

DRAFT - PENDING APPROVAL BY ACL

Colorado State Plan on Brain Injury

August 1, 2024 - July 31, 2027

Michelle Barnes, Executive Director
Colorado Department of Human Services

Yolanda Webb, Director
Office of Adult, Aging and Disability Services

Russha Knauer, Director
MINDSOURCE Brain Injury Network



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Executive Summary

MINDSOURCE Brain Injury Network (MINDSOURCE) is Colorado’s lead state agency on brain injury and is located within the Colorado Department of Human Services. MINDSOURCE receives federal grant funds from the U.S. Department of Health and Human Services Administration for Community Living (ACL), dedicated to effectively identifying gaps in brain injury 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 in Colorado.

MINDSOURCE created and facilitates the Colorado Advisory Council on Brain Injury (CACBI). Together, with input from individuals with lived experience, family members and support networks, and professionals working in the field of brain injury, MINDSOURCE and the CACBI developed the Colorado State Plan on Brain Injury 2024-2027 (state plan) to guide the work of MINDSOURCE for the next three years. The table below provides an overview of the goals and strategies that are part of the state plan.

Colorado State Plan on Brain Injury Goals and Strategies - 2024-2027	
<p>Strengthen the infrastructure and capacity of MINDSOURCE and its partners by designing a sustainable system for <i>early identification and effective, supportive referrals</i> for individuals and families impacted by brain injury throughout Colorado.</p>	<ul style="list-style-type: none"> ● Expand brain injury screening ● Enhance MINDSOURCE’S MindYourBrain campaign website to house resources in a way that allows for accessible navigation ● Maintain and expand MindYourBrain Campaign ● Establish a hospital transition plan for connecting individuals to community resources
<p>Strengthen the infrastructure and capacity of MINDSOURCE and its partners by building and sustaining a <i>straight-forward, efficient and effective system of ongoing supports</i> for people with brain injuries across the lifespan.</p>	<ul style="list-style-type: none"> ● Increase brain injury informed behavioral health services and supports ● Advance use of the Colorado Symptom Questionnaire (Adult and Juvenile) ● Increase education and accountability to address gaps in professionals’ support for people with a Brain Injury Waiver ● Develop a roadmap that guides people through identifying and accessing services and supports for a brain injury
<p>Promote <i>inclusive communities and agencies</i> while also supporting individuals with brain injuries in <i>engaging at home, school, work, and community in ways that are meaningful to them.</i></p>	<ul style="list-style-type: none"> ● Develop and implement training for community health workers, health/resource navigators, peer support professionals and other providers on how to support meaningful engagement for people with brain injuries in school, work, home, and community ● Support opportunities for individuals with lived experience to assist in delivery of training for people with brain injuries to support self-advocacy and meaningful engagement in school, work, home, and community

About MINDSOURCE

MINDSOURCE Brain Injury Network is Colorado's lead state agency on brain injury. 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: (1) managing the Colorado Brain Injury Trust Fund, which supports client services, brain injury research, and education; (2) providing training and technical assistance regarding brain injury for public and private entities; and (3) managing local, state, and federal funds on special initiatives related to brain injury. MINDSOURCE is housed within the Office of Adult, Aging and Disability Services at the Colorado Department of Human Services.

Background

Colorado is one of many states to receive a grant through the U.S. Department of Health and Human Services, Administration for Community Living (ACL) Traumatic Brain Injury (TBI) State Partnership Program. The program supports lead state agencies on brain injury in creating and strengthening a system of services and supports that maximize the independence, well-being, and health of people with brain injuries and their family members across the lifespan. The current grant period is from August 1, 2021 to July 31, 2027.

MINDSOURCE created the Colorado Advisory Council on Brain Injury (CACBI) (formerly the Colorado Brain Injury Advisory Board) in 2018. The CACBI serves to:

- *Support MINDSOURCE in effectively identifying gaps in services and supports, developing a responsive plan to address these gaps, and collaborate across private and public partners to meet the needs of the Colorado brain injury community across the lifespan*
- *Create and monitor efforts related to a statewide plan on brain injury which serves as a blueprint to guide the work of MINDSOURCE and related boards and councils*
- *Monitor efforts related to the ACL grant, as applicable*

The CACBI is composed of volunteer members with a wide variety of perspectives and expertise. MINDSOURCE strives to ensure that a minimum of fifty percent (50%) of members are people with lived experience with brain injury. The ACL grant outlines membership parameters, including representatives from Aging and Disability Resource Centers, Protection and Advocacy agencies, Long-term Care Ombudsman, Centers for Independent Living, and TBI Model Systems.
































MINDSOURCE and the CACBI identified additional members with brain injury program experience as standing members, including representatives from the Colorado Department of Education, Colorado Department of Public Health and Environment, Colorado Department of Health Care Policy and Financing, Colorado Department of Labor and Employment, Colorado Behavioral Health Administration, and the Colorado Tribal Liaison. In addition, the contractor for client services for MINDSOURCE participates as a non voting member.

