

**REPORT TO THE LEGISLATURE  
COMPREHENSIVE STATEWIDE PLAN**

**Washington State Traumatic Brain Injury  
Strategic Partnership Advisory Council  
RCW 74.31.020**

**January 15, 2025**

Aging and Long-Term Support Administration  
Home and Community Services /  
State Unit on Aging

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## INTRODUCTION

The **Washington State Traumatic Brain Injury (TBI) Strategic Partnership Advisory Council (TBI Council)** in collaboration with the Department of Social and Health Services (DSHS) developed the TBI Comprehensive Statewide Plan pursuant to: [Chapter 74.31 RCW: TRAUMATIC BRAIN INJURIES](#) (wa.gov). Updated every two years, the Comprehensive Plan is a roadmap to guide state leadership, public officials, healthcare providers and communities statewide address the unique needs of residents impacted by TBI.



The TBI Council is comprised of 25 people, including members with TBI, members from the public and private sector, medical and human service professionals, family members and caregivers, and state agency representatives. The council's mission is to strategically partner with, and advise, DSHS and other state agencies on resources, services, and systems that impact people with TBI, caregivers, service providers, and the residents of the state.

A **traumatic brain injury (TBI)** is an injury to the brain caused by physical trauma resulting from, but not limited to, incidents involving motor vehicles, sporting events, falls, and physical assaults. A TBI shall be of sufficient severity to result in impairments in one or more of the following areas: cognition; language memory; attention; reasoning; abstract thinking; judgment; problem solving; sensory, perceptual, and motor abilities; psychosocial behavior; physical functions; or information processing. The term does not apply to brain injuries that are congenital or degenerative, or to brain injuries induced by birth trauma. Acquired brain injury, stroke, or mental health issues with no TBI do not fall under this definition.

### **2022 WA Department of Health (DOH) Data: Special Emphasis Report: TBI** (see Appendix D)

- 34,000+ injuries and deaths from TBI combined
- Primary causes are firearms, suicide, falls, motor vehicle crashes and assault/homicide
- Fall injuries were the leading cause of hospitalizations and emergency room visits

### **Health Equity & Belonging**

TBI can impact anyone anywhere, but data shows that certain populations are more likely to be affected by a TBI or experience long-term health effects ([Health Disparities in TBI | Traumatic Brain Injury & Concussion | CDC](#)). The planning, coordination, and delivery of services must consider diverse communities across the lifespan of an injury.

### **According to the Center for Disease Control (CDC), higher-risk groups include:**

- Traditionally marginalized racial and ethnic groups
- Military service members and veterans
- People who experience homelessness

- People who are in correctional or detention facilities
- Survivors of intimate partner violence
- People with lower incomes and those without health insurance
- Older adults
- People living in rural areas

To reduce [health disparities](#) and increase [health equity](#), the CDC conducts surveillance and reporting on TBI-related deaths to support data-driven solutions, such as its [Roadway to Safer Tribal Communities Toolkit](#). The CDC has also developed and advocated for virtual training programs and telehealth initiatives that increase access.

## COMPREHENSIVE PLANNING & CORNERSTONES

**Comprehensive planning** is a process to identify community goals and aspirations in terms of community development. The impact of TBI connects a unique community of professionals, practitioners, educators, advocates, caregivers, and people of all environments and experiences.

**Community planning** is a process to assess needs, gaps, barriers, and data. It connects government and community through strategic partnership and influence – ideally improving outcomes for everyone.

**Healthy community planning** goes a step further integrating evidence-based health strategies into planning, development, and decisions – creating sustainable quality of life and resilient communities.

**The TBI Council** believes both **comprehensive and healthy community planning** are needed to best serve the needs of our TBI communities in Washington state.

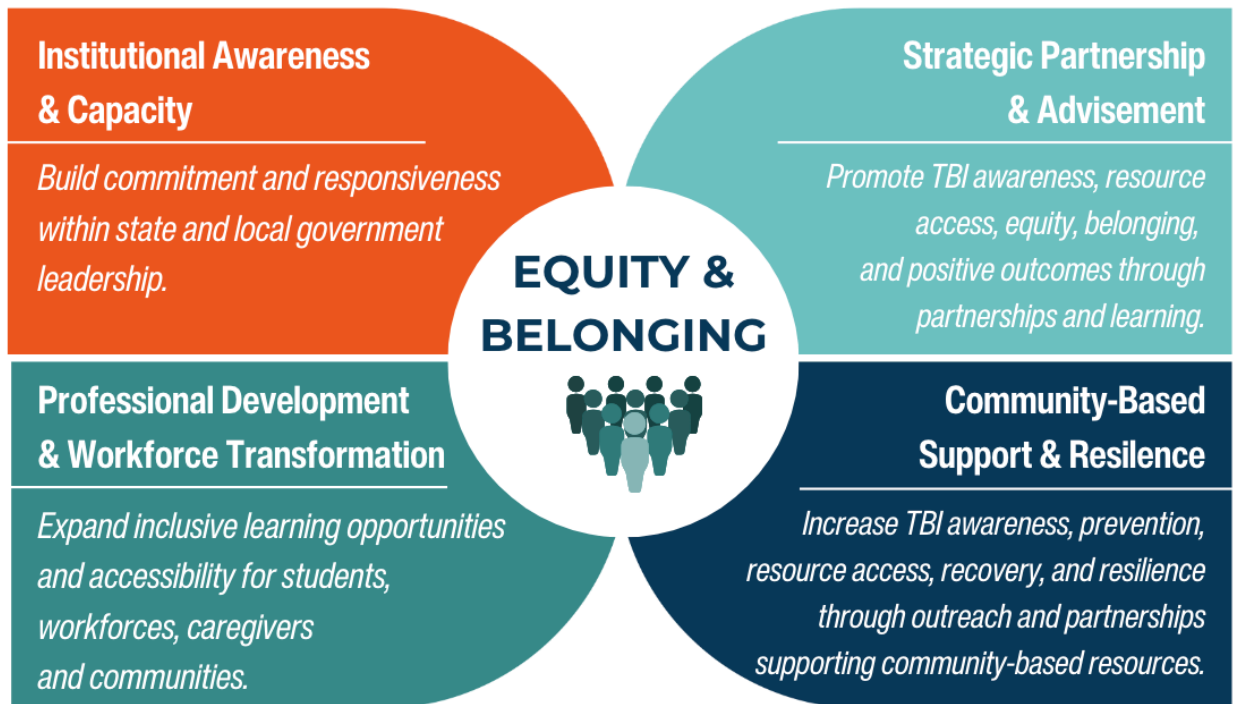
DSHS and the TBI Council are committed to supporting the TBI community by continually adjusting and evolving with data-driven planning, strategic partnerships and building a strong foundation that provides statewide support.

With 15 years of hard work and effort, the TBI Council has built a robust network of strategic statewide partnerships that support TBI awareness, prevention, and advisory efforts. This comprehensive plan is **strategic call to action for these partnerships to collaborate** across state leadership, community and health organizations, and all stakeholders. This collaborative approach is key to better supporting the TBI community, despite limited resources and shrinking budgets.

## TBI Council Cornerstones Framework of Focus

The TBI Council takes a strategic approach to planning and partnerships, built on the foundation of four foundational cornerstones, which center **EQUITY & BELONGING** in all decisions and intentions ([Appendix E – TBI Equity & Belonging Framework](#)).

# TBI COUNCIL CORNERSTONES



### **Institutional Awareness & Capacity**

Build commitment and responsiveness within state and local government leadership and branches.

### **Strategic Partnerships & Advisement**

Engage in partnerships and learning to promote TBI awareness, resource access, equity and belonging, and positive outcomes around injury and violence prevention.

### **Professional Development & Workforce Transformation**

Expand inclusive learning opportunities and increase accessibility for students, workforces, caregivers, and communities.

### **Community-Based Support & Resilience**

Increase awareness, prevention, resource access, recovery, and resilience around TBI with outreach and resource partnerships that support community-based resources.

