



MINDSOURCE

BRAIN INJURY NETWORK



Colorado Advisory Council on Brain Injury Meeting Minutes

Date: July 20, 2023

Time: 10:00 -12:00 AM

Location: Zoom

NAME	PRESENT	NAME	PRESENT
Board Members		Jones, Christa	x
Agtarap, Stephanie	x	Knauer, Russha	x
Boyd, Kara		Laureta, Laura	x
Dickerson, Jody		Martinez, Maria	x
Engle, Ian	x	McMahon, Leah	
Friedman, Ronen	x	Micciche, Denise	x
Genzel, Ben	x	Munthali, Jennie	x
Hawley, Lenny		Pedler, Rhea	
Heidenreich, Steve		Snelson, Kari	
Henika, Joy	x	Wren, Louisa	
Herbstman, David		Bowman, Kelly	
Grisham, Toni	x		
Janeba, Meg			
Staff		Guests	
Liz Gerdeman (MINDSOURCE)		Jaime Horsfall (BIAC- Subject Matter Expert)	
Kelly Miller (MINDSOURCE)		Mindy Gates (CDHS)	
Lina Kyle (MINDSOURCE)		Amy Engleman (ACL Grant Evaluator)	

Welcomes

Discussion	<p>Kelly welcomed everyone to the group and lead introductions.</p> <p>Stephanie and Ian are now the co-chairs of the council. The group thanked Maria and Russha for serving their term as co-chairs.</p>		
Action Items	Person(s) Responsible	Deadline	
NA			

Approval of Minutes

Discussion	Stephanie moved to approve the minutes from June as written, Russha seconded, and motion passed.		
Action Items	Person(s) Responsible	Deadline	

Discussion

Discussion	<p>State Planning</p> <p>Kelly gave an overview of the timeline for completing the State Plan. She refreshed the Council on what has already been completed and what is still left to do. The goal is to publish the State Plan on the website by the end of the year.</p> <p>Goal One: Strengthen the infrastructure and capacity of MINDSOURCE and its partners by designing a sustainable system of supports for early identification and effective referrals for individuals and families impacted by brain injury throughout Colorado.</p> <ol style="list-style-type: none"> 1. Create an intentional action plan to expand brain injury screening. <ul style="list-style-type: none"> ○ Conduct an environmental scan to determine where screening is occurring and inform gaps to be prioritized. ○ Support and strengthen partners who have existing brain injury screening and protocols (ie criminal justice partners) that are trauma informed. ○ Develop an approach for incorporating brain injury screening into routine wellness exams, such as Adverse Childhood Experiences (ACEs), for children and adults. • Evaluation Measure/What does Success Look Like: <ul style="list-style-type: none"> ○ Will have 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. ○ We 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), CACBI (KP), Probation (KP), DU (KP), Craig (KP), IPV Service Providers (KP), Healthcare Partners (TBD as KP), HCPF (KP), CO BI TF Board Members (KP), BHA (KP)
------------	---

Comments: Ronen suggested setting up a feeder program from primary care providers. He recommended reviewing the page on the Center for Disease Control's (CDC) website on integrating brain injury screening into primary care visits. Ronen emphasized the importance including Nurse Practitioners and other mid-level providers since they play critical roles, especially in rural areas. Ben suggested developing a list of individuals most likely have encounters with people with brain injuries and creating targeted outreach based on their professions. He also wants to see targeted partnerships with organizations such as the Behavioral Health Administration. Ben believes that a dedicated liaison between the Council and other agencies and organizations would be beneficial. Russha suggested requesting a Memorandum of Understanding with the BHA to share data. Russha expressed concern that a state-wide environmental scan would be too broad to be useful and suggested narrowing the scan down to targeted areas of focus. Ben suggested forming subcommittees that focus on the needs of people in target populations. Ben and Ronen both thought in rural areas it would be beneficial to look outside of typical partners and look at making connections with groups who may not be related to health care but are important to the culture of the community. Ronen said that the first step to increase partners and the second step is to put an outcome tracking system in place.

2. Develop a hub of resources that includes providers/organizations specializing in supporting people with brain injury.
 - Expand and house a brain injury friendly resource directory on MINDSOURCE page: mindyourbrainco.org
 - Support and strengthen partners who have existing brain injury screening and protocols (ie criminal justice partners) that are trauma-informed.
 - Connect hub with existing efforts to provide statewide resource systems across the social determinants of health, including behavioral, intellectual, and developmental needs.
- Evaluation Measures/What does Success Look Like?
 - "Brain injury informed" criteria will be defined and qualified partners listed; resulting in a resource directory with knowledgeable supports.
 - Sharing of consistent information across systems will be indicative of success.
- Lead (L) and Key Partners (KP): MINDSOURCE (L), BIAC (KP), CACBI (KP)

Comments: Ben suggested that the Council investigate a way for individuals to provide feedback on providers and organizations. Amy reported that the BHA is developing a resource that will have interactive tool that will provide that type of service called OwnPath.

3. Establish a hospital transition plan system for connecting to community resources.
 - 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.

Comments: None

4. Maintain and expand the Mind Your Brain campaign.
 - Partner with the Trust Fund Vision and Outreach committee.
 - Explore opportunities to promote the campaign year-round.

