Traumatic Brain Injury Strategic Partnership Advisory Council

Promote | Advise | Engage

Meeting Materials for October 1, 2026

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TBI Council Agenda – October 1, 2026

8:45 – 9:00 Log-in

9:00 – 9:40 **Business**

- Housekeeping *(5 min)* — Maralise Hood Quan, Facilitator
- Welcome - Opening *(25 min)* — Taylor Brummett, Chair; Maralise, Facilitator
- Mission – Meeting Norms *(5 min)* — Amanda Sullivan-Kersey, Vice Chair
- Approval of May 7 2026 Minutes – *attached (5 min)* — Taylor Brummett, Chair

9:40 – 9:55 **Public Comment** — Maralise Hood Quan, Facilitator

9:55 - 10:35 **Reports:**

- Executive Committee *(15 min)* — Taylor Brummett, Chair
  - Meeting structure
  - E-scooter proposal
- TBI DV/IPV Committee *(5 min)* — Tammy Cooper Woodrich
- 2-Year Report to Legislators: Approval *(10 min)* — Taylor Brummett, Chair
- Nomination Committee & Elections: (10 min) — Amanda Sullivan-Kersey
  - Chair: Taylor Brummett
  - Vice Chair #1: Allison Garza and Nick Mehrnoosh
  - Vice chair #2: Heather Bahme

10:35 – 10:50 **Break**

10:50 – 11:20 **Reports con't**

- Comprehensive Plan Committee: Approval *(30min)* — Maralise Hood Quan, Facilitator; Taylor Brummett, Chair

11:20– 11:50 **TBI Staff Updates**

- Budget: Year end FY26 & New FY27 — Kim Conner
- New Programs Update — Will Hitchcock & Nazar Borishkevich

12:00 **Wrap-up - Adjourn**

Join Zoom Meeting

https://us06web.zoom.us/j/98392835440?pwd=UmFQbTFPWFl6aDZ5c2NaZmx6S0Nhdz09

Webinar ID: 983 9283 5440 Passcode: 883562 Phone: 253.205.0468

TBI Council Mission Statement

The mission of the TBI Council of Washington is to advise and work in collaboration with the Department of Social and Health Services (DSHS) and other stakeholders to advise the Governor, the Legislature and the Secretary of the Department of Social and Health Services on the best ways to create and provide an array of coordinated, accessible services and supports which promote optimal quality of life for all individuals that have been impacted by a traumatic brain injury, including their families.

TBI Council Meeting Norms

- Respectfully engage and listen to discussions by allowing one member to speak at a time.
- Address differences in opinion in a thoughtful and respectful manner.
- Disclose any potential conflicts of interest that pertain to decisions made by the Council.
- Adhere to meeting agenda timeframes and refrain from disrupting Council meetings.
- Any accommodation for clarity or support among Council Members will be acknowledged and addressed.
- Provide your name, each time you are speaking or
  Provide your name each time you speak.
- Quorum - Over 50% of those assigned present.

Meeting Minutes: May 7, 2026

Attendees: HeatherLynn Bahme, Daphne Nolte, Katie Mirkovich, Tammy Cooper Woodrich, Cecil Daniels, Allison Garza, Brittany Lenihan, Amanda Sullivan-Kersey, Nick Mehrnoosh (left meeting at 12:00), Jesse Fann, Tracy Kahlo, Jessica Blanchard, Stephanie Kunold, Kris Rhoads

Absent: Taylor Brummett, Chad Anderson

Others: Heather Bidwell, Maralise Hood Quan, Kim Conner, Lauren Miles, Nazar Borishkevich, Will Hitchcock, Parker, Steven, Dru Aubert, Tim ??, Steven ??CDR, Valerie Wooten, Janet Novinger, Desiree Douglas, David Cacamindin, Eric Golike, Dana Lough, Josh Cutler, Kathy, Mary Taylor, Wanda Oliver, Justin Taft, Emily Wimberly, Frank Jackson.

Housekeeping: Maralise Hood Quan

Meeting Start: 9:08 a.m.

Welcome: TBI Council introduced themselves

- Conversation/Introduction:
- What do you most wish that you want to accomplish on the Council?

Mission – Meeting Norms: HeatherLynn Bahme, Vice Chair

Approval of Minutes- Amanda Sullivan-Kersey, Vice Chair

Motion: Approve of February 5, 2026 minutes
First: Tracy Kahlo Second: Brittany Lenihan
Yes: 13 No: 0 Abstain:0
Decision: **Approved**

Public Comment

Eric Golike: Introduced himself, Doctor who works in an emergency room.

David Cacca: leads support groups in Seattle, has private practice. Has several TBI's. Has applied to be on the council.

Josh Cutler: Social worker, sustained a TBI.

Frank Jackson: St. Luke medical center in Spokane. Cares for patients with TBI.

Desiree Douglas: Director of Headstrong. Used to sit on the council. Involved in restoring the community activity integration through HB1848. Community has been suffering the last 6 years. Comment as a plea to reconnect with the Council to bring back the funds to the community where they are supposed to be. Hopefully will be able to share our successes in the future.

Janet Novinger: Executive Director of Imaginal Network. Support group has been around for 20 years. Has a TBI. Thank council and staff for the work you are doing on behalf of the TBI Community. Speaking behalf of our members and a survey they have done. People are asking for more services and need more services. People with TBI want to be with each other to move forward in their lives. Which means financial support. Half of the members in support group are homeless. Look for housing solutions. Asking that you please get funding out to the community as soon as possible.

Mary Taylor: Applied to be on the council. Works for labor & industry. Has TBI.

Begin Comprehensive Statewide Plan Planning

Lunch Break

Continue Comprehensive Statewide Plan Planning

- Tammy Cooper Woodrich, Katie Mirkovich, Jessica Blanchard all volunteered to be on the Comprehensive Plan Committee

Nomination Committee

- The Executive Committee served as the Nominations Committee.

- Provided a slate of Council applicants for recommendation to the Governor through the Boards & Commissions.
- Amanda reviewed the process the Nominations Committee went through.