## **CORNERSTONE - Institutional Awareness & Capacity**

*Build commitment and responsiveness within City, County, and State government Executive, Legislative, Judicial branches, and state agency policy makers.*

### **STRATEGIES**

- 1.) Promote person-centered, trauma-informed practices within public service sector to support workforces, communities, and all types of caregivers.
- 2.) Advocate for awareness, capacity-building, and investments supporting caregivers and TBI. Leverage TBI Council and Pathways group to help expand awareness to policy makers.
- 3.) Use and share the TBI Equity & Belonging framework (see Appendix E) in all comprehensive planning and related processes.
- 4.) Regularly communicate identified barriers and gaps to state policy makers and proactively develop/seek solutions.
- 5.) Build relationships and resource awareness within governance institutions and workforces.

Investing in and integrating person-centered and trauma-informed practices into health and social service systems is critical to building public awareness and capacity for people with TBI, caregivers of all types, providers and practitioners, and the broader community.

There is a need for targeted investments to certain areas and demographics, as well as a need for universal access across the state, in all communities, and in a variety of environments.

**Investing in and supporting caregivers**, whether family or not, whether paid or unpaid, is necessary to care for and support people with TBI and their providers. It is important for the TBI Council in its **strategic partnership advisory** role to **advocate for caregivers** at the **institutional leadership** level to build **commitment and responsiveness to the needs of those caregivers and people with TBI**.

### **STAKEHOLDERS & PARTNERSHIP OPPORTUNITIES**

*Suggested stakeholders and partners to strengthen and deliver this cornerstone. This list is not complete or comprehensive – it's designed to provide suggestions.*

- Executive Branch
- Judicial Branch
- Legislative Branch
- City, County, and Regional Leaders
- WA State Institute for Public Policy (WSIPP)
- Department of Commerce Housing and Capital Development
- Office of Equity
- Caregivers
- Families
- Workforce Development Agencies
- Social Service Providers
- Healthcare Providers
- Washington Department of Veterans Affairs
- Washington State Office of Superintendent of Public Instruction
- Crisis and First Responders
- 988 Suicide & Crisis Lifeline

- Office of the Long-Term Care Ombudsman

## **CORNERSTONE - Strategic Partnerships & Advisement**

Engage in partnerships and learning to promote TBI awareness, resource access, equity and belonging, and positive outcomes around injury and violence prevention.

### **STRATEGIES**

- 1.) Develop TBI Council work with strategic advisory partnerships and guidance of DSHS.
- 2.) Using the TBI Equity & Belonging framework (see Appendix E), target outreach and support to groups, communities, providers, and caregivers experiencing health disparities and inequities.
- 3.) Elevate, advocate for, and address TBI priorities for incarceration, recidivism, reentry, transitional supports, impacted family and caregivers, health equity, and building value case to show multi-system return on investment (ROI).
- 4.) Collaborate with community partners (funded and unfunded) and local coalitions to align public awareness outreach plans and share resources – including, WA 211 information and referral resources, TBI prevention, support group information and more.
- 5.) Participate in relevant and intersectional workgroups to support TBI-responsive solutions and decisions.

Based on CDC data, certain groups and demographics are more likely to get a TBI, and more likely to experience health **disparities from lack of access, awareness, quality care, and other factors** out of the person's control. Priority groups for strategic **partnership and advisement** include but are not limited to these **high-risk groups, caregivers, providers, practitioners, and communities** of all types.

**Strategic advisory partnerships** are needed to raise **awareness, advocacy, learning, and solutions** to address health equity concerns for the **TBI community, caregivers, and intersectional groups. A key priority is advocating for and messaging the value of caregivers**, whether family or not, whether paid or unpaid.

In alignment with the CDC, the TBI Council has acted through its strategic partnerships to reduce health disparities and increase health equity. Some examples of this include ongoing partnerships with [Safe Kids Washington](#), the [Department of Health](#), and [the Center on Brain Injury Research & Training \(CBIRT\)](#) to support community-identified needs through investments in expanded access, safety equipment resourcing, [virtual workshops and learning opportunities](#), [injury prevention education materials](#), [workforce development](#), [research](#), and targeted outreach and engagement. One example of a data-driven equity investment to expand access is through the translation of tool kits, manuals, guides, evaluative and other materials as requested. For example, the [Traffic Garden Tool Kit](#), available in 12 languages at the [DSHS Publications Library](#).

In addition to ongoing partnerships and collaborations that promote health equity, the TBI Council invests in pilot projects that are data-driven to reduce health disparities. For example, between 2020 and 2024, a pilot was completed in partnership with the Department of Corrections to

design, implement, evaluate, and report on screening and supports for TBI. More on this project can be found here: [Corrections System | DSHS \(wa.gov\)](#)

Another priority intersection and impact point is found within state **prisons**, where data shows a much higher rate of TBI amongst those who are and have been incarcerated than is found in the general community. Another critical intersection is found within **schools**, where a new **Student Head Injury Concussion Reporting** mandate (House Bill 2731) exists, which has increased advisory partnership opportunities in school environments and workforces.

## **STAKEHOLDERS & PARTNERSHIP OPPORTUNITIES**

*Suggested stakeholders and partners to strengthen and deliver this cornerstone. This list is not complete or comprehensive – it's designed to provide suggestions.*

- WA State Institute for Public Policy (WSIPP)
- Tribal Nations
- SafeKidsWA Coalitions
- Safe Routes to School
- Falls Prevention Coalitions
- Department of Corrections
- Reentry Council
- K-12 Faculty and Athletics
- Post-Secondary Faculty and Athletics
- Parks and Recreation
- Washington Department of Veterans Affairs
- Crisis and First Responders
- Office of the Long-Term Care Ombudsman
- 988 Suicide & Crisis Lifeline
- Department of Commerce Office of Firearm Safety & Violence Prevention
- State Unit on Aging
- Area Agencies on Aging
- First Responders
- Law Enforcement
- Justice System
- Military and Veterans
- Caregivers
- Families
- Social Service Providers
- Housing and Homeless Providers
- Healthcare Providers

## **CORNERSTONE - Professional Development & Workforce Transformation**

Expand inclusive learning opportunities and increase accessibility for students, workforces, caregivers, and communities.

### **STRATEGIES**

- 1.) Promote person-centered, trauma-informed practices with students, workforce, caregivers and communities of all types.
- 2.) Engage and provide outreach to workforce development groups that intersect with TBI, cognitive diversity and behavioral supports. Examples are first responders, law enforcement, criminal justice and corrections entities.



- 3.) Identify, engage, and target support to key access points for info, assistance, and referral. This includes increasing language access and cultural relevance of existing and future learning opportunities/materials.
- 4.) Support a wide range of learning options for learners and caregivers of all types across regions, industries, and sectors.

To support **people with TBI**, we must also support **caregivers, families, and communities**. One way to do that is through professional and workforce development efforts to build awareness, skills, capacity, and resources that are more responsive to people with TBI and caregivers.

**Person-centered and trauma-informed practices** are key in the transformation and development of skills in those who are supporting people with TBI, as well as **caregivers, providers, employers, educators**, and others in the **communities and environments** where people work.

There is a need for **targeted investments** in professional and workforce development resources, trainings, and technical assistance to certain groups and efforts, such as with **law enforcement and first responders**, as well as a need for **universal access and outreach to all workforces, professionals, and communities of practice**.

More information is being gathered on **languages** spoken and other **communication gaps and cultural awareness** relevant to, and necessary for, effective professional development and workforce transformation.

## **STAKEHOLDERS & PARTNERSHIP OPPORTUNITIES**

*Suggested stakeholders and partners to strengthen and deliver this cornerstone. This list is not complete or comprehensive – it's designed to provide suggestions.*

- Office of Superintendent of Public Instruction (OSPI)
- Local Education Coalitions
- First Responders
- Law Enforcement
- Caregivers
- Families
- Area Agencies on Aging
- Housing and Homeless Programs
- 988 Suicide & Crisis Lifeline
- K-12 Faculty and Athletics
- Post-Secondary Faculty and Athletics
- Workforce Development Agencies
- Social Service Providers
- Healthcare Providers
- Washington Department of Veterans Affairs
- Crisis and First Responders
- Office of the Long-Term Care Ombudsman

## **CORNERSTONE - Community-Based Support & Resilience**

Increase awareness, prevention, resource access, recovery, and resilience around TBI with outreach and resource partnerships that support community-based resources.

