Brain Injury in Oregon State Plan

August 2016 – Updated June 2019

State Plan complied by the Center on Brain Injury Research and Training; Administration for Community Living's (ACL) Traumatic Brain Injury (TBI) State Partnership Program- Grant Award Number: 90TBSG0039-01-00

Background

Oregon's Vision

Our vision for Oregon is to establish and maintain a comprehensive, public–private system of coordinated care and supports for individuals with brain injury of all ages, severity levels, and backgrounds that facilitates maximum community engagement and quality of life.

TBI in Oregon

Nationally, the estimated number of people living with disability as a result of TBI ranges from 2% to 8.5% of the general population.[1,2] With a population of 4.1 million, it is estimated that between 82,000 and 348,500 Oregonians currently live with TBI-related disability. Approximately 3,000 individuals are added to that number every year.[3] These numbers likely underestimate the problem because mild TBIs or concussions frequently go unreported.[4] Thousands are not hospitalized but still experience life-altering changes (e.g., job loss), often due to a missed diagnosis or misdiagnosis. In children, the challenges can be even more complex because the effects of brain injury often emerge over time as the expectations for independence at school and home increase.

- There are currently 266 students with TBI on Individual Education Plans and approximately 5,000 students who need some other type of formalized support, including 504 plans.[5]

- In Oregon, there are 1,071 veterans with combat related TBIs from the wars in Iraq and Afghanistan. Of those, 85% have mild TBI, 7% moderate TBI, and 3% severe TBI. Veterans with non-combat related

TBIs and those who served in other wars are not tracked.[6]

- State agency personnel reports indicate that more than 1,700 veterans, many of whom may have a brain injury, have received services through Oregon's Office of Aging and People with Disabilities.[7]

- The exact number of individuals with TBI in the Oregon corrections system is unknown because of challenges with self-reporting TBI and multiple cooccurring diagnoses (e.g., mental illness). Approximately 4,400 individuals — 30% of all people currently incarcerated in Oregon — are suspected of having a TBI.[8,9]

- The number of homeless people in Oregon has increased by 6% from 13,176 in 2015 to 13,953 in 2017.[10] Up to 53% of individuals who are homeless have sustained a TBI.[11] The rate of TBI in the general population is 8.5%.[1]

These statistics and a broad-sweeping stakeholder interview process informed the recommendations of the Governor's Task Force (GTF) on Traumatic Brain Injury report (2013-2016; updated 2018; Appendices 1 & 2). These recommendations have been used as the framework for this 2019 Oregon State Plan. This Plan and its progress updates have been compiled and reviewed by Oregon's Traumatic Brain Injury (TBI) State Advisory Board and the Center on Brain Injury Research and Training (CBIRT) (Appendix 3).

Governor's Task Force on Traumatic Brain Injury - Report on Findings and Recommendations

State Plan and Progress Updates

Note: The Plan's recommendations have been reordered from the original GTF report to better reflect the current work of Oregon's Advocate/Coordinator (David Kracke), ACL grant project activities and the TBI State Advisory Board's input.

Recommendation 1.

Establish a high-level staff position within a state agency (to be determined) titled ***Oregon's Brain Injury (BI) Advocate/Coordinator.*** *This individual will be charged with implementing the recommendations of the State Plan to ensure the State of Oregon improves its primary and secondary prevention of TBI and care for people living with brain injury. Funding for the position and support staff will be provided and shared by the Oregon Health Authority and the Oregon Departments of Veterans' Affairs, Education, Human Services, and Corrections. The Advocate/Coordinator will work with state agency staff and private sector community partners to develop and improve the delivery of preventive actions and improve the coordination of effective care. Where legislation or administrative rule changes are needed, the Coordinator will advocate for the necessary changes. The BI Advocate/Coordinator will also work closely with the community of people with brain injury. The position will be limited to a five-year tenure.*

Progress:

Oregon's GTF recommended that the position of BI Advocate Coordinator be sustained for a period of at five years. The sustainability effort has focused on the following action areas:

Economic analysis of cost savings to the state of Oregon and economic benefit to Oregonians with brain injury. Efforts in this area include the on-going process of creating an analysis of the economic benefits and cost savings. We believe the executive and legislative branches of Oregon's government will be favorably influenced by evidence of economic benefit to its citizens and cost savings to the state. We are working with Oregon Health and Sciences University economist Dr. Stephan Lindner to develop this analysis. David Kracke has met regularly with Dr. Lindner to maximize the effectiveness of the analysis. Additional outreach to the following individuals has proven important in the creation of the analysis: David King, Minnesota's BIA Executive Director; Geoff Lauer, Iowa's BIA Executive Director; Nationally recognized BI economic expert Dr. Lance Trexler, Principal Investigator of Indiana's ACL TBI State Partnership grant, and ACL and Grant Thornton representatives.