Comments: Ben asked if there was a possibility of a national public service announcement. He suggested partnering with the National Association of State Head Injury Administrators (NASHIA)

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.

1. STRATEGY ONE: Increase brain injury informed behavioral health services and supports.
 - Provide training to behavioral health providers to expand screening and use of brain injury informed treatment approaches
 - Track outcomes for people with brain injury receiving care from a trained behavioral health provider on brain injury approaches
- Evaluation Measures/What does Success Look Like:
 - Track training provided. Survey training attendees for feedback to improve content. Follow up contact with attendees post training to check in (ie after participating, what have participants implemented, and what questions do they have).
 - Pilot with a behavioral health site. Possible focus group with clinicians and/or clients

- Lead (L) and Key Partners (KP): MINDSOURCE (L), BIAC (KP), CACBI (KP), BHA (KP), Additional Behavioral Health Providers (KP)

Comments: Ben suggested providing discretionary funds to BIAC clients. This was available in the past but is no longer available. Liz said these were purchased services that were eliminated by the Trust Fund Board about 10 years ago, partly due to a reduction in revenue. Since then, the statute has been updated to reflect that the program's funds go to case management type services. It would require legislation to change the statute to allow those types of fund expenditures again.

2. STRATEGY TWO: Advance use of the Colorado Symptom Questionnaire

- Regularly update TIPS sheets to include effective, online and print resources for each symptom area
- 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 (aligns with informed choice)
 - Research Findings
 - Track traffic to the Symptom Questionnaire page on the MINDSOURCE website. Consider Google Form completion before access to the Symptom Questionnaire is granted
 - Track trainings. Follow up contact with attendees post training to check in (ie what have they implemented any questions) Lead and
- Lead (L) and Key Partners (KP): University of Denver (L), MINDSOURCE (KP/L), CDE (KP), Craig Hospital (L/KP), BHA (KP) Brain Injury State Plan FY 2024-2027

Comments: None

3. STRATEGY THREE: Increase education and accountability to address gaps in case managers' support for people with a brain injury waiver

Objectives:

- Training for Single Entry Point Case Managers on best practices for supporting people with a brain injury in enrolling and accessing services

- Increase awareness of members and caregivers on BI waiver about services available, particularly respite, and knowing their rights to services
- Evaluation Measures/What does Success Look Like:
 - Develop relationships with SEPs to provide technical assistance and training. Track training provided. Survey attendees. Follow up contact with attendees post training to check in (ie what have they implemented any questions)
 - Increase use of BI waiver services (would have to collaborate with partners to see if this can be tracked)
 - Possible focus groups with BI waiver participants
- Lead (L) and Key Partners (KP): MINDSOURCE (L/KP), CDLE (KP), HCPF (L/KP), CDE (KP)

Comments: None

4. STRATEGY FOUR: Develop a resource road map that guides people through the steps for identifying and accessing resources for a brain injury
- Determine if the MINDSOURCE Client Services logic model is a good starting point for a resource road map that supports people on their brain injury journey
 - Develop a brain injury passport for the roadmap (print and electronic) that tracks contacts, appointments, and notes from conversations
 - Develop a brain injury passport for the roadmap (print and electronic) that tracks contacts, appointments, and notes from conversations
 - Evaluation Measures/What does Success Look Like:
 - The end result will be a user friendly tool developed with individuals with brain injury lived experience
 - Creation of a tool/resource that provides opportunity to gain independence through self advocacy
 - Lead (L) and Key Partners (KP): MINDSOURCE (L), CACBI (KP), BIAC (KP), CDE (KP)system to ensure effective treatments for people with brain injury.

Comments: Russha disliked the phrase “road map” because it sounds prescriptive and implies there’s an optimal path for all people. Ian suggested calling it Options Counseling Tool instead.

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

STRATEGY: Develop and implement a training for navigators and peer supports about how to support people with brain injuries and professionals to support them in meaningfully engaging in school, work, home, and community.

- Identify navigator and peer support positions within helping agencies
- Develop training with brain injury peer coaches/mentors about what individuals with brain injuries need to know and do to meaningfully engage
- Develop training with brain injury peer coaches/mentors about what employers, educators, family and community members need to know to respectfully engage people with brain injuries
- Evaluation Measures/What does Success Look Like:
 - We will have a clear and comprehensive definition of “navigator”
 - 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), BIAC (KP/L), CACBI (KP), CDE (KP), Craig Hospital Training Department? (KP), CDLE (KP), CILS (KP)

Comments: Ian suggested boarding the types of individuals who may find training beneficial. Ben suggested looking into the Governor’s recently announced training program to fund certification of Brain Injury Specialists.

Action Items	Person(s) Responsible	Deadline

Public Comment

Discussion	There was no public comment.	
Action Items	Person(s) Responsible	Deadline
NA		

Parking Lot

Discussion	There are no parking lot items.		
Action Items	Person(s) Responsible	Deadline	
NA			

Next Meeting: Thursday, August 17, 2023, 10:00 a.m. – 12:00 p.m

Minutes collected by Lina Kyle