## **STRATEGIES**

- 1.) Target universally accessible supports to groups and environments most impacted by TBI, most at-risk of TBI and most at-risk of health disparities connected to TBI.
- 2.) Support community learning and development to improve health equity via safety equipment resourcing, traffic garden development, and other collaborations as defined by the community or local coalition.
- 3.) Increase language access and cultural relevance of existing and future resource materials and events.
- 4.) Build relationships and partner with agencies and groups specialized in providing support and healthcare for refugee, immigrant, and asylum-seeking communities.
- 5.) Leverage public awareness and outreach efforts in community groups for expansion of sharing information and materials.

**Community-based support** is key for building statewide TBI **relationships, access, connections, resources, and resiliency**. Based on CDC data, certain groups and communities are more likely to get a TBI and more likely to experience health **disparities** from **lack of access, awareness, quality care, and other factors** out of the person’s control. Priority groups for community-based support and resilience work include and target (but are not limited to) these **communities and their caregivers, providers, students, and environments**.

While there is a need for **targeted investments** to certain groups and efforts, there is also a need to ensure and **maintain universal access** across the state and for all types of communities.

A key priority in the work to ensure **timely access to community-based resources** is found in the updating and aligning of **Information & Referral (I&R)** to Inform USA Standards, as well as integrating with **person-centered and trauma-informed practices**. These efforts require working closely with **regional and local access points** to provide I&R.

## **STAKEHOLDERS & PARTNERSHIP OPPORTUNITIES**

*Suggested stakeholders and partners to strengthen and deliver this cornerstone. This list is not complete or comprehensive – it’s designed to provide suggestions.*

- Tribal Nations and Communities
- Healthcare Authorities
- Specialized Support Groups
- Specialized Providers (Military, Veterans, Domestic Violence, Youth, LGBTQIA+)
- Community-based Healthcare
- Department of Commerce Office of Firearm Safety & Violence Prevention
- WA 211
- Community Living Connections
- Area Agencies on Aging
- Schools
- Community Centers
- Faith-based and Spiritual Centers
- Senior Centers
- Cultural Centers
- Museums and Libraries
- Daycare
- Families
- Military and Veterans
- Local Health Fairs
- SafeKidsWA Local Coalitions
- Safe Routes to School
- Falls Prevention Coalitions

- Social Service Providers
- Housing Providers
- Community Action Coalitions
- Crisis and First Responders
- Office of the Long-Term Care Ombudsman
- 988 Suicide & Crisis Lifeline
- Washington Department of Veterans Affairs
- Reentry and Community Corrections
- Local Businesses

## **REVENUE FORECASTING - 12T-Traumatic Brain Injury Account**

Comprehensive Plan activities are funded by the 12T-Traumatic Brain Injury Account, managed by DSHS. Revenue is generated by \$5 fee collected from traffic infractions.

### **The TBI account funds the mandated activities in RCW 74.31:**

- Recommendations and policy in the statewide TBI comprehensive plan
- Information and Referral
- Public awareness campaign
- Support group opportunities; and,
- DSHS staff costs to support the TBI Council programs and projects

### **Information and Referral**

Resource Allocation – 50% (approximately)

- Information and Referral services
- Advocacy assistance
- Increase access via No Wrong Door partnerships
- Education and training opportunities for providers, caregivers, and state agencies
- Integrate person-centered and trauma-informed practices

### **Public Awareness, Prevention, Equity, and Health Community Planning**

Resource Allocation – 40% (approximately)

- Public awareness, outreach and prevention efforts with statewide programs, projects, partnerships, and community events via funded and unfunded efforts
- Increase the scope and effectiveness of public awareness and outreach
- Targeted universalism and health disparities for access to community support not historically served
- Timely and representative access to community and regional based information and resources Support caregivers, paid and unpaid, from all community types

### **Institutional Supports and Advise ment**

Resource Allocation – 10% (approximately)

- Partnership development and transitional support
- Commitment and responsiveness to the needs of caregivers and people with TBI

- Institutional program understanding and design to support expansion of system

### 12T-Traumatic Brain Injury Account funding

The 12T - Traumatic Brain Injury Account under the state Treasury is funded from a dedicated account created by state law that takes a portion of each traffic ticket written and is managed by DSHS per statutory authority. **Per RCW 74.31.060** the Traumatic Brain Injury account is funded by a \$5 fee from traffic infractions as outlined in RCW 46.63.110. Funding can be spent after appropriations within the revenue collections amount. Fewer traffic tickets are being written, year over year. Over the last four years the state has seen a decrease in traffic infractions due to the pandemic (less people driving) and now more recently, the introduction of more traffic cameras (which do not assess the \$5 fee for the 12T fund).

- **FY 23-24** – \$3.4M revenue deposited.
- **FY 24** – Legislative session bills 6115 and 2384 changed how fees are collected on traffic cameras, eliminating the \$5 fee that is typically assessed from traffic infractions for the 12T account. The state has extensive plans for increasing the number of traffic cameras for assessing traffic violations, **substantially reducing revenue collection for FY 25 and beyond.**
- **FY 25-26** – Projected total revenue loss \$1M - \$1.9M.

**RECOMMENDATION** - Due to legislative changes and slowing collection rates, the existing method for funding the 12T-Traumatic Brain Injury Account may no longer be sufficient or sustainable. DSHS needs to consider whether it can identify a more stable funding source or transition established projects and services to other sources.

### Traumatic Brain Injury Account Funding Decrease Planning & Recommendations

Based on 2024 Washington State Legislative decisions, the future potential impact to the 12T - Traumatic Brain Injury Account is uncertain and difficult to determine.

With the new laws from the 2024 legislative session, which increased the opportunity for traffic cams, this could impact the revenue stream further, as traffic cams issue civil citations which are not subject to TBI fund collection. Some ideas for transitioning to other funds sources are as follows:

TBI Programs & Services	Current Budget Needed	2025 Estimated Funds	2026 Estimated Funds	Recommended New Funding Source (as TBI fund decreases)
DSHS/TBI Council Staffing	\$365,000	\$250,000	\$250,000	Request DSHS pursue a Decision Package opportunity as needed
WA 211 I&R	\$250,000	\$247,000	\$247,000	Partially fund through Medicaid Admin Claiming

In-Person Support Groups	N/A	\$125,000	\$125,000	Funded by SFY25 State General Fund Proviso outside of 12T Account. Additional State funding needed in July 2025 to continue offering in-person support groups.
Virtual Support Groups/ Infrastructure	\$37,000/ \$9,000	\$19,000	\$40,000	Request DSHS pursue a Decision Package opportunity as needed
Public Awareness, Education, DES	\$150,000	\$150,000	\$150,000	Request DSHS pursue a Decision Package opportunity as needed
SafeKids	\$150,000	\$150,000	\$150,000	Seek partnership for funding by WSDOT, DOH, Cities/Counties, OSPI
University of Oregon – Workshop and Education Programs	\$193,000	\$225,500	\$225,500	Request DSHS pursue a Decision Package opportunity as needed
ECHO	\$127,000	\$133,000	\$133,000	Seek partnership opportunity with Labor & Industries Division of Occupational Safety and Health (DOSH)

**Funding Consideration Detail:**

**In-Person Support Group Funding** - A 2024 legislative budget proviso awarded \$125,000 in general fund-state appropriation to deliver at least one in-person TBI support group in each region of the state served by an accountable community of health as defined in RCW 82.04.43395. Offered quarterly, this proviso funded one year’s worth (July 2024-June 2025). These in-person support groups will complement the current offering of virtual support groups. If these in-person support groups are to continue after June 2025, additional funding will need to be awarded.

**Augmenting the cost of Information & Referral by requesting Medicaid Admin Claiming (50% federal/50% state)** through the Health Care Authority to match qualified state expenditures when WA211 screens and/or assists callers to access Medicaid.

## FY 2023-2024 ACCOMPLISHMENTS & LOOKING FORWARD

Development of access to services and supports, professional workforce and caregiver resources and training, accessibility of information and materials, public awareness, and shared learning.



### TBI Strategic Partnership Advisory Council

The Council partners with DSHS and stakeholders in a strategic advisory role. This includes but is not limited to six TBI Council meetings, monthly Executive Committee leadership meetings, and monthly Pathways meetings. These meetings are intentional spaces for members to identify areas of impact to further equity and belonging, access to information, resource development, and TBI awareness.

### Development of Equity & Belonging Framework

The TBI Council developed a TBI Equity Framework for use when considering how partnerships and projects foster equity and belonging for those experiencing TBI. The framework outlines considerations such as: inclusion, barriers, needs/gaps, and partners. The framework was well received by DSHS leadership as a model for how to apply an agency-wide equity framework to specific communities or groups. See Appendix E for Equity & Belonging Framework.



### Information and Referral (I&R) Services



Since November 1, 2022, WA 211 has been the provider for DSHS TBI information and referral. In the first 20 months (thru fiscal year June 30, 2024), **WA 211 received 25,930 calls from people who had experienced a TBI.** In fiscal year 2024, 100% of callers were satisfied with the overall customer service from WA 211, would call WA 211 again, and would recommend 211.

**Those 25,930 callers were provided 93,448 total referrals to 7,570 local agencies.**

**On average, WA 211 receives about 1300 calls per month** from people who have experienced a TBI. See Appendix C for detailed reports.

**Of the 93,448 total referrals, these were the top needs:**

- Housing and shelter – 34,559 referrals
- Other – 12,327 referrals
- Government & Legal – 11,006 referrals
- Food – 8,307 referrals
- Utilities – 7,938 referrals
- Healthcare – 4,774 referrals
- Clothing & household – 3,941 referrals
- Mental health & addiction – 3,763 referrals

**Accessible, affordable housing and shelter is an overwhelming need in Washington state** for all residents but especially for those who have experienced a TBI.

## Expanded Monthly Email Newsletter

DSHS staff has a monthly email newsletter, *Heading Forward*, that is currently sent to just over 67,000 recipients. This newsletter distribution grew 275% in 2023-2024 with the following stakeholder groups – state agencies, government officials, community service and cultural centers, health and social service providers, teachers and coaches, athletic teams, therapy and rehabilitation providers, first responders and law enforcement, farms and food producers, news and media, libraries, faith-based and spiritual organizations, local businesses, public health and housing authorities, post-secondary faculty and students, and K-12 education system and partner network.



## Statewide [TBI Survey](#) with the [Center on Brain Injury Research & Training \(CBIRT\)](#)

The goal of the survey was to learn:

1. What problems people with TBI have getting the services and supports they need
2. What kind of help is available to people with TBI

This survey was based on two previous brain injury needs assessment surveys (Oregon and [Colorado](#)). Through collaborative planning and design processes with Councilmembers, other subject matter experts with lived experiences, and other stakeholders, three versions of the survey were created:

- one for people with lived experiences of TBI
- one for caregivers of people with TBI
- one for service providers who serve people with TBI

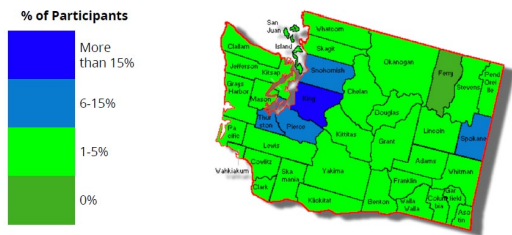
In design and dissemination, there was a focus on Council priorities and communities of interest, such as veterans and military, rural areas, tribal governments and communities, domestic and intimate partner violence, traditionally marginalized communities, first responders, educators and schools, and more.

Data was collected from November 2022 to November 2023. In total, 765 people took the survey: 437 people with lived experience of TBI, 184 caregivers, and 144 service providers.

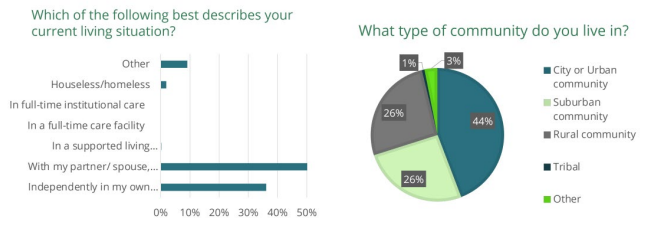
[The survey report and recommendations can be found here.](#)

[Quantitative results can be found here.](#)

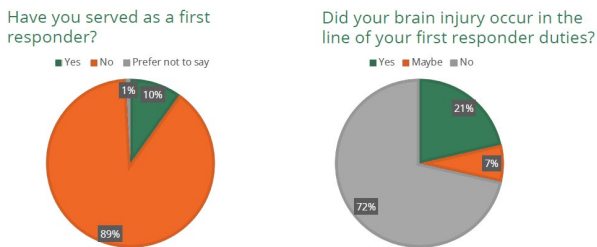
### What county do you live in?



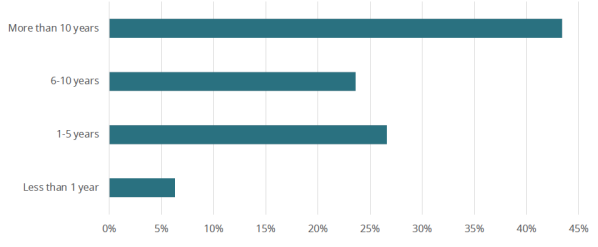
### Living Arrangements



### First Responders



### How long has it been since your injury?



### *samples from the quantitative results*

### TBI Pilot-to-Program Project with the Department of Corrections (DOC)

People in correctional facilities and detention environments have **higher rates and risk of TBI** ([CDC, 2024](#)). Despite knowledge of this, there is no standard screening or permanent programming for TBI in our state corrections facilities. This is costly, impeding successful outcomes in **recovery, rehabilitation, supported release, and safe reentry**. Data is limited due to a lack of TBI programming and data collection in state facilities, but **initial screening shows 72% of people in state corrections have experienced a TBI**, as opposed to just 8.5% of the general public ([Washington State DOC, 2020](#)). This means that in Washington state, **TBI is around eight times more prevalent in people who are incarcerated than those who are not**. It is clear this is an intersection of impact, and with clarity comes the potential for high value and high impact solutions.

To address a dire need and bring awareness to this critical issue, this project was piloted as a time-limited collaboration with the end goal of a commitment to continue TBI programming post-project completion in 2024. In alignment with stakeholder and data-driven priorities, this project is grounded in [TBI Council Comprehensive Plan](#) recommendations and ongoing participant input. This project heavily considered, and adapted to, the corrections environment and community, as well as aligned with overall [equity and belonging efforts](#).

The project established six components of support:

- TBI Screening
- Incarcerated Resources
- Virtual Support Groups
- Training & Skill-Building
- Workforce Training
- Resource Development



Between July 2020 and June 2024, TBI Council staff met weekly with DOC program staff to plan, implement, monitor, improve, and evaluate TBI programming within the state prison system. Coordinated TBI screening, training, education, and supports were implemented into state correctional facilities for the first time in 2020. **By August 2021, more than 500 people had been screened, with data showing that roughly 72% of those screened were knocked out or had lost consciousness at least once** in their lifetime.

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*"I'd still be confused about where I was or what was wrong with me, what I'm fighting. Now I realize, wow — this is critical info. It's encouraging, it could change a life. It could save a life."*

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**TBI Inside Corrections** is a brief informational video developed in collaboration with Colibri Facilitation to promote awareness and provide more information on these efforts.

### **Looking Forward, 2025-26**

Although the needs of individuals impacted by TBI have always been greater than the funding available in the 12T account, the expansion of traffic cameras that are exempt from the account will reduce available funding and increase the need to diversify funding beyond just that available in the 12T account. The future potential impact to the 12T account is uncertain and difficult to determine.

If additional funding is available, the following areas would support TBI service needs beyond the scope of the TBI Council:

- Increase Specialized Behavioral Health Housing for TBI
- Sustain DOC TBI Screening and Programs
- Expand DOH Safe Kids and injury and violence prevention efforts
- Dedicated resources for TBI family caregivers as identified in the CBIRT Survey

### **In-Person Support Groups**

Thanks to a 2024 legislative budget proviso, the state was given \$125,000 in general fund-state appropriation to deliver statewide in-person support group in each region of the state served by an accountable community of health as defined in RCW 82.04.43395. These in-person support groups supplement the existing virtual support groups. The TBI Council intends to leverage these in-person support groups as an opportunity to better connect across the state with those who have experienced a TBI.

### **Convert DSHS TBI website to wa.gov**

By moving the [DSHS TBI website](#) to wa.gov it allows for greater translation access. This is an important need for equitable access.

## Appendix A - TBI Council Members

<b>MEMBER</b>	<b>BOARD POSITION</b>
<b>VACANT</b>	Native American Tribe in Washington State
<b>Tracy Kahlo</b>	Non-profit organization serving individuals with TBI
<b>VACANT—Pending</b>	Non-profit organization serving individuals with TBI
<b>VACANT—Pending</b>	Individual with expertise working with children with TBI
<b>VACANT—Pending</b>	Physician with experience working with individuals with TBI
<b>Dr. Glenn Goodwin</b> Pending replacement	Neuropsychologist with experience working with persons with TBI
<b>Chad Anderson</b>	Social worker with experience working with persons with TBI
<b>Taylor Brummett</b>	Rehabilitation Specialist with experience working with TBI
<b>Julia Terlinchamp</b>	Individual with TBI
<b>Amber Medina</b> Pending replacement	Individual with TBI
<b>Montana Johnston</b>	Family member of individual with TBI
<b>Daphne Nolte</b>	Family member of individual with TBI
<b>Nick Mehrnoosh</b> Pending replacement	Public with experience with issues related to TBI
<b>Dr. Amanda Kersey</b>	Public with experience with issues related to TBI
<b>Dana Allard-Webb</b>	Department of Social Health Services
<b>Jessica Blanchard</b>	Division of Behavioral Health and Recovery
<b>Jismy Vattakattu</b>	Aging and Long-Term Support Administration
<b>Katie Mirkovich</b>	Division of Vocational Rehabilitation
<b>Dr. Will Hitchcock</b>	Department of Health
<b>Sheriden Roberts</b>	Department of Corrections
<b>Brittany Lenihan</b>	Department of Child, Youth and Families
<b>Cecil Daniels</b>	Department of Commerce
<b>Heather Bahme</b>	Washington Department of Veterans Affairs
<b>VACANT</b>	Washington National Guard
<b>VACANT</b>	Disability Rights of Washington

## Appendix B - TBI Council Staffing Plan & Recommendations



Position	Duties
<b>Senior TBI Council Coordinator Administrator</b>	<ul style="list-style-type: none"> <li>• Manage and coordinate TBI Council activities.</li> <li>• Develop, coordinate, and monitor policy, procedures, and services for persons with TBI and support networks.</li> <li>• Implement the recommendations in the Comprehensive Plan with appropriated funds.</li> <li>• Monitor information and referral, resource services, and support groups.</li> <li>• Oversee contract budget, procurement, and management related to the TBI Council activities.</li> </ul>
<b>TBI Council Project Manager</b>	<ul style="list-style-type: none"> <li>• Further the statewide TBI Comprehensive Plan.</li> <li>• Design, develop, and implement project strategies.</li> <li>• Monitor project outcomes and objectives to ensure contractual requirements are met.</li> <li>• Develop community-based projects to include prevention, awareness, information, and resources.</li> <li>• Engage partners to support TBI resources and state agency services, using the No Wrong Door Model.</li> </ul>

### Staffing Recommendations

- The Council has developed and approved an ideal staffing plan based on the comprehensive plan cornerstones, goals, and future desired outcomes. This staffing plan will be implemented as funding allows and adjusted as needed.
- The Administrative Assistant 3 position was delimited when it became vacant in SFY25. This was in preparation for potential reduction in 12T funding trends in the future. Administrative support will be shared in the State Unit on Aging by the AA3 serving this unit.

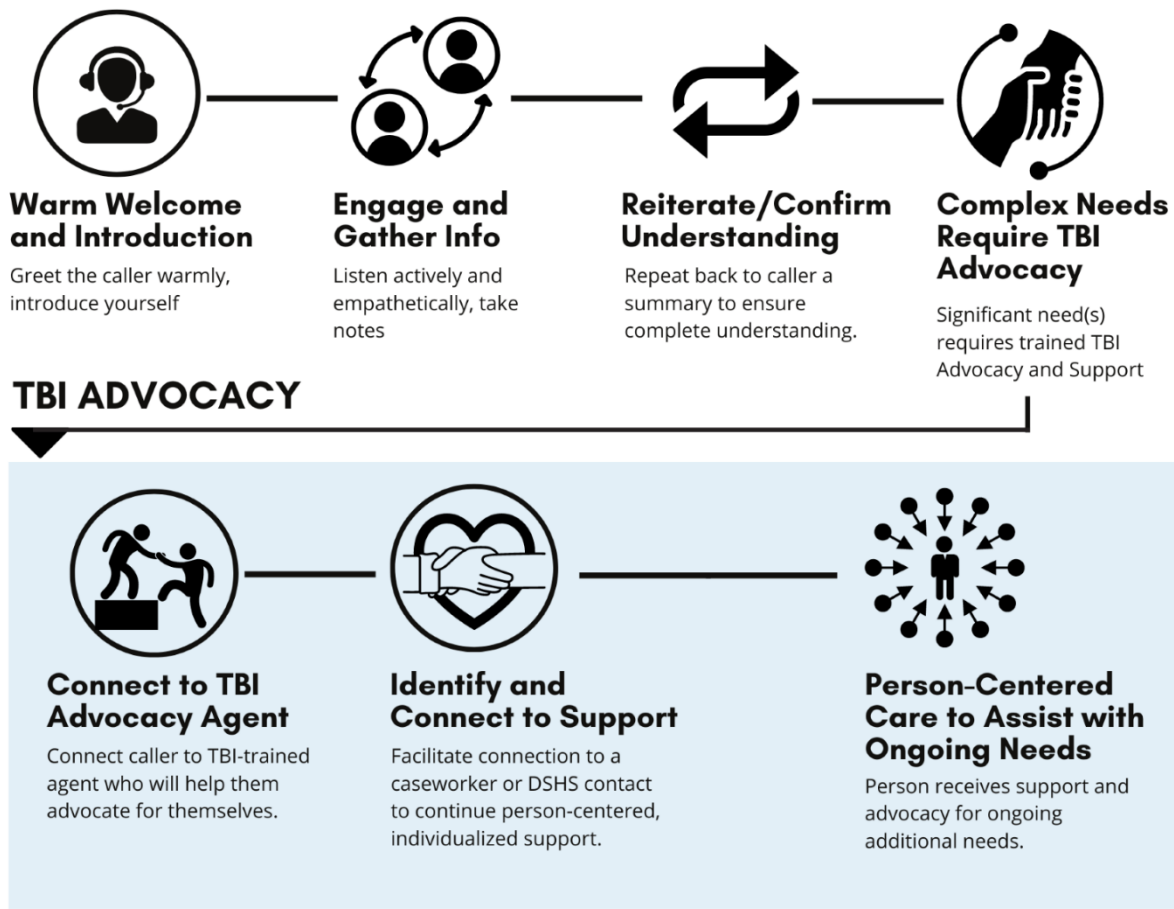
## Appendix C - Information & Referral with WA 211

Washington state currently contracts with [Washington 211](#) (WA 211) to provide information and referral to those who have experienced a TBI.