Development of Political Support. We are working to develop a statewide network of support among Oregon's elected and appointed political leaders. To that end, Mr. Kracke has met with the following individuals in an effort to garner their support for our efforts to continue the position of BI Advocate Coordinator beyond September 2019: Oregon Governor Kate Brown; State Senators Elizabeth Steiner- Hayward, Tim Knopp, and Lori Monnes-Anderson of the Senate Committee on Healthcare;

State Representatives Andrea Salinas (Chair, House Health Care Committee), Courtney Neron (Education and Veterans Committees), Rob Nosse (Vice-chair, Health Care Committee), Paul Evans (Veteran's Committee) and Representative Ken Helm. Mr. Kracke has also met with members of Oregon's Federal delegation including Senator Jeff Merkley, Congresswoman Suzanne Bonamicci, Congressman Earl Blumenauer, and Representative Greg Walden's chief health care policy advisor. In addition, Mr. Kracke has met with State Agency representatives including Patrick Allen, Director, Oregon Health Authority (OHA); Dawn Jagger, OHA Chief of Staff; Cameron Smith, Veteran's and Consumer Affairs; Fred Steele, Ombudsman; and Jane-ellen Weidanz, Director, Department of Human Services (DHS) Adult and People with Disabilities, as well as others within DHS and the Oregon Department of Education.

Development of Community Support. Citizen and grass roots support for our efforts is also necessary. To that end, Mr. Kracke has garnered support for the continuation of the position of BI Advocate Coordinator from the following community leaders and organizations: Oregon's five Centers for Independent Living (CILs); Brain Injury Support Groups including Brain Injury Connections Northwest (BIC-NW) and the Oregon Brain Injury Alliance (BIAOR); Oregon Health and Sciences University (OHSU); Rehab Without Walls, Robyn Weiss, Community Relations Manager; Disability Rights Oregon; Clear Path Counseling; Kampfe Medical Services; Progressive Rehabilitation Associates (PRA); Dr. Muriel Lezak, Ph.D, Clinical Neurologist; Central City Concern (CCC); Dr. James Chesnutt, MD, OHSU and Rebound Sports Medicine; Native American Rehabilitation

Association of the Northwest, Inc. (NARA); Lewis and Clark Graduate School of Education and Counseling, Kristine Bella, Art Therapy Clinical Coordinator and Faculty; and others. Mr. Kracke has developed general community support by participating in media outreach including interviews with Ringler Radio, the Pamplin Media Group, investigate West Media Group and the Happie Heads podcast; Public speaking appearances at the 2019 BIAOR annual conference, the Portland Educational Service District, southern Oregon Educational Service Districts, and an Oregon State Bar Continuing Legal Education seminar; and minority community outreach.

Recommendation 2.

*Establish a **statewide program of care coordinators** specifically trained to serve individuals with brain injury and their family members across cultures and age ranges, who will assist them in navigating resources, services, supports, and benefits and maintain regular contact.*

Progress:

We are working with a healthcare economist, Stephan Lindner, Ph.D., Research Assistant Professor Oregon Health Sciences University, to establish the evidence base for the economic impact and cost savings of providing specialized resource coordination (i.e., resource facilitation, case management) for people with TBI. Dr. Lindner is finalizing analyses extrapolating and analyzing data addressing the domains of economic impact and cost savings as applied to the state of Oregon and summarizing

the results in a memo to be used in working with state legislators and state agency staff to advocate for resource coordination for people with TBI in Oregon.

Dr. Linder is working closely with David Kracke, Oregon's Brain Injury Advocate Coordinator, and has connected with Geoff Lauer, Executive Director, Brain Injury Alliance of Iowa, David King, Executive Director, Minnesota Brain Injury Alliance, and Lance Trexler, Project Director, Indiana TBI State Partnership Grant, to analyze and project cost savings and economic benefits analyses of resource facilitation for Oregonians with brain injury.

See:

- Right Services at the Right Time: 1-800 Brain Injury Helpline
- 1-800 Brain Injury Helpline Dissemination
- 1-800 Brain Injury Helpline Diagram

Recommendation 3.