  Motion: Council accepts the slate of nominations for council members to be presented to the governors office.
  First: HeatherLynn Bahme Second: Tammy Cooper Woodrich
  Yes: 12 No: 0 Abstain:0
  Decision: **Approved**

Wrap-up

Meeting Adjourn: 2:52

Executive Committee Report – October 1, 2026

Executive Committee Report

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Taylor Brummett: Chair Report – October 1, 2026

Council Committees:

- Reviewed and provided feedback to Comprehensive Plan & Report Committee draft recommendations for the 2027-33 Comprehensive Plan and 2-year Report for the Governor, Legislature, and DSHS.
- Sent email to TBI Council eliciting members to join the Nominating Committee.

October Council Meeting:

- Developed agenda for October meeting

Business

- UW eScooter/eBikes proposal: “Study injuries due to micromobility devices in City of Seattle”.
- Discussed lengthening meeting times from 2 to 3 hours to provide additional time to discuss council business, have more in depth conversations on emerging issues, and expand the opportunity for presentations from the TBI community and partners.
    - Discussed having hybrid meeting in May 2027.
    - Add additional meeting per year to conduct council business.
- Follow up with Bea Rector on TBI Budget Committee recommendations.

- Reviewed amendment of Needs Assessment Survey contract with UW/CBIRT and agreed to additional funding to complete the assessments with three hard to engage communities; parents of youth, people living in assisted living facilities, and native populations.
- Reviewed and accepted Letters of Support (LOS) to PAVE for Lifespan Respite grant.
- TBI staff updated EC on the work they are engaged in:
    - Updates on development and implementation on the three new programs through DSHS contract with UO/CBIRT (Center for Brain Injury, Research, and Training) contractor.
    - TBI staff continue to keep DSHS leadership apprised on progress of implementation of three new programs.
    - TBI staff continue to respond to multiple inquiries on progress of implementation of in-person support groups from State Legislators and TBI advocates either directly, or through their preferred channels of inquiry and communications.
    - WA211 Contract:
        - Began negotiations in November 2025
        - WA211 is going through operational changes within the organization
        - Contract had complex issues and pain points that needed more attention
        - TBI staff is confident that a new amendment will be in place.
    - Based on significant feedback regarding the joint TBI/DV Letter to the Medical community, we have decided to step back and rethink.

TBI/Domestic Violence/Intimate Partner Committee Report – October 1, 2026

TBI – DV/IPV Committee Report

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Tammy Cooper Woodrich: Chair Report – October 1, 2026

Met: May 12, June 9, September 8
Attendees: Tammy Cooper-Woodrich and Allison Garza
Staff: Kim Conner and Lauren Miles

Discussed agreed to focus on the areas below:

- Write piece for *Heading Forward* for October- DV Awareness Month
- Review and update DV page on TBI Council website TBI and Domestic Violence | DSHS
- Review and update DV Rack Card, and DV handout

Tammy, Lauren and Kim did a presentation to DVSAS (domestic violence and sexual assault services) in Bellingham WA.

Discussed how the committee and staff can engage with tribal communities and MMIWP (Missing and Murdered Indigenous Women and People).

Tammy and Allison provided feedback to American Bar Association on a resolution on the funding of intimate partner-inflicted brain injury research, screening, and treatment.

2-year Report to Governor and Legislators

Washington Traumatic Brain Injury Strategic Partnership Advisory Council

2-YEAR REPORT TO THE LEGISLATURE

2025-2026

DSHS
WASHINGTON STATE
Department of Social and Health Services

TRAUMATIC BRAIN INJURY
Strategic Partnership Advisory Council of Washington State

January 2027

Washington State Department of Social and Health Services / Home and Community Living Administration / Home and Community Services

PO Box 45600
Olympia, WA 98504-5600

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What We Learned ..... **Error! Bookmark not defined.**

Recommendations ..... **Error! Bookmark not defined.**

Looking Ahead ..... **Error! Bookmark not defined.**

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Appendix A – Council Membership ..... **Error! Bookmark not defined.**

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A Letter from the TBI Council

This year marks the 20th anniversary of the Washington State Traumatic Brain Injury Strategic Partnership Advisory Council (TBI Council). For two decades, people living with traumatic brain injury, those who support them, advocates, providers and partners have asked hard questions, named gaps, and shared ideas for change. This persistence has pushed programs and legislation to shift, opening more doors to respectful care, local resources, and community connection.

The past two years have been especially pivotal. As a volunteer-led Council, members have given time, expertise and lived experience to strengthen our foundation—updating bylaws, clarifying roles and decision-making, and building committees focused on emerging priorities such as domestic and intimate partner violence (DV/IPV), budgeting, and statewide planning. Council recruitment, outreach, and onboarding have been updated, growing one of the most diverse and well-represented memberships in years.

As part of this pivot the Council is shifting how it publishes work reports and plans. Instead of the historically combined 2-Year Comprehensive Plan and Legislative Report, the TBI Council voted to publish:

- 2-Year Legislative Report & Update
- 6-Year Comprehensive Plan

Published every two years, this legislative report shares Council and the Department of Social and Health Services (DSHS) progress, learning, and recommendations. The Comprehensive Plan, published every six years, guides the long-term statewide vision and serves as a roadmap for this report.

On behalf of the Council, we are honored to serve the Governor and the people of Washington on behalf of the TBI community. We are excited about the coming years, with deep cross-system partnerships, stronger infrastructure, more statewide in-person services and more TBI prevention and awareness. We remain committed to listening, learning, and adapting as we walk this road together.

With respect, optimism, and gratitude,

Taylor Brummett, Chair
TBI Council

TBI Council Vision: *A Washington where people and systems understand traumatic brain injury, recognize how serious it can be, and how to prevent it—and where everyone impacted by TBI is recognized, supported, and empowered to thrive.*

Executive Summary

This 2-Year Legislative Report 2025-2026 highlights how the Washington State Traumatic Brain Injury Strategic Partnership Advisory Council and DSHS are improving services, supports and systems for people impacted by traumatic brain injury (TBI) in Washington and fulfills the reporting requirements in RCW 74.31

In the past two years, we:

- Strengthened the TBI Council's foundation with more diverse membership, clearer bylaws, and new committees focused on emerging needs such as domestic and intimate partner violence (DV/IPV), budgeting, and statewide planning.
- Expanded outreach and partnerships across state agencies, advocates, and community organizations, including focused work with DV/IPV and justice systems and partner efforts with the Department of Health, Health Care Authority, and others.
- Increased public awareness and access to information through *Heading Forward* newsletter, website updates, and partner presentations.
- Laid the groundwork for expanded direct services by adding staff capacity, developing contracts for in-person support groups, community integration activities, and peer mentoring, and selecting a statewide vendor to help deliver these services.