Acquired Brain Injury (ABI) is a term that encompasses both traumatic and non-traumatic mechanisms of brain injury. In 2019 Colorado’s statutory definition of brain injury expanded to be reflective of acquired brain injury:

“Damage to the brain from an internal or external source, including, but not limited to, a Traumatic Brain Injury (TBI), that occurs post-birth and is non congenital, nondegenerative, and nonhereditary, resulting in partial or total functional impairment in one or more areas, including but not limited to attention, memory, reasoning, problem solving, speed of processing, decision-making, learning, perception, sensory impairment, speech and language, motor and physical functioning, or psychological behavior” (Section 26-1-301(1.5), C.R.S.).

The graphic below illustrates the definition of ABI and cause of injury examples including stroke, fall, anoxic/hypoxic, motor vehicle accident, poison, struck by object, virus, sports, tumor, IED (improvised explosive device). This graphic was adapted from an original distributed by the Brain Injury Association of America (BIAA).

More Common Than You Think

 Acquired Brain Injury (ABI)	<p>“Acquired Brain Injury” refers to damage to the brain from an internal or external source, including a traumatic brain injury, 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, including but not limited to attention, memory, reasoning, problem solving, speed of processing decision-making learning, perception, sensory impairment, speech and language, motor and physical functioning, or psychosocial behavior.</p>											
There are two types of Brain Injury	<p>1 Non-Traumatic Brain Injury Non-traumatic brain injuries caused by damage to the brain through internal factors, such as a lack of oxygen, exposure to toxins, pressure from a tumor, etc...</p>	<p>2 Traumatic Brain Injury An alteration in brain function, or other evidence of brain pathology, caused by an external force. There are two primary mechanisms of TBI; those involving impact to the head (Traumatic Impact), and those involving inertial forces which affect the brain (Traumatic Inertial).</p>										
Causes of Brain Injury	<table border="0"> <tr> <td> Stroke</td> <td> Anoxic/Hypoxic</td> <td> Poison</td> <td> Virus</td> <td> Tumor</td> </tr> <tr> <td> Fall</td> <td> Motor Vehicle Accident</td> <td> Struck by Object</td> <td> Sports</td> <td> IED</td> </tr> </table>		 Stroke	 Anoxic/Hypoxic	 Poison	 Virus	 Tumor	 Fall	 Motor Vehicle Accident	 Struck by Object	 Sports	 IED
 Stroke	 Anoxic/Hypoxic	 Poison	 Virus	 Tumor								
 Fall	 Motor Vehicle Accident	 Struck by Object	 Sports	 IED								

It is estimated that over half a million people in Colorado have experienced a brain injury. Unfortunately, brain injuries are overrepresented in vulnerable populations such as juvenile and criminal justice, victims of interpersonal violence, and the unhoused. Additionally, while women are less likely to receive a brain injury than men, they are more vulnerable to the effects of the brain injury and will suffer differentially worse long-term outcomes. Survivors of intimate partner violence who experienced a traumatic brain injury during an assault are more likely to be diagnosed with post traumatic stress disorder, insomnia and report poorer health in general. There are more than 5.3 million individuals in the United States who are living with a permanent brain injury-related disability. Children and youth who experience a

traumatic brain injury are less likely to finish school and are at an increased risk of neurological and psychiatric disorders. Finally, one third of all people who experience a brain injury will develop mental health concerns six to twelve months post injury. The risk of suicide is greatly increased among brain injury survivors. Coupled with data that illuminates the disparities and challenges related to brain injury, research also tells us that brain injury is underreported. People may not have access to care, may not realize the seriousness of their injury and health care systems don't have a comprehensive and consistent approach to tracking brain injuries. A brain injury can change a person's present and their future. The need for focused efforts to support individuals who have experienced a brain injury and their allies is rooted in the CDHS mission to be the people who help people.

State Plan Development Timeline and Activities

MINDSOURCE and the CACBI collaborated on the creation of Colorado's State Plan on Brain Injury during the 2023 calendar year. The goals of the state plan align with the role of the CACBI and provide a framework to guide MINDSOURCE's efforts for the next three years. The following is a breakdown of activities and accomplishments over the course of 2023.

January, February, March:

- MINDSOURCE provided context and an overview of the previous state plan
- CACBI identified guiding values for the state plan
- Three overarching goal areas were proposed based on the existing goal areas of the previous state plan

April, May June:

- Three overarching goal areas were finalized
- Subcommittees were created for each goal area
- Subcommittees met virtually to brainstorm strategies and objectives related to their goal area
- Subcommittee strategies and objectives were shared with the entire council for feedback and review

July, August, September:

- Subcommittees met to discuss possible evaluation measures and identify key partners related to their goal areas
- A draft plan lining out the guiding values, three overarching goal areas and objectives was created
- MINDSOURCE and the CACBI collaborated on community engagement strategies to gain feedback on the draft plan
- A newsletter with a link to the draft plan and feedback form on the MINDSOURCE website were sent out to MINDSOURCE's distribution list
- A link to the draft plan and feedback form were included in the Project Manager's email signature line from September through mid November