*Establish a **TBI Clinical Registry** based on the current TBI Data Registry that would:*

a. *provide a history of traumatic events;*

b. *be available for clinical purposes, including TBI screening/assessment to determine eligibility for services, treatment planning, and case management;*

c. *be accessible, with patient consent, to designated medical, educational, and services providers; and*

d. *establish a universally understood definition of TBI.*

Progress:

The TBI Clinical Registry has been discussed within the overall planning process related to funding the Resource Facilitators.

See: Right Services at the Right Time: 1-800 Brain Injury Helpline.

Recommendation 4.

Establish a centralized, comprehensive, culturally sensitive, easy-to-navigate ***statewide map of brain injury services and supports*** *(web-based and hard copy), framed around key stakeholder questions/needs and including a technical assistance program to support its use.*

Progress:

We have revised our vision for the statewide map of brain injury services since it was first proposed. We initially saw the map as a publicly accessible online database and hardcopy version for use by key stakeholders (i.e., individuals with brain injury, their families, and service providers). After much discussion we realized that this model would create a resource tool that would be potentially difficult to navigate for individuals with cognitive

impairments or under stress, would be difficult to make accessible in alternative formats (e.g., accessible to individuals with vision impairments and those for whom English is not their primary language), and the hard copy version would be continually outdated.

Our revised plan includes creating and populating a robust electronic database of services and supports in Oregon for brain injury that will be accessible and maintained by the regional resource facilitators once these positions are established. Stakeholders will contact resource facilitators who will then use the database (map) to locate appropriate services and supports.

For now, we continue to maintain a project web page that provides basic resources. Individuals that require additional information can contact us for assistance.

Recommendation 5.

*Increase **educational outreach** to:*

a. train professionals, administrators, and service providers across multiple fields and organizations, including medicine, rehabilitation, mental health, social work, education, and state agencies;

Progress:

Central City Concern

We are collaborating with National Health Care for the Homeless Council

(NHCH) to conduct training on TBI and homelessness for staff at Central City Concern (CCC), a member of the National Health Care for the Homeless (HCH) Council in Portland, OR.

Two initial trainings were conducted at CCC via videoconferencing with two content experts from NHCH.

CBIRT/ACL project staff coordinated these meetings with the NHCH content experts and CCC staff. The presenters were:

- Carolyn Lemsky, Ph.D., C. Psych, ABPP-CN, Community Head Injury Resource Services, Toronto, CN. Dr. Lemsky is also the Director of the Substance Use and Brain Injury Bridging Project (SUBI), a research and knowledge transfer initiative funded by the Ontario Neurotrauma Foundation. She also supervises an active clinical research program related to co-morbid mental health and problematic substance use.

- Caitlin Synovec OTD, OTR/L, BCMH, Health Care for the Homeless, Baltimore, MD. Caitlin's background is in addressing the complex health needs of individuals experiencing homelessness, including cognitive, psychosocial, and physical barriers to full community engagement. She has completed research and trainings regarding the cognitive and functional performance of individuals experiencing homelessness, incidence and prevalence of traumatic brain injury and co-occurring disorders in individuals experiencing homelessness.

The first training with CCC staff was held on January 11, 2019 with 11 attendees. These staff members were leaders across different departments within CCC. The learning objectives for this training were:

- Identify the prevalence of TBI in adults experiencing homelessness
- Describe how TBI can affect people
- Understand the main recommendations for practice adaptation
- Name one benefit to patients and one benefit to staff of screening and intervention

The second training with CCC staff was held on February 15, 2019 with 14 attendees. These staff members included some who attended the previous training and staff in a position to administer the OSU TBI-ID screening method once fully trained. Learning objectives were:

- Identify the prevalence of TBI in adults experiencing homelessness
- Understand the main recommendations for practice adaptation
- Demonstrate the ability to administer the OSU TBI-ID screening method
- Demonstrate the ability to interpret the screening results

Overall, staff feedback on the presentations has been positive with staff "agreeing" or "strongly agreeing" that the presentations were informative and well-organized. Comments included the need for more clarification re:

goals of the training as it relates to implementing the screening program at CCC.

Eastern Oregon Rural TBI Pilot Team

With input from the Eastern Oregon Pilot Team, we created a training and education packet on the topic of homelessness and TBI. The packet included a recorded webinar and PowerPoint presentation, a TBI Self-Identification brochure with resources specific to Umatilla County, and educational handouts. With permission, these materials were based on the work of John Corrigan, PhD and the Ohio Valley Center for Brain Injury Prevention and Rehabilitation, and the National Health Care for the Homeless Council.