We also see clear gaps and barriers:

- Persistent barriers to access in rural and systemically excluded communities, where people still travel long distances or navigate multiple systems to get basic help.
- Inconsistent TBI screening and limited recognition across health, behavioral health, DV/IPV, justice, and other systems, leading to missed diagnosis and support.

Our recommendations to the Legislature and DSHS:

- Support full implementation of expanded services and staffing authorized in RCW 74.31 and the 6-Year Comprehensive Plan.
- Base budget appropriations on actual receipts instead of projected revenue.

Background

The TBI Council was created by state law in 2007 to advise DSHS on the needs of people impacted by traumatic brain injury and how TBI services are planned, funded, and delivered. DSHS provides administrative support and program oversight, while the Council brings together people with lived

experience, family and support systems, providers, advocates, and system partners to shape statewide direction.

Over the past 20 years, the TBI Council and TBI account established in the Revised Code of Washington (RCW 74.31) have been updated as needs and expectations have changed. House Bill 1848, passed in 2025, marked one of the most significant updates by expanding direct services funded through the TBI account, strengthening expectations of statewide equity and access, and clarifying responsibilities for planning, reporting, and program oversight. This legislation doubled the state traffic infraction TBI fee from $5 to $10. This broader scope and potential funding (based on the number of traffic infraction tickets issued) means more state-funded in-person TBI support groups, community integration activities, peer-to-peer mentoring and navigation, and expanded public outreach and education.

Accomplishments 2025-2026

Over the last two years, DSHS staff and the TBI Council have strengthened the Council's foundation, expanded statewide partnerships, improved access to information and support, and built a stronger framework for TBI services. This has been a time of transition and capacity-building, with the Council and staff clarifying the Council's vision, improving internal structures, and making real progress in outreach, statewide access, and service delivery.

TBI Council Accomplishments

The TBI Council has strengthened its foundation so members can advise more clearly, contribute more fully, and help shape the direction of statewide TBI work. This includes improving recruitment, onboarding, bylaws, committee structure, and overall Council engagement.

Building a stronger, more diverse Council membership
The Council put a stronger emphasis on recruitment for Governor-appointed positions, increasing interest in open positions and bringing in members with broader geographic, professional, and lived experience perspectives. Membership increased from 16 to 22 members (out of 25 positions) within a year, making the most diverse and well represented it has been in more than a decade.

An enhanced onboarding process for more informed, engaged members
As membership grew, the Council, DSHS staff and Executive Committee leadership created a more intentional onboarding process for new members. This helps people understand their roles sooner, connect to the work more quickly, and contribute in meaningful ways earlier in their term. The Council also strengthened its relationship with Boards and Commissions by improving the vetting process and focusing on the right representation, better aligning with the intent of Boards and Commissions.

Updated bylaws and policies for clearer direction and transparency
To improve transparency, support decision-making and increase capacity to advise DSHS, the Council updated its bylaws, policies, and procedures. These changes created a stronger operational structure and better alignment with the Governor's office.

New committees focusing on emerging needs and priorities
The Council created new committees to address emerging needs and priorities.

- **Ad-Hoc Budget Committee** – Focuses on understanding the TBI Account and available funds, especially the 2025 legislative updates that increased funding.
- **Domestic Violence (DV) and Intimate Partner Violence (IPV) Committee** – Focuses on the intersection of TBI and DV/IPV, including partnerships, screening and assessment, education, research, and pilot projects.
- **Comprehensive Statewide Plan & Report Committee** – Focuses on intentional Council planning and visioning through Comprehensive Plan development and this 2-Year Legislative Report.

First in-person Council meeting in 7 years
In May 2026, the Council held its first in-person/hybrid meeting since the COVID-19 pandemic, creating space for deeper discussion, relationship-building, and shared visioning around future Council work.

A strategic shift in statewide planning
The Council and DSHS developed a standalone 6-year Comprehensive Plan and this separate 2-year legislative report, supporting a more strategic, long-term systems-change approach while still allowing for needed adjustments every two years.

DSHS TBI Staff Accomplishments

DSHS TBI staff supported the Council's work while expanding outreach, strengthening partnerships, maintaining core programs, and building the infrastructure needed to grow TBI services statewide.

Expanding the DSHS TBI team to support direct services and statewide capacity
With a new TBI Coordinator and Administrator coming on board in November 2024, the DSHS TBI team moved through a transitional period in the first year and a growth phase in the second. As funding and service-delivery requirements expanded through new legislation, it became clear that more staffing was needed. DSHS added two positions to implement expanded TBI direct services as required by recent changes to RCW 74.31 changes and to support the broader statewide work identified by the TBI Council.

Building relationships and cross-system partnerships
With increased staff capacity, DSHS TBI staff expanded outreach to internal and external partners to build the relationships, trust and shared understanding needed for long-term systems change. During FY 2026, staff delivered 11 presentations and approximately 50 to 75 small-group meet-and-greets and ongoing conversations with advocates, community organizations, and state and local partners. These discussions—often with three to five participants—created opportunities to listen, share TBI information, identify barriers, and develop strategies for stronger collaboration.

This relationship-building intentionally broadened the network of trusted messengers who can share lived experience, offer on-the-ground feedback, and help connect people impacted by TBI to information and support. It also laid the foundation for more focused cross-system work to improve recognition of TBI in systems that regularly interact with people impacted by brain injury.

Staff engaged juvenile justice partners, the Washington State Criminal Justice Training Commission, and Washington courts to increase awareness of how TBI can affect behavior, communication, and access to services. Staff also participated in the University of Washington Latino Center for Health's Washington State DV-TBI Epidemic Convening, helping connect public health, violence-prevention, DV/IPV, and other system partners around the intersection of traumatic brain injury and domestic and intimate partner violence.

Increasing public education and outreach visibility
DSHS staff increased visibility of TBI education, awareness, and opportunities through the *Heading Forward* TBI email newsletter, with a distribution of about 50,000 subscribers. The average open rate is 39 percent (industry standard is 21 percent). The average click rate is 15 percent (industry standard is 14 percent).

Expanding direct service and training infrastructure
DSHS TBI staff built the infrastructure needed to implement new and expanded services authorized by the 2025 updates to RCW 74.31. This work included developing detailed statements of work, issuing requests for proposals, and establishing bridge contracts to support in-person groups, community-integration activities, and peer mentoring and navigation.

In May 2026, DSHS selected a statewide vendor and executed a contract to help deliver these services. Staff are now working with the vendor to establish the application process, training curriculum, certification requirements, evaluation approach, and oversight protocols. This work will help ensure that community partners across Washington can provide safe, equitable, and consistent support to people impacted by TBI and their families.

Progress on partner initiatives
Several partner initiatives moved forward including:

- **Safe Kids** - Funding helped expand five coalitions in rural areas and supported a free helmet project. Safe Kids also developed five new modules for the Center on Brain Injury Research & Training (CBIRT) website.

- **University of Washington Extension for Community Health Outcomes (UW ECHO)** - UW ECHO provided 22 TBI-related webinars, including additional continuing education opportunities. Participation increased from 471 participants in FY 2025 to 593 in FY 2026, a 26 percent increase.

CBIRT - Continued outreach, survey work, webinars and conference presentations focused on underrepresented communities, including long-term care facilities, Tribal Nations, and K-12 children and parents. CBIRT also developed the Youth Concussion Prevention and Response Toolkit. CBIRT increased the number of webinars from two in FY 2025 to three in FY 2026. Total webinar participation increased from 187 to 261 people, a 40 percent increase. Average attendance for the webinars increased from 57 to 129 participants.

- **Hey Peers** - HeyPeers added virtual TBI support groups for veterans and LGBTQ+ community members. Across all groups, attendance increased from 321 participants in FY 2025 to 769 participants in FY 2026, a 140 percent increase.

WA211 – WA211 added DV/IPV questions to it's intake protocol for callers who identified as having a TBI and expanded the TBI-specific resources and information available to them. In FY 2026, 5,364 people were referred to 6,282 agencies for 27,268 services.

Governor Appointed		
Name	**Position**	**Term Ends**
Taylor Brummett	Specialist (various) with TBI experience (17)	July 2026
Tracy Kahlo	Non-profit Organization serving TBI individuals # 1 (6)	July 2026
Chad Anderson	Social Worker / Clinical Psychologist working TBI (16)	July 2026
VACANT	Public Member with TBI #1 (21)	July 2026
Dr. Kristoffer Rhoads	Neuropsychologist with TBI experience (15)	July 2027
VACANT	Public Member with experience in TBI issues # 1 (22)	July 2027
VACANT	Expertise working with children with TBI (25)	July 2027
VACANT	Public Member with TBI #2 (19)	July 2027
Tammy Cooper Woodrich	Rep from Native American Tribe in Washington (12)	July 2028
Daphne Nolte	Family Member of Individual with TBI #2 (18)	July 2028
Amanda Sullivan-Kersey	Public Member with experience in TBI issues # 2 (20)	July 2028
Dr. Jesse Fann	Physician with TBI Experience (26)	July 2028
VACANT	Non-profit Organization serving TBI individuals # 2 (14)	July 2028
VACANT	Family Member of Individual with TBI #1 (23)_	July 2028
Washington State Department / Agency		
Allison Garza	Home and Community Living Administration	DSHS
Jessica Blanchard	Behavioral Health and Recovery	HCA
Nick Mehrnoosh	Social and Health Services Administration	DSHS
Katie Mirkovich	Vocational Rehabilitation	DVR
Lindsey Surrell	Department of Health	DOH
VACANT	Department of Corrections	DOC
Brittany Lenihan	Department Children Youth and Families	DCYF
Cecil Daniels	Department of Commerce w/ Housing expertise	COM
Heather Bahme	Department of Washington Veterans Affairs	WVDA
VACANT	Washington State National Guard	
VACANT	Disability Rights Washington	DRW

Appendix B – Council Bylaws Approved Bylaws.pdf

Appendix C – Committee Descriptions

Executive Committee

Executive Committee

Standing Committee

Two-Year Term – In Even Years

Chair, Taylor Brummett

Vice Chair 1, Amanda Sullivan-Kersey,

Vice Chair 2, Heather Bahme

TBI Staff/Support: TBI Council Coordinator and Center for Resolution

Purpose:

The purpose of the Executive Committee is to provide leadership to the TBI Council. Bring their expertise in TBI and provide a strategic and tactical perspective of the overall planning for the TBI Council. Be knowledgeable of RCW 74.31 and the TBI Council Statewide Comprehensive Statewide Plan.

Executive Committee Goals & Objectives:

- Meet monthly to conduct TBI Council business between TBI Council meetings.
- In coordination with the TBI designated staff person, prepare agendas for all regular Council meetings.
- Act on issues requiring immediate attention which arise between meetings of the full Council and report actions taken at the next full Council meeting.
- Establish Committees as needed to complete activities.
- Assign Council members to serve on Committees.
- Monitor activity in all Committees and Council activities.
- Appoint non-Council members as needed to all Committees.
- Provide recommendations to DSHS/TBI Staff.

Executive Committee Roles & Responsibilities:

- To adhere to the committee's goals and objectives as set forth by the Bylaws and Council.
- Provide written updates and reports to the Council with findings and/or recommendations.
- Adhere to the Bylaws and Conflict of Interest Policy.

Governance Committee

Governance Committee

Standing Committee

Two Year Term – Starting in odd Year

Members:

TBI Staff: TBI Council Coordinator

Purpose:

The Governance Committee reviews the Bylaws, Policies and Procedures on an annual basis. Providing recommendations and updates to the full council for discussion and approval. The Chair of the Governance Committee is appointed by the Chair of the Executive Committee.

Goals and Objectives:

- Meet annually to review Bylaws, Policies and Procedures to present at the last TBI Council meeting of the calendar year.
- The Committee should consider beginning meeting in April to fully review and research any changes or recommendations.
- Be knowledgeable of RCW 74.31 and the TBI Council Comprehensive Statewide Plan.

Roles & Responsibilities:

- To adhere to the committee's goals and objectives as set forth by the Bylaws and Council.
- Provide written updates and reports to the Council with findings and/or recommendations.
- Adhere to the Bylaws and Conflict of Interest Policy.

Nomination Committee

Nomination Committee

Standing Committee

Two Year Term – Starting in even Year

Members: Executive Committee is serving as the Nomination Committee

TBI Staff: TBI Council Coordinator

Purpose: The Nomination Committee performs two functions; the Nomination Committee shall present a slate of Officer Nominees at the last Council meeting of the calendar year, ending in the even year and the Nomination Committee will vet applicants received from the Governor's Boards

& Commission and provide a list of recommendations to the Council for review and approval. The Chair of the Nomination Committee is appointed by the Chair of the Executive Committee.

Goals and Objectives:

Officer Nominees:

- Reach out to council members to determine their interest in serving as an officer.
- Provide written/digital information on the role of the Executive Committee.
- Meet, at least quarterly, to discuss progress, outcomes, and next steps to ensure a full slate of candidates are presented to the council for a vote.
- If there is a vacancy on the Executive Committee, the Nomination Committee shall present a slate of nominees for the vacant position at the next full Council meeting.
- The Nomination Committee shall make a reasonable effort to include a TBI survivor or caregiver among its Officer nominees.
- Candidates interested will inform the Chair of the Nomination Committee via email or phone at least two weeks prior to the Council meeting.

Governor's Boards & Commission Applicants:

- Work with TBI Council Coordinator to vet TBI Council applicants.
- Each committee member will vet applicant(s) and provide the written evaluation to the TBI Council Coordinator.
- The committee will meet to review all vetted applicants and make list of recommendations for the council to review and approve.
- There can be more than one applicant recommended for each position being reviewed.
- Vetting applicants includes those applying for a second term.

Roles & Responsibilities:

- To adhere to the committee's goals and objectives as set forth by the Bylaws and Council.
- Provide written updates and reports to the Council with findings and/or recommendations.

Adhere to the Bylaws and Conflict of Interest Policy.

Domestic Violence/Intimate Partner Committee

TBI Domestic and Intimate Partner Violence Committee Purpose

Standing Committee

Two Year Term – Starting in even Year

Members: Tammy Cooper Woodrich, Allison Garza, Taylor Brummett
Staff Members: TBI Council Coordinator & TBI Project Manager

Purpose: The TBI Domestic and Intimate Partner Violence Committee purpose is to pursue the goals and objectives of the committee. To share their knowledge, expertise, and lived experience with the TBI Council and TBI staff to further RCW 71.31.070.

Goals and Objectives:

- Prioritize building relationships with justice system partners to spread awareness, resources, and proper screening for TBI + DV & IPV.
- Connect and leverage partnerships with community-based Domestic Violence commissions and organizations (cities, counties, Tribal communities) to spread awareness, resources, and screening.
- Educate primary care providers and first responders about TBI + DV & IPV. Possibly require TBI-related courses as part of continuing education.

TBI Staff reported out on the activities and outreach we have done

- Juvenile court system
- Criminal Justice Training Commission
- Administrative Court
- TBI DV Task force development for the future
- American Bar Association: focusing on DV as an initiative

Roles & Responsibilities:

- To adhere to the committee's goals and objectives as set forth by the Bylaws and Council.
- Provide written updates and reports to the Council with findings and/or recommendations.

Adhere to the Bylaws and Conflict of Interest Policy.

Comprehensive Statewide Plan & Report Committee

Comprehensive Statewide Plan & Report Committee Purpose

Standing Committee

Two Year Term – Starting in even Year

Members: Heatherlyn Bahme- Chair, Tracy Kahlo, Katie Murkovich, Jessica Blanchard, Tammy Cooper Woodrich
TBI Staff/Support: TBI Council Coordinator and Center for Resolution

Purpose: The Comprehensive Statewide Plan Committee has two purposes;

1. Report on comprehensive statewide plan over the past two years.
2. Revise statewide comprehensive plan.

The report is written every two (2) years and due to legislature and governor on January 15 of odd years; and collaborate with DSHS to develop and revise, as needed, a comprehensive statewide plan to address the needs of individuals with TBI.

Goals and Objectives:

Report: Provide to the legislature and the governor on the following: RCW 71.31.20

- Identifying the activities of the council in the implementation of the comprehensive statewide plan;
- Recommendations for the revisions to the comprehensive statewide plan;
- Recommendations for using the traumatic brain injury account established under RCW 74.31.060 to form strategic partnerships and to foster the development of services and supports for individuals impacted by traumatic brain injuries; and
- Recommendations for a council staffing plan for council support under RCW 74.31.030.

Comprehensive Statewide Plan: RCW 74.31.030

- Collaborating with the department to develop and revise as needed a comprehensive statewide plan to address the needs of individuals with traumatic brain injuries.
- Make a recommendation to the Council on how often a Comprehensive Statewide Plan should be developed.
    - Determine if the Report and The Comprehensive Statewide Plan should be the same as the Report or a separate document.

Roles & Responsibilities:

- To adhere to the committee's goals and objectives as set forth by the Bylaws and Council
- Provide written updates and reports to the Council with findings and/or recommendations.
- Adhere to the Bylaws and Conflict of Interest Policy.

Appendix D –Community Reports (2026 Report released in October)

2025 Report *TBI Community Report 2025*

2026 Report *TBI Community Report 2026*

Appendix E - Resources & Programs

Washington TBI Resources & Programs

TBI Council:

- Traumatic Brain Injury | DSHS

- Washington Traumatic Brain Injury Strategic Partnership Advisory Council | DSHS- TBI Council information and application
- Subscribe to our newsletter *Heading Forward* Washington Department of Social and Health Services – Home and Community Living Administration
- Contact: TBICouncil@dshs.wa.gov

Safe Kids: Safe Kids Washington | Washington State Department of Health

UW ECHO: TBI BH ECHO – Connecting Frontline Providers with Experts

UO/CBIRT

- TBI Events Portal
- Safe Kids Washington | Safe Kids WA
- Events | Return To School
- TBI Skill Builder WA
- Washington TBI SOS

Hey Peers: Traumatic Brain Injury (TBI) Support | HeyPeers

WA211:

- Call 2-1-1
- Here to Help After a Traumatic Brain Injury in Washington

Appendix F- TBI Council Ad-Hoc Budget Committee Recommendation

TBI Ad-Hoc Budget Committee

Traumatic Brain Injury (TBI) Fund Narrative and Recommendations
Presented: February 2, 2026 Council Meeting

Key elements include:

- **July 1, 2025 to June 30, 2026Fiscal Year aligned with the state budget.**
- **Appropriation** is $7,204,000 for FY26/27 biennium (this is the maximum potential spending if full funding is received).
- **Legislation:**
    - **House Bill (HB) 1848 (signed July 27, 2025):**
        - Increases the traffic infraction fee deposited into the TBI Account from $5 to $10.

        - Requires that **at least 30% of annual expenditures** be used exclusively for four listed activities (including in-person support groups, community integration, peer-to-peer mentoring and navigation programs, and TBI awareness campaign).
        - See Final Bill Report SHB18488.
- **Budget Process:** Governors ask and work with all departments in the prior year for a final budget ratification in the following year.

TBI Fund Line Item Information:

- Allocation vs. Actual Funding:
    - Appropriation total $7,204,000 for FY26/27 Biennium (maximum potential spending if full funding is received).
    - DSHS sets a conservative budget based on prior year receipts to protect account balances and ensure contracts execute without default.
- Base Budget Allocation by the Legislature:
    - FY26: $1,697,000
    - FY27: $1,707,000
    - These allocations are aligned with FY 2025 levels. The Legislature did not increase the base budget despite HB1848 passage.
- Reserve: Required by OFM, a $600,000 reserve is set aside for unexpected shortfalls.
- HB1848 30% Appropriation:
    - 30% of the budget must be appropriated to HB1848- mandated activities.
    - Budget lines under this allocation show current contracts and staffing, with unallocated lines reserved for future contracts.
    - Other existing contracts also support HB1848 mandated activities beyond the required 30%.
- **Base/Core Funding:**
    - The base budget total of $1,650,074, representing ongoing council work after the 30% appropriation.

Ad-Hoc Budget Committee Recommendations

Following meetings on **11/4/25** and **12/2/25**, the committee recommends:

1. **Budget Based on Receipts:** Shift appropriations to actual receipts rather than projections to reduce risk and stabilize contract development.

2. **Reserve Deduction First:** Deduct the $600,000 reserve before calculating line allocations, including the 30% HB1848 requirement.
3. **Increase Base Budget:** Legislature should increase FY27 base budget allocation to align with the FY26/27 appropriation.
4. **Budget Presentation Clarity:** Show base/core funding at the top, with legislative categories broken down clearly.
5. **Annual Fund Narrative:** Add a narrative to budget presentations to support universal design and accessibility for all members and the public.
6. **Language Alignment:** Address incongruency between HB1848 language ("council approves") and TBI Council Bylaws, which specify members advise, collaborate, recommend, and consult with DSHS.

Nomination Committee

Nomination Committee Report

Promote | Advise | Engage

Report – October 1, 2026
Members: Katie Mirovich, Amanda Sullivan-Kersey
Staff: Kim Conner

Business:

- Met in September to discuss outreach and recruitment
- Identified interested council members
- Worked with TBI Staff to develop slate of Officers to present to full TBI Council

Recommendation/Motion: The Nomination Committee presents the following slate of Officers for the Executive Committee for review and approval;

- Chair: Taylor Brummett
- Vice Chair #1: Allison Garza and Nick Mehnroosh
- Vice Chair #2: Heatherlynn Bahme

Comprehensive Plan Committee

Committee Report

Comprehensive Plan & Report

Committee Report

Promote | Advise | Engage

Heather Bahme: Chair Report – October 1, 2026

Meetings: February 24, April 28, and September 22 2026

Committee Members: Heather Bahme, Tracy Kahlo, Katie Mirkovich, Jessica Blanchard, Tammy Cooper-Woodrich

Other: Kim Conner, Lauren Miles, Will Hitchcok, Nazar Borshkevich, CDR: Maralise Hood-Quan, Heather Bidwell

Comprehensive Statewide Plan:

- Reviewed and finished final draft.
- Sent to DSHS leadership for review and feedback.
    - No feedback from DSHS.

Biannual report to Legislatures/Governor: (Odd Years)

- Reviewed and provided feedback.
- Sent to DSHS leadership for review and feedback.
    - DSHS provided feedback
    - Incorporated feedback
    - Reviewed and accepted by Committee

Other Business:

- Once approved, the report will go to DSHS Communications for design.
- DSHS will deliver the reports to legislature and the Governor's Office.
- TBI staff will email council once the reports have been submitted.
- Committee will continue to meet and identify areas of the Comprehensive Plan they can focus on.

RECOMMENDATION/MOTION:

The TBI Council planning committee recommends that the TBI Council approves the 6-year Comprehensive Plan and the 2-Year Report.

Final Draft Comprehensive Statewide Plan

2027 – 2033
Washington Traumatic Brain Injury Comprehensive Plan

Celebrating 20 Years of TBI Advocacy & Support

Washington State Traumatic Brain Injury
Strategic Partnership Advisory Council
RCW 74.31.020

JANUARY 15, 2027

Department of Social and Health Services/

Home and Community Living Administration

PO Box 45600
Olympia, WA 98504-5600

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A Message from the Traumatic Brain Injury Strategic Partnership Advisory Council

Since 2006, the Traumatic Brain Injury Strategic Partnership Advisory Council has worked alongside people who have experienced a traumatic brain injury, their families and caregivers, providers, advocates, and partners across the state. Over the last 20 years, their stories, questions, frustrations, and ideas have shaped this six-year Comprehensive Plan and the direction of the TBI Council's work.

As the statewide roadmap for traumatic brain injury (TBI), this plan focuses on changing how systems show up for you – so people impacted by TBI and their families experience clear paths to services, respectful and trauma-informed care, easier access to treatment, and meaningful opportunities for peer connection and support in the communities where they live. It describes the TBI Council's commitment to working together to prevent TBI, make it easier to recognize and screen for TBI, and strengthen services and supports across systems.

Over the next six years, this Comprehensive Plan guides the TBI Council, Department of Social and Health Services, and community partners as we align around common priorities and a clear vision. It anchors knowledge learned and where the TBI Council is headed by focusing on sustainable partnerships, changing systems, policies and practices and improving coordination across systems. A separate two-year TBI Council Legislative Report provides regular updates, progress and recommendations as this roadmap moves into action.

The TBI Council has written this plan for anyone in Washington who may be impacted by brain injury – people living with TBI and their families, community-based organizations, partners and advocates, state agencies and supporting systems, and legislators and funders who support this work. Whether you are looking for help, supporting others, or shaping policy and programs, the TBI Council hopes that you see yourself in these pages and use this plan as a tool for action.

On behalf of the TBI Council, thank you to everyone who shares time, expertise, and lived experience as we walk this roadmap together. On behalf of the TBI Council, we invite you to join us in putting it into practice so people with TBI in every community can be recognized, supported, and empowered.

With respect and gratitude for everyone improving the lives of people living with TBI in Washington State,

Taylor Brummett, Chair
Washington State Traumatic Brain Injury Partnership Advisory Council

Vision & Impact Statement

Vision: *A Washington where people and systems understand traumatic brain injury, recognize how serious a traumatic brain injury can be, and how to prevent a traumatic brain injury —and where everyone impacted by traumatic brain injury is recognized, supported, and empowered to thrive.*

Impact Statement
At any stage of a TBI—from prevention and early diagnosis, through treatment and life with brain injury, and support after the death of a loved one with TBI—people in Washington:

- Understand the seriousness of TBI.
- Know how to protect themselves and prevent TBI.
- Recognize what TBI is and how it affects their lives.
- Know where to go for help and get timely, coordinated response.
- Access clear information and respectful, trauma-informed care.
- Connect with peers who share their experience.
- Obtain the resources needed to overcome barriers and stay rooted in their communities, no matter where they live.

Core Values

- **Access:** We remove barriers so people can get what they need when they need it.
- **Belonging:** We build communities where people with TBI feel seen, heard, and included.
- **Collaboration:** We bring systems and partners together.
- **Data-driven decisions:** We make decisions rooted in data and facts.
- **Equity:** We focus on equitable access in rural communities and for people who have been systemically excluded.
- **Lived Experience:** We center people who have experienced a TBI when making decisions.

Equity & Belonging

We know brain injury does not affect all communities in the same way and that many people face added barriers because of racism, poverty, disability, geography, language, gender, and other forms of inequity. At the heart of this plan is equity and belonging, prioritizing the voices of the people most impacted, honoring their expertise, and designing supports with them, not for them.

> **EQUITY** means making sure people have what they need to access information, services and healing in ways that work for their lives, with a focused effort on communities that have faced the greatest barriers and harms.
>
> **BELONGING** means creating spaces where people with brain injury and their caregivers feel seen, respected, and welcome in every system they encounter.

Together, equity and belonging guide our decisions, partnerships, and investments.

Six-Year Strategic Priorities

The Traumatic Brain Injury Strategic Partnership Advisory Council has four interconnected strategic priorities that guide systems change and partnership work over the next six years. These priorities build on previous Comprehensive Plan cornerstones and carry forward a focused, person-centered, trauma-informed approach. Progress is strongest when all priorities advance together, not one after another or in insolation.

Strategic Priority #1 – Lead Together to Transform Systems

A Washington where the TBI Council, people with lived experience and partners use their collective voice and influence to redesign policies, practices, and partnerships so support is coordinated, equitable, and accessible.

Why this priority matters:
No single program or agency can meet the needs of people with TBI on its own. People do best when systems work together to provide steady and reliable support. This priority is about bringing the TBI Council, people with lived experience, and partners together as a leadership table to learn about systems change and best practices, align efforts, influence the Legislature, and other decision-makers, and redesign how systems work. When decisions are made with the people most impacted, support becomes better coordinated, more equitable and more responsive to what people need.

What we will focus on:

- **Strengthen TBI Council engagement and ownership**
  Council-led initiatives such as legislation, outreach, partnerships, research, and special projects.

- **Build and cultivate partnerships**
  Formal and informal partnerships with agencies and systems, including health, aging, disability, domestic violence and intimate partner violence, justice, education, behavioral health, and others.

- **Coordinate across systems to advance policy**
  Identify where systems intersect and where people fall through gaps and work together to repair those gaps. Develop legislative and policy recommendations that align with vision and strategic priorities of this plan.

- **Use data and stories to guide systems change**
  Bring together contract data, program reports, partner data, information and referral, and lived-experience stories to understand impact and adjust course over the next six years.

- **Maintain and/or build necessary capacity to implement expanded services**
  Ensure the Department of Social and Health Services TBI team are fully staffed at the operational level to oversee expanded services, support the TBI Council and coordinate systems-change work across agencies.

How we will measure success:

- TBI Council membership remains full or nearly full, with diverse geographic, professional, and lived-experience representation.
- TBI Council members report that onboarding, roles, and bylaws help them participate confidently and meaningfully.
- TBI Council leads more diverse and impactful initiatives and is informed and engaged in its advisory role.
- State agencies, justice systems, and the Legislature adopt or act on recommendations submitted by the TBI Council.
- Partners and people with lived experience describe systems as more coordinated, equitable, and responsive.
- TBI team staffing and structure keeps pace with legislative expectations and service/program demands.

Strategic Priority #2 – Raise Awareness and Access to Resources

A Washington where people recognize traumatic brain injury, know where to go for help, and can easily get trustworthy information and resources.

Why this priority matters

Many people are not able to recognize the signs of traumatic brain injury or know that what they are experiencing might be connected to a past injury. This priority focuses on making sure people and communities have clear, trustworthy information, know how to reduce risk and can see where to start when they have questions or concerns. Before TBI happens, we want people and communities to have the knowledge and tools to protect themselves and those they care about. This priority is about making it easier for people to understand that help is available, and find clear, consistent “open doors” that lead directly to the services they need.

What we will focus on:

- **Ensure consistent, trustworthy information**
  Create messages and materials that are accurate, easy to understand, culturally responsive, co-developed with people experiencing TBI, and available in multiple languages and formats.

- **Build relationships with communities most impacted**
  Work with community groups and local organizations to share information about TBI and available resources in ways that fit local cultures and contexts.

- **Strengthen partnerships that amplify awareness**
  Collaborate with state and local partners that already have trusted relationships with community members.

- **Make it easy to find help**
  Provide a "no wrong door" system to access information and referral, with multiple entry points and formats. Create places—virtual or in-person—where people with brain injuries and caregivers can share their stories and experiences.

- **Coordinate awareness across state agencies and community partners**
  Expand statewide TBI Communications Plan to include messaging and guidance for all partners and providers ensuring consistent branding and materials statewide.

How we measure success:

- Increased reach and engagement with TBI information (such as, digital analytics, printed materials, and outreach events).
- Feedback from awareness and educational events showing that people better understand TBI and where to go for help.
- Tracking presentations and partners outreach to see which communities and systems are reached.
- Feedback from partners and community members indicates TBI information is consistent, easy to find and trustworthy.

Strategic Priority #3 – Grow Skills and Respond with Care

A Washington where people with lived experience, the TBI Council, providers and partners learn together and share TBI expertise so the way we listen, talk and act with people who have traumatic brain injuries is person-centered, trauma-informed and supportive.

Why this priority matters:
How people are treated in everyday interactions can either support healing or cause more harm. Living with TBI often requires enormous effort, humility and relearning, and people should not carry added feelings of shame and guilt in systems that misunderstand or dismiss them. When staff, providers, and systems better understand traumatic brain injury, people are more likely to feel safe, included and understood. This priority is about building shared knowledge, skills, and confidence so partners know what traumatic brain injury looks like, what questions to ask, and how to respond in respectful, patient, and supportive ways, leading to belonging and person-centered care.

What we will focus on:

- **Deepen statewide education and training initiatives**
  Learning series such as University of Washington Extension for Community Healthcare Outcomes (ECHO) and Skill Builders that deepen knowledge and skills of traumatic brain injury for caregivers, providers, staff, and community partners.

- **System-specific training and practice change**
  Support health and emergency room settings, domestic violence and intimate partner violence programs, justice systems, schools, housing, and homeless services to recognize TBI, screen when needed and create compassionate referral pathways.

- **Improve screening and referral**
  Help partners know what to ask, what to look for and what to do when a TBI is likely.

- **Co-learn with people with lived experience**
  Meaningfully involving people impacted by TBI and their families and caregivers in designing and delivering trainings, including panels, storytelling, and co-facilitation.

- **Person-centered and trauma-informed care**
  Support frontline response and ongoing services that reduce trauma and increase safety and dignity through language, pace, environment, and follow-through.

- **Ensure all community providers are trained, certified and regularly evaluated**
  Develop and refine training, certification, and support structures for community-based services such as support groups, peer-to-peer mentoring, and community integration activities.

How we measure success:

- More partners participate in TBI trainings and report increased confidence and skills.
- Systems adopt new screening, referral, and response practices.

- People impacted by TBI and their families report feeling more understood, safe, and supported in the services they use.
- Growth in the number of trained community-based organizations providing support groups, peer-to-peer mentoring, and community integration activities.
- Feedback from people with lived experience that interactions with care and support systems feel more trauma-informed, respectful, and helpful.

Strategic Priority #4 – Connect People to Services and Supports

A Washington where people who have experienced traumatic brain injury and their families can find, use, and stay connected to the support they need, wherever they live.

Why this priority matters:
Today, many people with TBI and their families must navigate confusing systems, repeat their stories, and travel long distances to get help. This priority is about creating clear, innovative pathways—local, virtual, cross-system—so people can find, use, and stay connected to support without complexity and move smoothly between systems. It also recognizes some systems, such as justice settings, see a higher number of people impacted by TBI and are often where people face the greatest risks of falling through cracks or facing barriers to care.

What we will focus on:

- **Build and sustain direct service infrastructure for community-based services and connections**
  Implement and strengthen statewide network of certified community-based services providing support groups, peer-to-peer programs, and community integration activities.

- **Expand services in rural and systemically excluded communities**
  Design supports with and for communities that have had the least access.

- **Coordinate care and support across systems**
  Provide navigation and warm handoffs so people can move smoothly from one provider or program to the next, including hospitals, rehabilitation, schools, housing, aging and disability, behavioral health, and justice systems.

- **Strengthen justice systems support**
  Strengthen services and supports for adults and children with TBI in or leaving the justice system – courts, jails, Department of Corrections, community corrections—so people can connect to community-based help.

- **Use data on access and connection**
  Track where services exist, who is using them, and where gaps remain.

How we measure success:

- Most people who have experienced TBI and their families report that they can find and stay connected to the supports people need.
- Information and referral, and program data show increased connection to services across regions and populations.
- Lived experience stories and evaluations highlight smoother transitions and fewer gaps between systems.

TBI Staff Updates

Written Budget Report

TBI Council

FY 2026 Year End Budget & FY 2027 Budget Report

Per the TBI Council Ad-hoc budget committee recommendations, TBI staff has updated the look of the budget reports and included an accompanying written report.

FY 2026 Year End Budget:

- Overall underspent $1,041,551
  - $175,811 in 2 staff salaries
  - $593,955 in new programs- due to new vendor in place May 2026
  - $100,000 undetermined projects
- Percentage of new programs per RCW 74.31.050: "*(3) At least 30 percent of the annual expenditures from the traumatic brain injury account must be allocated to in-person support groups and community integration activities.*"
  - FY 2026 Budget = $2,745,740
  - New Program budget = $1,079,100
  - