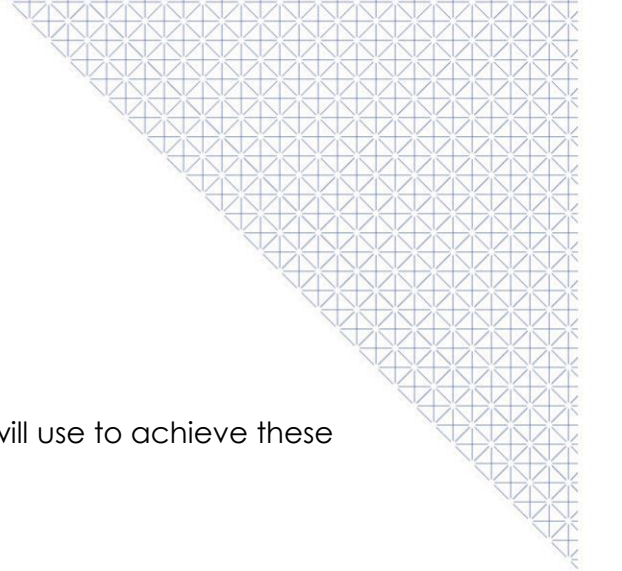



Exhibit 3 provides details on the approach MINDSOURCE will use to achieve these goals, as well as how it will measure them.

Exhibit 3: Infrastructure Goals and Strategies for Calendar Years 2020 - 2022

Goals (primary outcome we are seeking)	Strategies (approach to achieve goal)	Objectives (measurable step to achieve strategy)	Tactics (how to pursue objective)
Strengthen the infrastructure and capacity of MINDSOURCE and its partners to identify and disseminate info about resources, services and supports	Identify current funding streams and diversify and grow funding streams	Secure \$450,000 in funding additional funding for Services Secure \$ for web development and training development	<ol style="list-style-type: none"> 1. Prioritize partnerships to serve special populations (ex, Criminal Justice Involved, Native Americans , Veterans) 2. Prioritize policy work with State to support infrastructure 3. Identify and secure additional funding based on priorities outlined by Advisory Board
	Establish common language and definitions for brain injuries	Create a definition list and disseminate it to 350 providers and all state agencies	<ol style="list-style-type: none"> 1. Create a preferred definition list that includes special populations 2. All definitions should be person-centered 3. Work with State and Feds to create policy around common definitions 4. Research and develop effective public awareness regarding common language and definitions (e.g., press release, social media etc.)
	Ensure community providers have the tools to support all individuals with a brain injury	Train 50 new community providers per RAE region (total of 350 providers)	Identify best practices and resources for best BI practices on local and national level and share those on a resource page
		Increase the pool of psychiatrists to support individuals with brain injury	Identify and review existing trainings to ensure they include best practices and are culturally appropriate and person-centered
			Ascertain what RAEs are required to train providers on re: cultural competency and person-centeredness
			Develop and promote trainings to behavioral health providers that take into account provider turnover

Exhibit 3: Support Goals and Strategies for Calendar Years 2020 - 2022


Goals	Strategies (approach to achieve goal)	Objectives (measurable step to achieve strategy)	Tactics (how to pursue objective)
<p>Increase access to services via a user-friendly and non-redundant system of brain injury supports</p>	<p>Ensure individuals have support across the life span of brain injuries</p>	<p>Increase number of service providers / agencies to screen and assess individuals across the lifespan of brain injury</p> <p>Increase agency eligibility and service provision for individuals with brain injuries / Decrease agency rejection of services for people with brain injuries</p> <p>Increase service providers / agencies ability to provide support and accommodations to individuals across the lifespan of brain injury</p>	<p>Identify agencies individuals with brain injury of all ages need to access</p> <p>Survey identified agencies to determine if individuals with brain injury are eligible for services, if they screen for brain injury, and if they feel equipped to support individuals with brain injury</p> <p>Identify potential barriers, e.g. policies, that may interfere and / or support screening, assessment and support protocol</p> <p>Survey individuals to determine if they were rejected for any services, which agencies denied the service, and for what reason</p> <p>Survey individuals who were screened to identify how many receiving agency services are provided accommodations for identified brain injuries</p> <p>Create outreach templates when there's a rejection or failure to accommodate that would help support agencies in meeting their obligations to serve/accommodate.</p> <p>Chart agencies for high / low impact and high / low feasibility to implement screening, assessment and support protocol</p> <p>Create an agency outreach plan to target agencies with high impact and feasibility</p> <p>Ensure agencies have tools needed to effectively screen for lifetime history of brain injury, e.g. BrainCheck survey and OSU-TBI-ID, and current impairment, e.g. symptom questionnaire and ANAM.</p> <p>Develop a culturally competent and person centered implementation guide that agencies can use to develop a screening, assessment and support protocol that includes data collection, data sharing, training, and policy creation</p> <p>Conduct training to ensure effective screening, identification, support and referral occurs</p> <p>Maintain a list of which agencies are utilizing screening and assessment protocols (MINDSOURCE)</p> <p>Utilizing comparison data, compare the national vs local prevalence rate of people with brain injuries in each of the identified systems / agencies</p>

Exhibit 3: Support Goals and Strategies for Calendar Years 2020 - 2022

Goals	Strategies (approach to achieve goal)	Objectives (measurable step to achieve strategy)	Tactics (how to pursue objective)
<p>Increase access to services via a user-friendly and non-redundant system of brain injury supports</p>	<p>Raise public awareness of brain injury and brain injury services</p>	<p>Increase utilization of services for people with identified brain injuries. Increase awareness of the need for identification and access to services.</p>	<p>Create a media plan (to be fleshed out with more detail in the future if endorsed by focus groups etc.)</p> <p>Expand on outreach effort by BIAC to develop memorandums of understanding with hospitals and other key referral sites where there is a high prevalence of individuals with brain injury (e.g. criminal justice, homeless, intimate partner violence.</p> <p>Identify underserved populations through demographic analysis to do targeted outreach.</p> <p>Develop culturally competent and person centered materials for outreach, e.g. handouts on brain injury, to increase the awareness of brain injury.</p>

Exhibit 3: Wraparound Goals and Strategies for Calendar Years 2020 - 2022

Goals primary outcome we are seeking	Strategies (approach to achieve goal)	Objectives (measurable step to achieve strategy)	Tactics (how to pursue objective)
<p>Improve wrap-around, or ancillary, services for individuals with brain injury</p> <p>NOTE: supports and services not directly related to brain-injury case management</p>	<p>Overarching Strategy -- Incorporate the concept of self-advocacy for individuals with brain injuries and caregivers</p>	<p>Pre- and post-surveys demonstrate an increase in advocacy, self-confidence, skills, behavior; and understanding of culturally competent, person-centered service delivery as a result of self-advocacy training.</p>	<p>1) Define self-advocacy and identify where it is available in existing services and supports. 2) Monitor the Self-Advocacy for Independent Life (SAIL) trials/research study for its use in implementation. 3) Provide Self-Advocacy workshops around the state. 4) Engage peer mentors to assist in delivering self-advocacy workshops.</p> <p>Assure self-advocacy training options for youth and adults with brain injuries as well as caregivers include awareness of and how to access ombudsman and other advocacy and peer supports as well as appeals and grievance procedures.</p> <p>Educate individuals on culturally competent and person-centered planning considering on-line options. Increase awareness on the part of individuals with brain injuries of their right to receive culturally competent and person-centered services typically involving informed choice and options from which to choose.</p>
	<p>Improve access to Regional Accountable Entities (RAEs) and other, non-Medicaid behavioral service providers.</p>	<p>Individuals in at least four areas (to include rural, urban, and frontier settings) of the state will receive training and/or guidance materials on accessing behavioral health services and will rate themselves as more capable of accessing these resources than before the training.</p>	<p>Review RAE policy/contract language (appendix H) for purposes of education and training of users. Develop and implement accessible (to include online) training and other materials (such as tip cards) for users of behavioral health services (including RAEs) with instruction on language to use when asking for services.</p>
	<p>Address meaningful (non-workforce) productivity for individuals with brain injury</p>	<p>Of those who receive training on volunteerism, 25% will indicate interest in engaging in a volunteer activity post-training. Of those volunteer agencies who receive training, 25% will indicate an interest in recruiting and supporting an individual with brain injury.</p>	<p>Provide information and training on the benefits, challenges, skills for success, and opportunities for productive volunteer activity after BI, including 1) training for individuals with BI 2) training for volunteer agencies in the community</p>
	<p>Enhance employment supports through the provision of competitive integrated employment (CIE) for those who want to participate in the workforce (with information about benefits, options for employment such as self-employment, re-training, etc.)</p>	<p>Increase in x% of individuals with brain injury successfully closed in employment via DVR. % to be determined following data analysis of available DVR brain injury client data.</p>	<p>Work with DVR to expand opportunities to enhance employment supports for those who want to participate in the workforce. This may include training initiatives and coordination with the new Office of Employment First (OEF) within the University Centers for Excellence in Developmental Disabilities (UCEDD) at JFK Partners.</p>
		<p>Individuals with a brain injury report x% increase in (1) sense of fulfillment, (2) life satisfaction, (3) sense of purpose and (4) sense of balance</p>	



With a staff equivalent of three full-time employees, MINDSOURCE needs to be realistic about what it is able to accomplish in the next three years. Although not all of the work will be completed by MINDSOURCE, as there are several partners on which success will depend, those partners also have other priorities. Thus, after finalizing the Goals and Strategies, the Advisory Board was asked to identify the priorities for the next year and a half, as seen in Exhibit 4. MINDSOURCE will review and revise the goals and strategies every other year to ensure that they are still relevant given the ever- changing environment.

Exhibit 4: Priorities for January 2020 – June 2021 (first half of State Plan)

Priorities	Tactics	Timeline	Resources Needed	Partners Engaged/Needed
Complete Research	Identify best practices and resources for best BI practices on local and national level	January 2020 - June 2020	Outsource completion of research	
	Identify evidence-based and research-informed care and case management practice for individuals with brain injury			
	Identify systemic screening, assessment and support strategies currently employed and develop recommendations			
	Identify and review existing trainings to ensure they include best practices and are culturally appropriate			
Identify where self-advocacy is available in existing services and supports				
Promote and offer trainings to community providers	Develop and implement training for all direct service providers on brain injury and effectively serving individuals with brain injury	TBD through June 2021	Outsource development of training materials	
	Develop tools and an implementation plan that agencies can use for screening, assessment, data collection, data sharing and systems of care Identify which agencies should be assessing and screening for brain injuries and promote trainings to that target audience			
Promote and offer training to individuals with a brain injury	Develop and implement online training for brain injury users of RAE services with instruction on language to use when asking for services Develop and implement components of self-advocacy training	TBD - June 2021	Outsource development of training materials	

Monitoring

Monitoring Once the State Plan has been finalized and approved, the Advisory Board will be responsible for monitoring the plan to ensure that progress towards goals is being made. The Advisory Board will meet on a quarterly basis, and will use the dashboard in Exhibit 5 to measure progress.

Exhibit 5: MINDSOURCE State Plan Dashboard

[insert dashboard when completed]

Appendix A

MINDSOURCE is grateful for the Advisory Board members who were crucial to the development of this plan:

Diane Bryne
Brinda Dungan
Ian Engle
Denice Enriquez
Anna French
Ronen Friedman
Barbara Gabella
Ben Genzel
Liz Gerdeman
Lenny Hawley
Steve Heidenreich
Joy Henika
Patricia Henke
Heather Hotchkiss
Russha Knauer
Bill Levis
Maria Martinez
Anne Meier
Kari Snelson
Peggy Spaulding
Janet Tyler
Louisa Wren