See:

- TBI and Homelessness Webinar with Laurie Powell
- Traumatic Brain Injury and Homelessness: An Introduction

  PowerPoint Presentation
- Presentation Summary Educational Handout
- TBI and Homelessness Accommodations Educational Handout
- TBI Self-ID Brochure Umatilla County, OR

The entire packet was disseminated to the Neighbor 2 Neighbor Warming/Day Center in Pendleton, OR. We received positive feedback from the Director of the Center. The materials were presented to volunteer staff.

The packet was well received, and they anticipate incorporating the materials into their ongoing staff training.

The TBI Self-Identification brochure was also distributed to Family Health Associates & Concussion Clinic and Lifeways Behavioral Health in Umatilla County. These organizations will make the brochure available to their clients.

We are in the process of developing feedback and usage surveys related to these products. Once finalized we will gather input on relevance and usefulness of content and delivery methods as well as track usage.

We are working with Lifeways Inc. a behavioral health provider in Eastern Oregon, to develop a staff training related to TBI. We have identified potential training topics and a target date for the training. We will continue to work with Lifeways to finalize this training package.

We are also in the process of developing a TBI Self-Identification brochure with resources specific to Union County.

b. promote a standardized approach to (a) screening for TBI in the medical and allied health communities and (b) identifying the need for services among individuals with brain injury across state agencies and private sector entities.

Progress:

Our work with Central City Concern and the Eastern Oregon Rural TBI Team, described above, includes promoting a standardized approach to

screening for TBI within the CCC healthcare system and identifying the need for services related to brain injury in rural Eastern Oregon.

c. support community partners, emphasizing brain injury resource education and coordination of services.

Progress:

Our work with Central City Concern and the Eastern Oregon Rural TBI Team, described above, supports community partners and furthers brain injury education and coordination of services.

Recommendation 6.

*Develop an **equitable system of care and services** that provides medical care, vocational training, affordable/appropriate housing options, and an array of long-term services and supports for those with severe injuries and behavior challenges and those with co-occurring mental health or addiction issues. This recommendation would meet the requirements of federal Home and Community Based Services standards and the ADA.*

Progress:

Discussed during Board meetings but no reportable action toward this goal.

Recommendation 7.

*Develop and implement a **communication system** to improve*

coordination across agencies, including the medical community, social services, and schools. This coordination should support individuals transitioning between systems, especially children as they age out of the educational system and juvenile social service programs.

Progress:

Discussed during Board meetings but no reportable action toward this goal.

Recommendation 8.

*Establish **sustainable, equitable funding mechanisms** to support implementation of recommendations 2–7. These could include:*

a. *establishing a TBI-specific program (e.g., targeted Medicaid funds to support community-based living);*
b. *ensuring family caregivers receive compensation to help replace income lost while they cared for a family member with a brain injury;*
c. *ensuring the same level of financial support and service, regardless of age of injury or severity of injury; and*
d. *addressing the issue of insurance negotiated in bad faith regarding payment for necessary medical care and covered living expenses.*

Progress:

Discussed during Board meetings but no reportable action toward this goal.

Achieving Administration for Community Living (ACL) pillars and goals.

Our projects address two of the five ACL pillars and goals by better connecting older people and people with disabilities to resources and by supporting families and caregivers through our pilot projects, statewide training webinars, and planned map of statewide services and supports.

HHS-wide goals.

Our work addresses the HHS-wide goals of (1) reducing the inappropriate use of opioid medications and (2) effectively treating individuals with TBIs and co-occurring mental illness through the pilot initiative trainings and resource packets as well as our statewide map of services and supports.

The resource and map packets will contain information about TBI and addiction (including opioid use) and TBI and co-occurring mental illness, including referral networks. The packets and map will be made available to our pilot initiative teams and stakeholders statewide.

We also distributed the TBI fact sheet recently developed by the Brandeis INROADS NIDLRR grantees on TBI and Opioids, *Intersection Between Traumatic Brain Injury and Opioid Use Disorder Recommendations for Substance Use Treatment Providers* to our Eastern Oregon Pilot Team for their use and further dissemination within their networks.

Needs Assessment

Needs Qualitatively Identified in Year 1 of the ACL Grant.

The needs listed below, identified through our work with our state pilot projects on TBI and homelessness and TBI in rural Eastern Oregon, Oregon's TBI Advisory Board, and other ACL workgroups are an extension of the formal needs assessment conducted by the GTF. This information will be used as a tool for project reflection and to gauge our progress as we continue our efforts on project activities. The identified needs reinforce the recommendations of the GTF and add to the need to achieve these goals.

Educators and School Needs

- Training to identify and manage student concussions and brain injuries and the student's transition back to school.
- Established concussion management teams in all schools utilizing the CBIRT model.
- Established mechanism for sharing protected information among all relevant educators.
- Established system for identifying TBI among all students (from birth to age 21).
- Provide educators with an established shared mechanism for information on resource facilitation and access to resources.
- Create a model legislative RTL framework.
- Disseminate information to parents regarding RTP laws and

responsibilities.

- Create funding mechanisms for RTL and RTP mandates.
- Develop a set of RTL procedures and forms for an Immediate Temporary Accommodation Plan (ITAP) for concussed students returning to school.
- Develop a legislative strategy for adding RTL legislation to existing RTP laws.

Homelessness

- Challenges accessing and serving hard to reach populations (rural, homeless).
- Need for awareness around cultural competencies for underserved populations.
- Challenges related to collecting data from/about homeless populations.
- Challenges conducting outreach to homeless populations.

Housing Challenges

- Limited housing options.
- Challenge making people aware that they should look at medical reasons (TBI) when their housing is at risk.
- Need to support a housing first model.
- Awareness is needed, brain injury survivors are viewed as "faking it" and can't get into needed housing.

Lack of services

- In Eastern Oregon there is a lack of SLP, OT, neuropsychologist and very few counselors.
- There is a lack of TBI support groups in Eastern Oregon.
- Lack of juvenile justice contact for Eastern Oregon.

Resource Facilitation

- Barriers to accessing services, including
    - Professional Development
    - Screening
    - Information and Referral
    - Resource Facilitation
- Needs to be a coordinated way to know what resources already exists locally and statewide.
- Need to establish a distance coaching model.
- Access to services, difficulties:
    - Knowing resources exists
    - Having access to resource
    - Coordinating communication between care providers
    - Paying for services
- Case workers need to know the signs and symptoms of TBI and what resources are available.

- Navigators/resource facilitators are essential!
- Need for a "warm hand off" for referrals after TBI.

Training and awareness needs

- Need for training mental health professionals on screening for brain injury.
- Mental Health professionals don't feel qualified to work with clients with brain injury.
- Need for law enforcement training in TBI in the homeless population.
- Medical providers need to have TBI training and contacts to refer to when a case is over their training level.
- IST (Incompetent to Stand Trail) population is brought into the system needing help and resources but released without treatment.
- There is a lack of available services in rural Eastern Oregon.
- Need for training on how to differentiate between treatment for mental health treatment vs treatment for TBI.
- BI is often not indicated in ER notes. As a result, patients end up with no diagnosis of brain injury. There needs to be:
    - Follow up with outpatient providers to screen for TBI and get information in the patient's chart.
    - Training for EMTs on the need to document possible TBI
- Need to conduct outreach with all sports (soccer, gymnastics, etc.)

not only football.

- Lack of awareness about brain injuries—other injuries are treated after accidents, but not brain injury.
- Most providers have more generalized backgrounds. Trainings requested:
    - Basic knowledge about TBI
    - Identification/ screening
    - Co-occurring disorders
    - Effective counselling techniques
    - TBI prevention
- Most human service providers are not experts in brain injury.

Miscellaneous

- Abundance of undiagnosed brain injuries in rural communities.
- Need for better engagement related to fall prevention programs.
- 60-62 years old: don't yet qualify for Medicare but too old for Medicaid.

References

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Appendix 1:

GTF on TBI Members and Expert Consultants (2013 - 2016)

GTF Co-Chairs:

- Richard Harris – Public member; Former Director of Oregon's Dept. of Addictions and Mental Health & Executive Director of Central City Concern
- Cameron Smith, Director – Oregon Dept. of Veterans Affair

GTF Members:

- Bryan Andresen, MD – Physiatrist – Rehabilitation Medicine Associates, Eugene; Medical Director – Community Rehabilitation Services of Oregon & Oregon Rehabilitation Center, Sacred Heart Medical Center
- Curtis Brown – Survivor of traumatic brain injury
- James Chesnutt, MD – Sports Medicine, Oregon Health Sciences University; Co-Director OHSU TBI Initiative; OSAA Sports Medicine Advisory Committee
- Sarah Drinkwater, PhD – Assistant Superintendent, Office of Learning/Student Services-Oregon Dept. of Education
- Adrienne Greene – MPA, Injury & Violence Prevention Program Grants Manager, Oregon Public Health Division – Oregon Health Authority
- Cathy Hurowitz, MS ED – Parent of a child with traumatic brain injury; Educator
- Bob Joondeph, JD – Executive Director of Disability Rights Oregon
- Ginny Real – Spouse of a survivor with acquired brain injury
- Daryl Ruthven, MD – Chief of Psychiatry, Oregon Dept. of Corrections
- Sherry Stock, ED, MS, CBIST – Executive Director, Brain Injury Alliance of Oregon
- Jane-ellen Weidanz – Aging and People with Disabilities, Oregon Dept. of Human Services
- Fern Wilgus – Survivor acquired brain injury; Veteran; Advocate

Expert consultants

- David Kracke, JD, Attorney – Nichols Law Group, Portland
- Ann Glang, PhD – Director, Center on Brain Injury Research and Training, University of Oregon
- Melissa McCart, PhD – Director, Oregon TBI Teams
- Carolyn Saraceno – Survivor of brain injury; Research Assistant, Center on Brain Injury Research and Training, University of Oregon

Appendix 2:

Process Used to Develop GTF Recommendations

A. Participants

Stakeholder groups included: (a) individuals with different types of brain injury, but predominantly TBI; (b) their family members; (c) state agency representatives; (d) medical professionals; (e) service providers; (f) advocacy groups; and (g) legal professionals.

Each member of the GTF represented the perspectives of hundreds of individuals with brain injury and their families and service providers. Additionally, more than 100 stakeholders with brain injury, family members, and professionals gave input directly to the Board. Direct input was collected via oral testimony, focus groups, one-on-one interviews, and written comments across 10 separate events from January 2014 to January 2016. Several participants were caregivers representing a family member with a brain injury who was unable to attend the proceedings.

Taken together, all age ranges were represented. Individuals from Latino, Russian, and Native American backgrounds were also represented, as were veterans, those who are homeless, and those living in rural communities.

B. Analysis

Input from stakeholder groups was organized by themes that emerged. Analysis focused on the review and analysis of input and perspectives from stakeholders who have direct experience with brain injury (i.e., individuals

with brain injury, their family members/caregivers, and professionals who serve them).

A review of state agency policies, administrative rules, and statutes on behalf of those stakeholder groups was conducted. In-depth interviews with staff across selected state agencies (e.g., Department of Human Services, Oregon Department of Education, Oregon Health Authority, Department of Corrections) were conducted. A gaps analysis process to organize and analyze stakeholder input about the presence or absence (gaps) of essential services and resources was also conducted.

Appendix 3:

TBI Advisory Board Members (July, 2018 - present)

- James Chesnutt, MD – Sports Medicine, Oregon Health Sciences University; Co-Director OHSU TBI Initiative; OSAA Sports Medicine Advisory Committee
- Jake Cornett – Executive Director of Disability Rights Oregon
- Cheryl Green – Filmmaker; Person with brain injury
- Kent Gross – Independent Living Specialist, Lane Independent Living
  Alliance/Center for Independent Living; Person with brain injury
- Richard Harris – Public member; Former Director of Oregon's Dept. of Addictions and Mental Health & Executive Director of Central City Concern
- David Kracke, JD, Attorney – Oregon's Brain Injury Advocate/Coordinator
- Jennifer Meade – Aging & Disability Resource Center
- Laura Linda Negri Pool – Early Intervention Teaching Training; Person with brain injury
- Carolyn Saraceno –Research Assistant, Center on Brain Injury Research and Training, University of Oregon; Person with brain injury
- Fred Steele – Long-Term Care Ombudsman
- Sherry Stock, ED, MS, CBIST – Executive Director, Brain Injury Alliance of Oregon; Family member of person with brain injury
- Sheila Thomas – Executive Director, Lane Independent Living Alliance, Center for Independent Living; Vice President, Association of Oregon Centers for Independent Living
- Fern Wilgus –Veteran; Advocate; Person with brain injury

CBIRT Staff Support

- Laurie Powell – Project Director
- Laura Beck – Project Coordinator
- Megan Jones – Research Assistant
- Carolyn Saraceno – Research Assistant