Anyone can call 2-1-1 and connect with a specialist who hears their story, identifies their needs, and connects them to supporting agencies and resources. It's free, confidential, statewide, and available in many languages - **an accessible and open door.**

**TBI are complex and screening is key.** Someone calling 2-1-1 with a need such as housing or food assistance may discover the TBI they experienced years ago could be a contributing factor. Identifying this connection and referring the person to local community resources for assistance can be life changing. Currently, the greatest needs are housing and shelter, followed by legal, utilities, food, healthcare, mental health/addiction, clothing/household, transportation, and employment.

**WA 211 has 27 specialists trained specifically in the unique needs of those who have experienced a TBI** and offers educated, empathetic, and informed referrals through a person-centered process:



**Washington 211 is proud to be accredited by Inform USA,** meeting the highest state and national standards for information and referral services. Prioritizing person-centered care, providing personalized referrals, a database of more than 38,500 resources statewide and detailed real-time data makes WA 211 one of the best information and referral services in the country.

Not only is WA 211 reaching more people (1893% increase, 23,232 more people helped in 16 months), but the data shows the WA 211 has built a solid system that addresses the nuances of helping those with a traumatic brain injury.

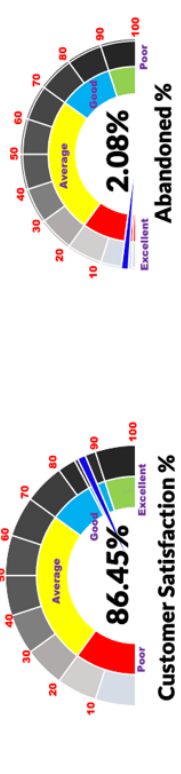
*“When you call 2-1-1, we want to hear your story, understand your needs, and connect you to community resources that will help you navigate life after a traumatic brain injury.”*

Kate Urwin, WA 211 Quality Assurance and Training Manager

**This high success/resolution rate is attributed to:**

- **Statewide Reach** - As a statewide agency, WA 211 reaches all areas of the state - even those least populated or underrepresented.
- **Easily Accessible** - Call, text, website - with support in multiple languages - WA 211 is a very accessible option for those seeking help.
- **Robust Reporting** - Using technology and an intricate database system WA 211 can track every call (confidentially) and ensure quality service through established protocols. WA211 is providing more TBI-related data than has ever been available before.
- **No Wrong Door + TBI Screening** - Someone calling with a need such as housing or food assistance may discover the TBI they experienced years ago could be a contributing factor thanks to thorough screening.
- **Trusted Reputation and Nationwide Brand** - WA 211 is known nationwide as a trusted link between people and resources.
- **Meets Nationwide Standards** - WA 211 has developed an I&R system that meets the nation’s highest standards, aligning with [Inform USA](#) quality indicators and guidelines. These standards provide a framework for service providers to deliver high-quality support to those in need.
- **A Network of 38,500 Resources** - With connections to more than 38,500 support agencies, WA 211 is easily able to connect every caller to multiple agencies and options for continued support. With such a strong network of support, there are fewer gaps in services and a more direct route to help, making it easier for all callers to get the help they need the first time they call.

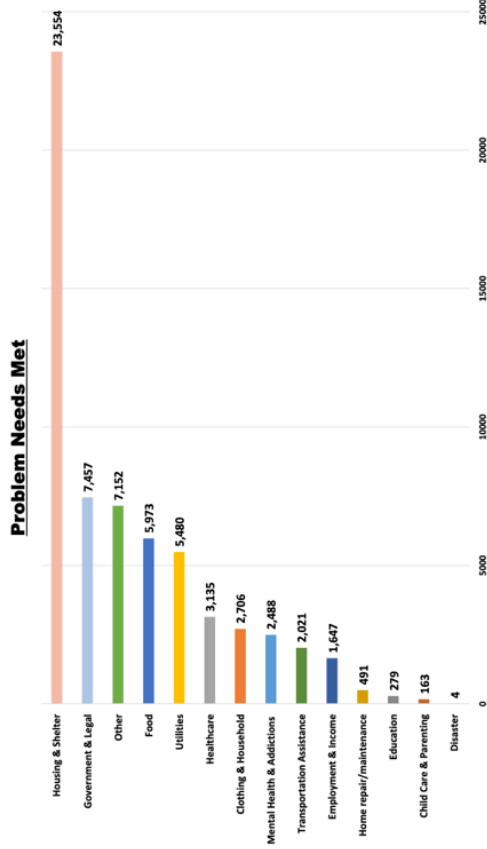
TBI Contacts Total	15,498	Abandoned by Caller	202	TBI Delivered Calls	15,296	Hold Length	0:01:56	Call Length (Avg.)	0:08:35
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TBI I&R Initial Screen	8,907	TBI Enhanced I&R	6,591	TBI Navigator Transferred	18	Total # Agencies Referred	7,570	Total Referrals	62,550
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TBI Caller Ethnicity	Count
African American/Black/Other African	1698
Multi-racial/Cultural	1026
American Indian/Alaska Native	341
Asian/Asian American	276
Caucasian/White	8274
Declined Ethnicity	2200
Hawaiian Native/Pacific Islander	202
Hispanic/Latino	1010
Other Ethnicity	269

TBI Caller Age	Count
Senior (60 and above)	94
Child/Youth (0-17)	1355
Declined Age	2713
Adult (18-59)	11134



**Problem Needs Limitations**

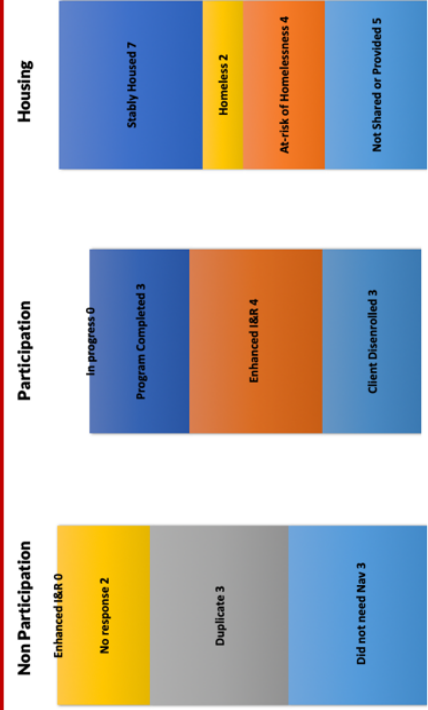
Housing & Shelter	1,167	Government & Legal	144	Transportation Assistance	117	Utilities	53	Food	29	Clothing & Household	27
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**WA211 TBI Navigation**

Non Participation	8	Participant	10	Average Days In Process	28	Current Clients	-	Agencies	133	Referrals	167
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Income	Count
Household of 1 below \$15,060	3
Household of 2 below \$20,440	2
Household of 3 below \$25,820	1
Household of 4 below \$31,200	0
Household of 5 below \$36,580	0
Household of 6 below \$41,960	0
Household not in poverty	4
Declined Income	8

Insurance	Count
Military/Tricare	0
Private	0
Medicare	1
Medicaid	14
Declined	3



Special Emphasis Report:

Traumatic Brain Injury

2022  
Washington State

UNDERSTANDING TBI

Traumatic brain injury (TBI) is a serious public health problem in the United States. A TBI is caused by a bump, blow, jolt, or penetration to the head that disrupts the normal function of the brain. Each year, traumatic brain injuries contribute to a substantial number of deaths and cases of permanent disability.

Impact and Magnitude of TBI

During 2022, a TBI was sustained by 34,981 of people in Washington state. Among those injured, 1,734 (20.1 per 100,000 population) died where TBI was reported as a cause of death, another 4,507 (51.4 per 100,000) were hospitalized with a TBI, and an additional 28,740 (361.2 per 100,000) were treated and released from emergency departments with a TBI. In all instances, the TBI could be either the only injury or one of several injuries and/or medical conditions listed.

Causes of TBI

Cause of injury, as measured by rate per 100,000 people, varies across the three levels of severity. Firearms was the leading cause of TBI related deaths. Fall was the leading cause of TBI related hospitalizations. Fall was the leading cause of TBI related emergency department visits (treated and released).

TBI by Age and Sex

The highest number of TBI-related deaths\* were among males ages 75-84, as shown in Figure 3. Among those with TBI-related hospitalizations,\*\* persons ages 75-84 were most affected. Persons ages 25-34 made the most TBI-related emergency department visits.\*\*

\* TBI was reported as a cause of death on the death certificate alone or in combination with other injuries or conditions

\*\* TBI alone or in combination with other injuries or conditions

Figure 1: Percentage of Annual TBI-Related Deaths, Hospitalizations, and Emergency Department Visits by Cause in 2022

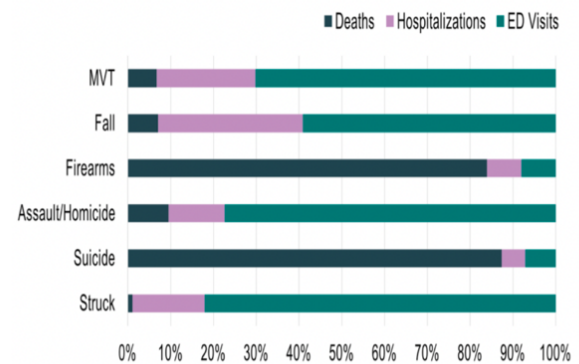
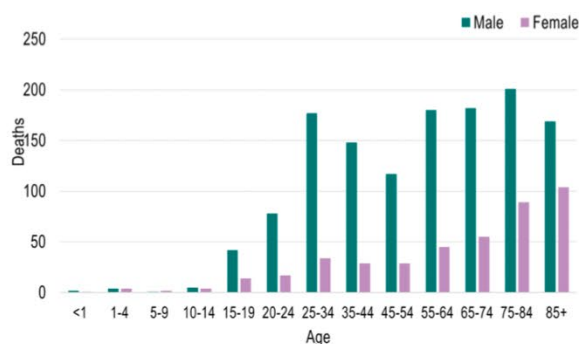


Figure 2: Causes of TBI-Related Deaths by Rate per 100,000 in 2022

Cause	Count	Rate per 100K People
Firearms	701	8.3
Suicide	602	7.0
Fall	603	6.6
MVT	258	3.2
Assault/Homicide	138	1.8
Struck	<10	0.1

## Special Emphasis Report: Traumatic Brain Injury

Figure 3: TBI-Related Deaths by Age and Sex in 2022



### TBI Prevention Strategies

CDC’s National Center for Injury Prevention and Control (Injury Center) is committed to protecting people against preventable TBI by putting science into action.

**To Help Older Adults: Make CDC’s STEADI Part of Every Medical Practice.**

STEADI (Stopping Elderly Accidents, Deaths, and Injuries) is a toolkit to help health care providers incorporate fall risk assessment and individualized fall interventions (e.g., exercise, medication management, and Vitamin D supplementation) into their practice. Learn more at [www.cdc.gov/STEADI](http://www.cdc.gov/STEADI).

**To Help Young Athletes: Get a HEADS UP on Creating a Culture of Concussion Safety in Sports.**

HEADS UP educational materials are designed to support individuals (such as coaches and health care providers) and organizations (such as schools and sports programs) with their concussion safety efforts. Learn more at [www.cdc.gov/HEADSUP](http://www.cdc.gov/HEADSUP).

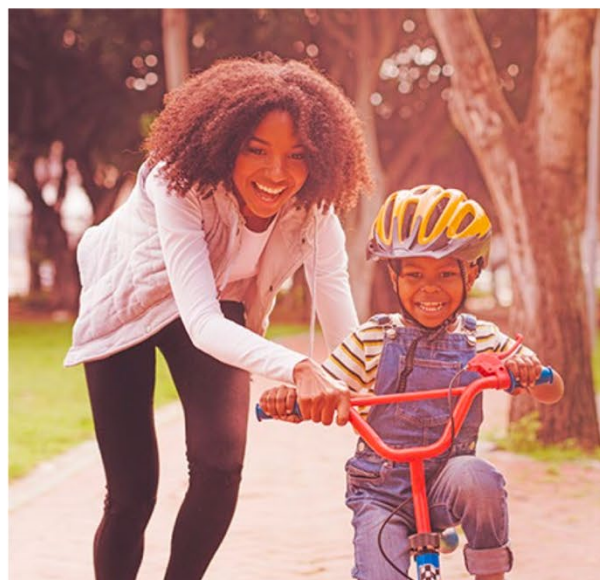
**To Help Parents and Teen Drivers: “Parents Are the Key” to Teen Driver Safety.**

Parents Are the Key materials helps parents, pediatricians, and communities keep teen drivers safe on the road. Parents Are the Key includes evidence-based strategies and can be customized with an organization’s logo. Learn more at [www.cdc.gov/ParentsAretheKey](http://www.cdc.gov/ParentsAretheKey).

### TBI by Race/Ethnicity

Certain populations have higher rates of TBI and may need special prevention measures. The highest rates per 100,000 residents were among American Indian and Alaska Natives.

Race/Ethnicity	Count	Rate
American Indian/Alaska Native	692	755.7
Native Hawaiian/Other Pacific Islander	373	674.1
Black, Non-Hispanic	1,842	633.8
Multi-race/Other	2,419	524.7
White, Non-Hispanic	25,045	485.1





## Special Emphasis Report: Traumatic Brain Injury

### TBI Partnerships and Activities

#### Partnerships

- DSHS/ALISA – Through the Traumatic Brain Injury Partnership Advisory Council of Washington State. (TBIC)
- University of Washington - Harborview Injury Prevention Research Center (HIPRC)
- University of Oregon – Center for Brain Injury Research and Training (CBIRT)

#### Activities

- Washington 211 - a free, confidential community call/text service providing information and referral services.
- Safe Kids Washington - creation of the Safekidswashington.org website to provide interactive and information injury prevention modules for parents, schools, kids, and teens on a variety of injury prevention topics.
- Student Head Injury Reporting Tool (SHIRT) - tool developed for schools to collect concussion data on student injuries to meet new legislative requirements in Washington.
- TBI Resources and Workbook – a 55-page workbook developed to help those experiencing TBI.
- Traffic Gardens Tool Kit
- TBI Behavioral Health ECHO with University of Washington - virtual and on-demand learning and case consultation
- TBI Skill Builder virtual training modules
- Return to School (RTS) -TBI learning resources and Brain Injury Management Toolkit to support students, school faculty, providers, parents, family, and caregivers.
- Traumatic Brain Injury Virtual Conference Series

#### Milestones between July 2022 – June 2023

- 10,636 people with TBI contacted WA211 and were connected to 30,898 community-based resources
- 32,000+ participants engaged in 100+ SafeKids events
- 225+ TBI Virtual Support Groups tailored to support TBI, paid and unpaid caregivers, providers, veterans, and people in corrections facilities.
- 2,600 participants for TBI workshops and videos
- 3,000 users of the TBI Skill Builder training materials
- 72,000 engaged with educational videos on TBI and injury prevention
- 700+ people within the corrections system were provided TBI screening and support
- 55,000 views of TBI Council resources and support materials, doubling engagement from previous year

<Note: >

# TBI EQUITY & BELONGING

Created for/by

Traumatic Brain Injury Strategic Partnership Advisory Council of Washington State

The very nature of having experienced a Traumatic Brain Injury (TBI) can put an individual or support system in a position of exclusion and inequity.

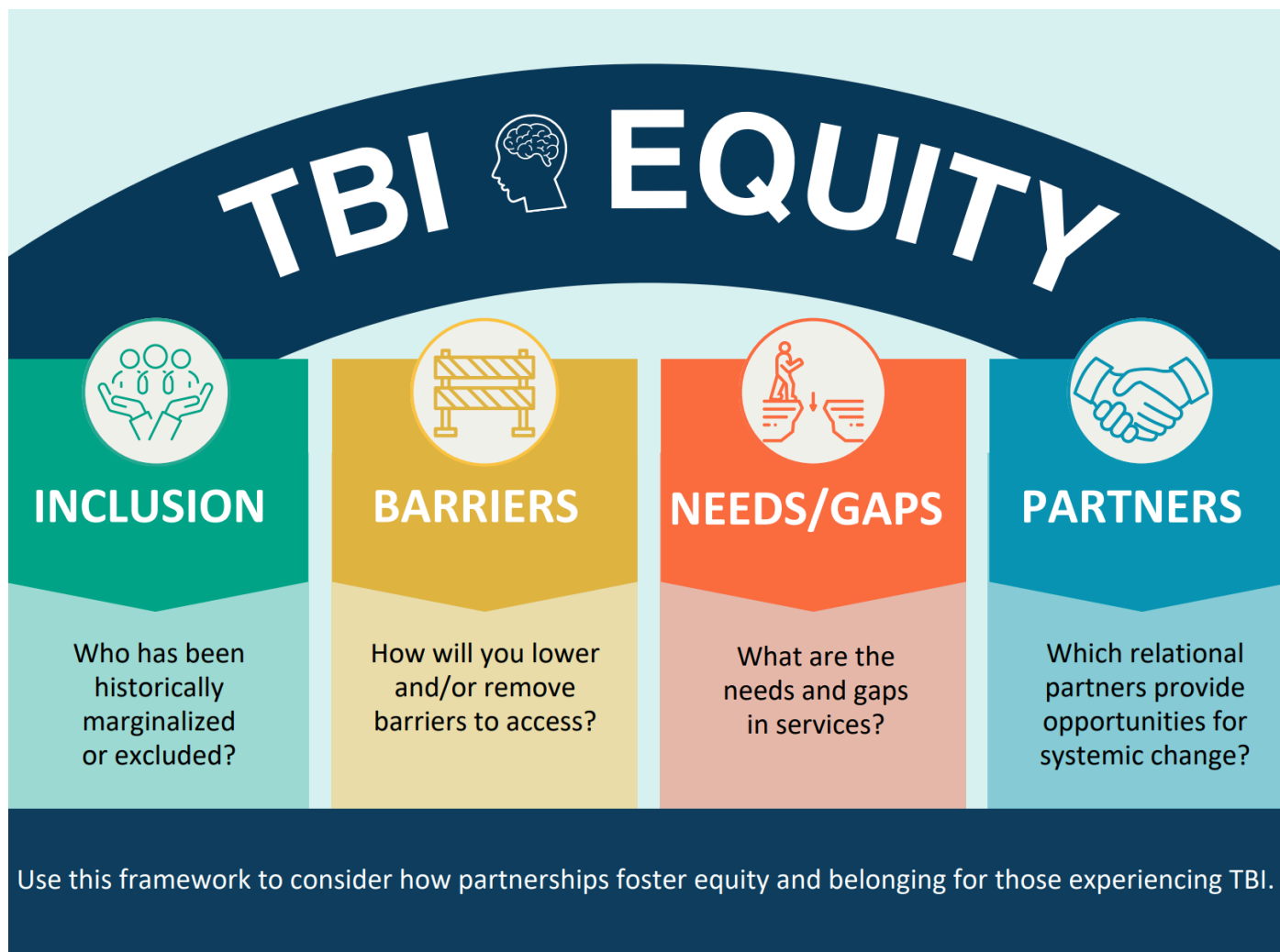
**The TBI Advisory Council is committed to:**

- Outreach and awareness strategies for all abilities
- Build and strengthen support systems
- Connect people to the services they need
- Advocate for systemic improvements



**TRAUMATIC BRAIN INJURY**

Strategic Partnership Advisory Council  
of Washington State



# EQUITY & BELONGING CONSIDERATIONS

Examples of equity and belonging to consider for those experiencing TBI.



## INCLUSION

- Make a list of all historically marginalized groups who've been excluded?
- In what ways are you being inclusive and accessible to all?



## BARRIERS

- Identify barriers that prevent or limit access to TBI resources, services, programming - language, geography, financial, etc.
- What strategies can you use to lower or remove barriers?



## NEEDS/GAPS

- Identify unmet service needs (both current and future) for those experiencing a TBI.
- What service and/or system gaps exist and what strategies can you use to close or minimize those gaps?



## PARTNERS

- Make a list of who will you relationally partner with for community outreach and engagement?
- In what ways can partnerships facilitate systemic improvements and create meaningful change?



## EVALUATE

- How will you measure and quantify improvement or progress?

## TBI & EQUITY RESOURCES

Use existing equity tools and resources at federal and state levels to aid in applying a TBI-specific lens.

- [Washington State Office of Equity](#)
- [Washington Pro-Equity Anti-Racism \(PEAR\) Plan & Playbook](#)
- [Health Disparities in TBI & Concussion \(CDC\)](#)
- [Race Equity and Brain Injury \(NCAPPS\)](#)
- [WA211](#)

This equity framework was created for/by Traumatic Brain Injury Strategic Partnership Advisory Council of Washington State in collaboration with DSHS ALISA EDAI Team

## Making Data-Driven Decisions

Use data to make informed decisions and improve equity and accessibility.

- [TBI Comprehensive Statewide Plan](#)
- [WA211 Counts Community Data](#)
- [CDC Health Equity Data](#)



Learn more at  
[Traumatic Brain Injury](#)



**TRAUMATIC BRAIN INJURY**  
Strategic Partnership Advisory Council  
of Washington State

## Appendix F – TBI Educational Resources & Outreach Materials

*We are continually updating and growing our TBI-related educational resources and outreach materials.*

### [DSHS TBI Website](#)

Redesigned in early 2023 and ongoing through 2024, many resources for those who have experienced a TBI, providers and caregivers.

### [SafeKids Website](#)

Informative, fun, and interactive information for families, teens, and kids for awareness and prevention of TBI. Created and maintained by CBIRT, it hosts modules on prevention for key injuries related to TBI for kids.

### [Washington TBI Support Groups](#)

A statewide network of online support groups for those experiencing a TBI and caregivers

### [TBI Resources and Workbook](#) (pdf)

A 55-page workbook that is filled with information, resources, journal prompts and more.

### [Support Group Manual](#) (pdf)

Guide to starting, hosting, attending TBI Support groups.

### [TBI Publications/Fact Sheets/Handouts](#) (many resources on this page)

- **Capable Caregiver manual** (available in many different languages) - follow link above
- **TBI Assistance handouts** specializing in - Seniors, Youth, Veterans, Acquired Brain Injury, Crowded Social Situations, Emergency Preparedness, Financial Management, Grocery shopping and more. - follow link above)
- [TBI Finding Our Balance Flyer](#) (PDF)
- [Falls and Prevention Resources](#)

### [TBI Learning and Support Resources Flyer](#) (pdf)

Includes TBI educational resources (TBI Skill Builder, UW Echo, SafeKids, etc.) and additional resources

### [TBI Events Portal](#)

Find upcoming workshops and webinars. You can view recordings for past workshops.

### [2023 Fiscal Year Community Report](#) (pdf)

A highlight of accomplishments and progress for 2023.

### [2023 TBI Equity & Belonging Framework](#) (pdf)

Use this framework to consider how partnerships foster equity and belonging for those experiencing TBI.

### [2023 TBI Council Comprehensive Plan](#) (pdf)

January 15, 2023

### [TBI Council One-pager](#)

Reflects the roles of the TBI Council

### [Department of Corrections TBI Pilot Project Flyer](#) (pdf) and [Project Report](#) (pdf)

Highlighting the TBI work doing at Department of Corrections