October, November, December, and January 2024:

- Community engagement meetings were held at The Center Toward Self Reliance in Pueblo and the Jefferson County Library in Lakewood in the evening hours with refreshments
- Materials were available in English and Spanish including copies of the draft plan, presentation slides and a note catcher document

- Feedback from public meetings and public comment forms was reviewed by the CACBI
- The CACBI subcommittees met to review public feedback and make edits to the draft plan
- Draft plan incorporating public feedback was voted on and approved by the CACBI
- Final draft of plan submitted to Colorado Department of Human Services Leadership for approval

Ongoing:

- MINDSOURCE will share our experience, findings and plan with other states
- MINDSOURCE will provide technical assistance to other states regarding the state planning process if requested

State Plan On Brain Injury 2024 - 2027

Purpose:

MINDSOURCE and the CACBI aim to improve the lives of people impacted by brain injury and their support systems by improving services, resources and supports.

Overarching Values and Key Principles:

1) Champion Accessible, Equitable & Inclusive Services and Supports

- Services are culturally and linguistically inclusive, timely and available in all areas of the state
- System of support fosters a sense of community
- No barriers, including communication, transportation and technology, for ease in enrolling, accessing and continuing services

2) Provide Comprehensive, Whole Person Care Across the Lifespan

- Brain injury specific options, including in person and virtual, exist for all health needs, including behavioral health, for all ages and developmental stages
- Person/family is connected to services as they transition from hospital to community
- Strong care coordination/partnerships make referrals and data sharing efficient and effective
- Providers, including caregivers, have adequate financial support
- Services, including translation/interpretation, are fully funded for effective and equitable implementation and sustainability
- Peer support is a core part of the entire system of support, starting at discharge from hospital/care
- Developmentally appropriate services and supports for children are available, including skill-building into adolescence and adulthood

3) Exemplify Person/Family Centered Care, Supporting and Celebrating All Brain Injury Journeys

- The process starts with developing a support team with the individual/family

- Individual/family prioritizes what is important to them at that time to direct their care
- Assessment protocols, supports and services are tailored to be relevant to people with brain injury's individual needs and experiences
- Providers build relationships based on mutual trust through respect, dignity and compassion, promoting resiliency, and using person first and culturally and linguistically appropriate language

Goal 1: Strengthen the infrastructure and capacity of MINDSOURCE and its partners by designing a sustainable system for *early identification and effective, supportive referrals* for individuals and families impacted by brain injury throughout Colorado

STRATEGY ONE: Expand brain injury screening

Objectives:

- Conduct an environmental scan to determine where screening is occurring and inform gaps to be prioritized
- Use environmental scan and readiness factors to prioritize outreach
- Support and strengthen partners who have existing brain injury screening and protocols (e.g., criminal justice partners) that are trauma-informed
- Develop or adopt and implement an approach for incorporating brain injury screening into routine wellness exams for children and adults
- Explore National Association of State Head Injury Administrator's Online Brain Injury Screening and Support System (OBISSS) as a screening tool to promote

Evaluation Measures/What Success Looks Like:

- Create an accurate knowledge base of where screening is happening statewide (something we can build on/use to address gaps)
- Partners will have incorporated brain injury protocols into their core practices to ensure sustainability
- Will have identified and developed collaborations with brain injury champions in the healthcare field
- Resulting product may be a version of the protocol specific to healthcare

Lead (L) and Key Partners (KP):

- MINDSOURCE (L), Colorado Advisory Council on Brain Injury (KP), Probation (KP), University of Denver (KP), Intimate Partner Violence Service Providers (KP), Healthcare Partners Including Primary Care Physicians, Nurse Practitioners, Physician Associate (TBD as KP), Health Care Policy and Finance (KP), Craig Hospital (KP), Colorado Brain Injury Trust Fund Board (KP), Behavioral Health Administration (KP), Regional Accountable Entities (KP), Division of Youth Services (KP)

STRATEGY TWO: Add existing brain injury resource directories to MINDSOURCE's MindYourBrain campaign website in a format that is accessible for people with brain injuries to navigate

Objectives:

- Connect the MindYourBrain campaign website with existing efforts to provide statewide resource directories, particularly ownpath.co, across the social determinants of health, including behavioral, intellectual, and developmental needs
- Consider organizing pages so that they are downloadable and helpful for navigation, including after hospital transitions
- Collaborate with the Brain Injury Alliance of Colorado (BIAC) to make clear and distinguishable purposes for MINDSOURCE and BIAC websites (some redundancy of content is expected in order to help people find resources they need when they need them)
- Support BIAC in streamlining the resource information on their website, particularly classes and specialized provider lists. Consider including filters providers could use to indicate they have people with lived experience on staff
- Consider promoting existing resources such as BIAC's Symptoms and Supports resource and the United States Brain Injury Alliance's awareness materials

Evaluation Measures/What Success Looks Like:

- People with brain injuries can find resources they need when they need them
- Information shared is consistent across agencies

Lead (L) and Key Partners (KP):

- MINDSOURCE (L), Brain Injury Alliance of Colorado (KP), Colorado Advisory Council on Brain Injury (KP), Department of Personnel Administration (KP)

STRATEGY THREE: Maintain and expand MindYourBrain Campaign

Objectives:

- Partner with the Brain Injury Trust Fund Board to align community grants with MindYourBrain initiatives
- Explore opportunities to promote the campaign year round with the Brain Injury Trust Fund Board
- Explore reaching out to sports organizations to support the campaign's reach and sustainability

Evaluation Measures/What does Success Look Like:

- Increased requests for technical assistance, training from MINDSOURCE
- Increase in people contacting BIAC for supports
- Creation of a framework for awareness that can be used and built upon each year

Lead (L) and Key Partners (KP):

- MINDSOURCE (L), Colorado Brain Injury Trust Fund Board (KP), Colorado Advisory Council on Brain Injury

STRATEGY FOUR: Establish a hospital transition plan for connecting individuals to community resources

Objectives:

- Research how to infuse community transition planning into hospital treatment and discharge plans. Explore existing standards of care for discharge after brain injury

- Develop plan to infuse brain injury resources, including peers, into hospital discharge infrastructure for community supports that is sustainable

Evaluation Measures/What Success Looks Like:

- Successful research/information gathering to inform the transition planning process
- Individuals and families experience person centeredness and informed choice at discharge
- Partners are committed and engaged in connecting patients to community supports at discharge

Lead (L) and Key Partners (KP):

- MINDSOURCE (L), National Association of State Head Injury Administrators (KP), Brain Injury Alliance of Colorado (KP), Craig Hospital (KP), Colorado Advisory Council on Brain Injury (KP)

Goal 2: Strengthen the infrastructure and capacity of MINDSOURCE and its partners by building and sustaining a *straight-forward, efficient and effective system of ongoing supports* for people with brain injuries across the lifespan

STRATEGY ONE: Increase brain injury informed behavioral health services and supports

Objectives:

- Provide training to behavioral health providers to expand screening and use of brain injury informed treatment approaches, including understanding pediatric brain injuries
- Work with BHA to determine components of brain injury training content
- Create a feedback loop with the BHA to identify future brain injury training needs for providers
- Continue to work with the BHA Learning Management System to include brain injury training in behavioral health and peer specialist; advocate for brain injury training to be part of onboarding requirements

Evaluation Measures/What Success Looks Like:

- Track training provided to behavioral health providers. Survey training attendees for feedback to improve content. Follow up contact with attendees post training to check in (e.g., what have they implemented; any questions they have)
- Pilot with a behavioral health site (pilot looking at outcomes for individuals who received brain injury informed behavioral health supports). Possible focus group with clinicians and/or clients to learn how the training impacted implementation of therapy, progress and person centered approach
- Understand what is working well and promote successes among behavioral health providers including peer specialists

Lead (L) and Key Partners (KP):

- MINDSOURCE (L), Brain Injury Alliance of Colorado (KP), Colorado Advisory Council on Brain Injury (KP), Behavioral Health Administration (KP), Additional Behavioral Health Providers (KP)

STRATEGY TWO: Advance use of the Colorado Symptom Questionnaire (Adult and Juvenile)

Objectives:

- Provide guidance on how to administer the questionnaire
- Link to BIAC tip sheet on trauma-informed assessment practices to support a person-centered approach to the assessment
- Ensure the questionnaire is accessible to people outside of the justice system
- Regularly update tips sheets to include useful online and print resources for each symptom area, including how to reinforce the behavioral supports recommended and where to go for more in-depth support
- Ensure the youth tips sheets are available and developmentally appropriate
- Explore validating the Symptom Questionnaire
- Improve visibility of the Symptom Questionnaire on the MINDSOURCE website
- Embed Symptom Questionnaire into brain injury trainings and expand to include in trainings for neurodiversity supports

Evaluation Measures/What does Success Look Like:

- Creation of updated TIPS sheets that include resources
- Research findings regarding validation
- Track traffic to Symptom Questionnaire page on MINDSOURCE website. Consider Google Form completion before access to the Symptom Questionnaire is granted
- Track trainings by following up with attendees post training to check in (e.g., what have they implemented, any questions)

Lead (L) and Key Partners (KP):

- University of Denver (L), MINDSOURCE (KP/L), Colorado Department of Education (KP), Craig Hospital (L/KP), Behavioral Health Administration (KP), National Association of State Head Injury Administrators (KP)

STRATEGY THREE: Increase education and accountability to address gaps in professional's support for people with a BI waiver

Objectives:

- Train Case Managers on best practices for supporting people with a brain injury in enrolling and accessing services (including but not limited to Single Entry Point Agencies, Community Centered Board Agencies, and Benefits Counselors)
- Increase awareness of members and caregivers on brain injury waiver about services available, particularly respite, and knowing their rights to services

Evaluation Measures/What Success Looks Like:

- Develop relationships with Case Management Agencies to provide technical assistance and training. Track training provided and survey attendees. Follow up contact with attendees post training to check in (e.g., what have they implemented, any questions)
- Increase use of brain injury waiver services
- Possible focus groups with brain injury waiver participants

Lead (L) and Key Partners (KP):

- MINDSOURCE (L/KP), Colorado Department of Labor and Employment (KP), Colorado Department of Health Care Policy and Financing (L/KP), Colorado Department of

Education (KP), Regional Accountable Entities (KP)

STRATEGY FOUR: Develop a roadmap that guides people through identifying and accessing services and supports for a brain injury

Objectives:

- Determine if the MINDSOURCE Client Services logic model is a good starting point for a roadmap that supports people on their brain injury journey
- Develop a brain injury roadmap (print and electronic) that helps individuals to track contacts, appointments, and notes from conversations

Evaluation Measures/What Success Looks Like:

- A user friendly roadmap developed with individuals with brain injury lived experience that supports resource navigation and independence through self advocacy

Lead (L) and Key Partners (KP):

- MINDSOURCE (L), Colorado Advisory Council for Brain Injury (KP), Brain Injury Alliance of Colorado (KP), Colorado Department of Education (KP)

Goal 3: Promote *inclusive communities and agencies* while also supporting individuals with brain injuries in *engaging at home, school, work, and community in ways that are meaningful to them*

STRATEGY 1: Develop and implement training for community health workers, health/resource navigators, peer support professionals and other providers on how to support meaningful engagement for people with brain injuries in school, work, home, and community

Objectives:

- Identify navigator and peer support positions within helping agencies and provide outreach to offer a tailored Brain Injury Foundational training (based on MINDSOURCE/BIAC's existing training) on working with people with brain injury
 - Create an inventory of navigator and peer support positions to prioritize for outreach, beginning with existing/expanding state infrastructure, such as Colorado Department of Public Health and Environment's Health Navigation Workforce Development Initiative (<https://cdphe.colorado.gov/health-navigator-workforce-development>) and Colorado's Behavioral Health Administration's Recovery Support Services (<https://hcpf.colorado.gov/peerservices>)
 - Create a repository of existing brain injury professional development/training opportunities and recordings for communities to be able to access when the need arises
- Collaborate with people with lived experience to develop and implement training about what employers, educators, family and community members need to know to respectfully engage and support people with brain injuries
- Work with BIAC to include a filter for organizations that employ people with lived experience, including brain injury

Evaluation Measures/What Success Looks Like:

- Creation and implementation of person centered training for helping professionals and peers to support people with living with a brain injury; including a focus on eliminating barriers to services and advocacy
- Increased understanding of the scope of helping professionals/navigators who support people living with brain injury

Lead (L) and Key Partners (KP):

- MINDSOURCE (L), Brain Injury Alliance of Colorado (KP/L), Colorado Advisory Council on Brain Injury (KP), Colorado Department of Labor and Employment (KP), Colorado Department of Health Care Policy and Financing (KP)

STRATEGY 2: Support opportunities for individuals with lived experience to assist in delivery of trainings for people with brain injuries to support self-advocacy and meaningful engagement in school, work, home, and community

Objectives:

- Collaborate with people with lived experience to expand, develop and implement trainings that support individuals with brain injury in learning ways to meaningfully engage and self-advocate in school, work, home, and community (such as Achieving Healing through Education, Accountability, and Determination (AHEAD) and SAIL (Self Advocacy for Independent Life))

Evaluation Measures/What Success Looks Like:

- Track training provided. Surveys and/or focus groups with training participants. As a second phase provide train the trainer options
- Track new partnerships/collaborations

Lead (L) and Key Partners (KP):

- MINDSOURCE (L), Brain Injury Alliance of Colorado (KP/L), Colorado Advisory Council on Brain Injury (KP), Colorado Department of Education (KP), Craig Hospital Training Department (KP), Colorado Department of Labor and Employment (KP), Colorado Statewide Independent Living Council (KP), Colorado Department of Public Health and Environment (KP), Colorado Department of Health Care Policy and Financing

Monitoring

MINDSOURCE and the CACBI will be responsible for monitoring the state plan and supporting implementation. Monitoring may take the form of progress reports from MINDSOURCE, tracking progress on a dashboard, and attending quarterly meetings and subcommittee meetings. MINDSOURCE will also foster alignment between the CACBI State Plan on Brain Injury and activities of the Colorado Brain Injury Trust Fund Board, and work with both the CACBI and Trust Fund Board to identify opportunities to further progress on the state plan. In addition to the CACBI and Trust Fund Board, MINDSOURCE will partner with community based agencies to further progress on the state plan.

MINDSOURCE evaluates and monitors progress of tasks related to ACL funding and initiatives within the state plan. Success of the state plan will be influenced by several factors, including

partnerships with community based organizations, funding stability, and steadfast support and collaboration of the CACBI and Trust Fund Board.

Conclusion

MINSOURCE would like to conclude this report by acknowledging the commitment and tenacity of the CACBI members in the crafting and completion of the state plan. This plan will align the statewide efforts to increase and improve brain injury screening and services. Furthermore, the creation of the state plan with the CACBI will ensure that Colorado remains on the forefront of bringing innovative person centered ideas to fruition to improve the lives of people with brain injury across the lifespan.

References

1. Whiteneck GG, Cuthbert JP, Corrigan JD, Bogner JA. Prevalence of Self-Reported Lifetime History of Traumatic Brain Injury and Associated Disability: A Statewide Population-Based Survey. *J Head Trauma Rehabil.* 2016 Jan-Feb;31(1):E55-62.
2. Whiteneck GG, Cuthbert JP, Corrigan JD, Bogner JA. Risk of Negative Outcomes After Traumatic Brain Injury: A Statewide Population-Based Survey. *J Head Trauma Rehabil.* 2016 JanFeb;31(1):E43-54.
3. Cuthbert JP, Whiteneck GG, Corrigan JD, Bogner J. The Reliability of a Computer-Assisted Telephone Interview Version of the Ohio State University Traumatic Brain Injury Identification Method. *J Head Trauma Rehabil.* 2016 Jan-Feb;31(1):E36-42.
4. Hunter S, Kois L, Peck A, Elbogen E, LaDuke C. (2023). The prevalence of traumatic brain injury (TBI) among people impacted by the criminal legal system: An updated meta-analysis and subgroup analyses. *Law and Human Behavior*, 47(5), 539-565.
5. Daugherty J, Waltzman D, Sarmiento K, Xu L. Traumatic brain injury-related deaths by race/ethnicity, sex, intent, and mechanism of injury – United States, 2000-2017. *MMWR Morbidity and Mortality Weekly Report.* 2019;68(46):1050-1056.
6. Stubbs J, Thornton A, Sevvick J, et al. Traumatic brain injury in homeless and marginally housed individuals: A systematic review and meta-analysis. *The Lancet Public Health.* 2020;5(1):e19-e32.
7. Topolovec-Vranic J, Ennis N, Colantonio A, et al. Traumatic brain injury among people who are homeless: a systematic review. *BMC Public Health.* 2012;12:1059.
8. Corrigan, J. D., Bogner, J., & Holloman, C. (2012). Lifetime history of traumatic brain injury among persons with substance use disorders. *Brain Injury*, 26(2), 139-150. <https://doi.org/10.3109/02699052.2011.648705>
9. Cuthbert, J. P., Harrison-Felix, C., Corrigan, J. D., Kreider, S., Bell, J. M., Coronado, V. G., & Whiteneck, G. G. (2015). Epidemiology of adults receiving acute inpatient rehabilitation for a primary diagnosis of traumatic brain injury in the United States. *The Journal of Head Trauma Rehabilitation*, 30(2), 122-135. <https://doi.org/10.1097/HTR.0000000000000012>
10. Dreer, L. E., Tang, X., Nakase-Richardson, R., Pugh, M. J., Cox, M. K., Bailey, E. K., Finn, J. A., Zafonte, R., & Brenner, L. A. (2018). Suicide and traumatic brain injury: A review by clinical researchers from the National Institute for Disability and Independent Living Rehabilitation Research (NIDILRR) and Veterans Health Administration Traumatic Brain Injury Model Systems. *Current Opinion in Psychology*, 22, 73-78. <https://doi.org/10.1016/j.copsyc.2017.08.030>
11. Fazel, S., Wolf, A., Pillas, D., Lichtenstein, P., & Långström, N. (2014). Suicide, fatal injuries, and other causes of premature mortality in patients with traumatic brain injury. *JAMA Psychiatry*, 71(3), 326. <https://doi.org/10.1001/jamapsychiatry.2013.3935>
12. Iverson K, Dardis C, Pogoda T. Traumatic brain injury and PTSD symptoms as a consequence of intimate partner violence. *Comprehensive Psychiatry.* 2017;74:80-87.
13. Iverson K, Dardis C, Grillo A, Galovski T, Pogoda T. Associations between traumatic brain injury from intimate partner violence and future psychosocial health risks in women. *Comprehensive Psychiatry.* 2019;92:13-21.
14. Sex, Gender, and Traumatic Brain Injury: Implications for Better Science and Practice; Brain Injury Association of America; Retrieved on 1/3/24; <https://www.biausa.org/public-affairs/media/sex-gender-and-traumatic-brain-injury-implications-for-better-science-and-practice>
15. Brain Injury Association of America; Retrieved on 1/3/24

16. Corrigan, J. D., and Hammond, F. M. (2013). Traumatic brain injury as a chronic health condition. *Arch. Phys. Med. Rehabil.* 94, 1199-1201. doi: 10.1016/j.apmr.2013.01.023

Appendix A

Acronyms

Acronym	Meaning
ABI	Acquired Brain Injury
ACEs	Adverse Childhood Experiences
ACL	Administration for Community Living
ACL-TBI-SPP	Administration for Community Living Traumatic Brain Injury State Partnership Program
AHEAD	Achieving Healing through Education, Accountability, and Determination
BHA	Behavioral Health Administration
BI	Brain Injury
BIAC	Brain Injury Alliance of Colorado
BIMW	Brain Injury Medicaid Waiver
BrainSTEPS	Brain Strategies Teaching Educators, Parents, and Students
CACBI	Colorado Advisory Council on Brain Injury
CBIS	Certified Brain Injury Specialist
CBIST	Certified Brain Injury Specialist Trainer
CCB	Community Centered Boards
CDE	Colorado Department of Education
CDHS	Colorado Department of Human Services
CDLE	Colorado Department of Labor and Employment
CDPHE	Colorado Department of Public Health and Environment
CIL	Centers for Independent Living
CMA	Case Management Agency
CMHC	Community Mental Health Center
DHHS	U.S. Department of Health and Human Services

DVR	Division of Vocational Rehabilitation
HCBS	Home and Community Based Services
HCPF	Colorado Department of Health Care Policy and Financing
IDD	Intellectual and Developmental Disability
IPV	Intimate Partner Violence
nTBI	Non-Traumatic Brain Injury
NASHIA	National Association of State Head Injury Administrators
OAADS	Office of Adult, Aging and Disability Services
OBH	Office of Behavioral Health
OBISSS	Online Brain Injury Screening and Support System
OSU-BI-ID	Ohio State University Brain Injury Identification
PCP	Primary Care Provider
RAE	Regional Accountable Entity
SAIL	Self-Advocacy for Independent Life
SEP	Single Entry Point
SME	Subject Matter Expert
SQ	Colorado Symptoms Questionnaire
TBI	Traumatic Brain Injury

Appendix B

Key Partners

MINDSOURCE - Colorado's brain injury network housed at the Colorado Department of Human Services is the umbrella entity advancing systems, facilitating research, and assuring support services for individuals with brain injury through training, technical assistance and capacity building

Colorado Advisory Council on Brain Injury (CACBI) - a group of up to 20 members that bring their professional and lived experience expertise of brain injury to support MINDSOURCE in developing, implementing, and evaluating the state plan to meet the needs of individuals with brain injury and their families

Colorado Brain Injury Trust Fund Board - a 13 member, statute- and Governor-appointed board administered by MINDSOURCE that guides staff in policy-setting of program goals and strategic planning for the Trust Fund, which receives revenue from various motor vehicle convictions

Administration for Community Living (ACL) - part of the US Department of Health and Human Services, provides funding to advance independence, integration, and inclusion for older adults and people with disabilities; MINDSOURCE receives funding through their TBI State Partnership Grant Program, which supports states in creating and strengthening person-centered, culturally competent systems of services and supports that maximize the independence and overall health and well-being of people with TBI across the lifespan and the people who support them

Behavioral Health Administration (BHA) - Colorado's new cabinet member-led agency, housed within the Department of Human Services, designed to be the single entity responsible for driving coordination and collaboration across state agencies to address behavioral health needs

Brain Injury Alliance of Colorado (BIAC) - a nonprofit organization providing support, connections and resources that people with brain injury and their support network need to thrive in their community

Colorado Department of Education (CDE) - the offices of Health & Wellness and Special Education provides consultation to school teams in development and implementation of educational plans following acquired brain injury

Colorado Department of Health Care Policy and Finance (HCPF) - Colorado's state agency administering Health First Colorado (Colorado's Medicaid program), Long Term Services and Supports, Home and Community Based Services and other health care programs

Colorado Department of Public Health and Environment (CDPHE) - the office of Prevention and Wellness supports children and youth with special health care needs through developing proactive, integrated, and adaptable systems

Colorado Department of Labor and Employment (CDLE) - CDLE connects job seekers with great jobs, provides an up-to-date and accurate picture of the economy to help decision

making, assists workers who have been injured on the job, ensures fair labor practices, helps those who have lost their jobs by providing temporary wage replacement through unemployment benefits, and protects the workplace - and Colorado communities - with a variety of consumer protection and safety programs

Colorado Statewide Independent Living Council - supports Colorado's nine Centers for Independent Living (CILS) to ensure persons with disabilities have access to the resources and community support for living independently and enjoying life to the fullest, promotes systemic reform to remove barriers to independent living, and educates policymakers and the public

Craig Hospital - a world renowned neurorehabilitation and research hospital for people who have sustained spinal cord and/or brain injuries that has received recognition and funding as a Traumatic Brain Injury Model System Center for 24 years

Division of Probation Services - part of Colorado's Judicial Branch, aims to improve the quality of probation services through training, evaluation, policy and program development and implementation, legislative and budget coordination, and interagency collaboration

National Association of State Head Injury Administrators (NASHIA) - the leading source of information and education for state employees who support public brain injury programs, providing information on national trends and best practices, technical assistance and collaboration, and collective representation on federal policy issues

Regional Accountable Entity (RAE) - regional organizations that are responsible for connecting Health First Colorado (Colorado's Medicaid program) members to primary care providers and mental health, substance misuse services and care coordination services including transportation and food assistance

Appendix C

Key Terms

AHEAD (Achieving Healing through Education, Accountability, and Determination) - a freely accessible, psychoeducational curriculum for people with brain injury to gain insights and tools to better cope with and address the symptoms that they deal with, such as short-term memory, delayed processing, and emotional regulation

Brain Injury - damage to the brain from an internal or external source (such as a traumatic or anoxic injury, stroke, or toxic exposure) that occurs post-birth and is non-congenital, nondegenerative, and nonhereditary, resulting in partial or total functioning impairment in one or more areas, including but not limited to attention, memory, reasoning, problem solving, speed of processing, decision-making, learning, perception, sensory impairment, speech and language, motor and physical functioning, or psychosocial behavior

Brain Injury Waiver - one of Colorado's 10 Home and Community-Based Services (HCBS) waivers, which is an extra set of Health First Colorado (Colorado's Medicaid program) benefits (with an extra set of financial and diagnostic eligibility rules), that helps people with disabilities remain in their homes and communities

Case Management Agency (CMA) - a public or private agency that is certified by Colorado Department of Health Care Policy and Finance (HCPF) to provide case management services for Home and Community Based Services waivers, which includes assessment, service plan development and revision, referrals, monitoring, and problem solving support

Colorado Adult Symptom Questionnaire- a questionnaire for self-reporting symptoms related to a brain injury. The person can then receive a set of customized tip sheets with strategies to help address their symptoms. The questionnaire can be completed on paper and a professional can input the responses for the person (for example a Probation Officer or counselor could complete the questionnaire with an individual). There is also a juvenile questionnaire.

Community Health Worker, Advocate or Health/Patient/Resource Navigator - a member of the health care team who helps individuals overcome barriers to quality care and usually is a trusted member of the community they serve with deep understanding often because of shared lived experiences

Online Brain Injury Screening and Support System (OBISSS) - an online, self-administered, screening system using the Ohio State University - Brain Injury Identification Method to determine potential exposure to brain injury in someone's lifetime and identify any associated problems through a symptoms questionnaire which generates specific tip sheets for support

Peer support professionals - individuals who use their lived experience to help others identify practical solutions, problem solve, and practice building skills needed to maintain their health and wellbeing

Person/family centered care - an approach that a) focuses language, values, and actions toward respecting the views of the person and their loved ones, emphasizing quality of life,

well-being, and informed choice and b) is directed by the person with helpers they choose in how best to assist them in working toward their desired life goals while recognizing the intersectionality of their needs

SAIL (Self Advocacy for Independent Life) - an evidence-based, psychoeducational program that aims to equip individuals and families with the skills necessary for self-advocacy so they can effectively secure resources needed to navigate life after a brain injury; for more information click here: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8628308/>

Whole person care - a person's health and wellness are not limited to their physical health, but to their wellbeing, which also includes their mental, emotional, social, economic, environmental, and spiritual health

Appendix D

Colorado Advisory Council on Brain Injury Membership - December 2023

Individual	Organization	Role
Stephanie Agtarap (Co chair)	Craig Hospital	Clinical Rehabilitation Researcher
Kelly Bowman	Behavioral Health Administration	Manager of 988 Enterprise and Statewide Crisis Warm/Hotline
Jody Dickerson *shares spot with Toni Grishman*	Colorado Department of Education, Office of Special Education	Brain Injury Specialist
Ian Engle (Co chair)	NorthWest Colorado Center for Independence	Director
Ben Genzel		Community Member
Toni Grishman *shares spot with Jody Dickerson*	Colorado Department of Education, Health and Wellness Unit	Senior Brain Injury Consultant
Joy Henika	UC Health	Project Coordinator
David Herbstman	Colorado Department of Labor and Employment	Competitive Integrated Employment Unit Manager
Mikalia Gray, CBIST (SME - non-voting)	Brain Injury Alliance Colorado	Vice President of Professional Programs
Meg Janeba	CO Dept of Health Care Policy and Finance	HCBS Benefits Unit Supervisor
Christa Jones	Community Member	Mental Health Clinician
Laura Laureta	Lit Up My Mind	Founder community member
Maria Martinez	Pueblo Brain Injury	Director, community member
Leah McMahon	Colorado Department of Human Services	Colorado Long Term Care Ombudsman
Denise Micciche	Colorado Department of Human Services	State Unit on Aging Program Specialist IV
Jennie Munthali	Colorado Department of Public Health & Environment (CDPHE)	Manager of Children & Youth with Special Health Care Needs
Marissa Oakley	Brain Injury Alliance Colorado	Resource Navigator
Renee Payne	Disability Law CO	Community Integration Specialist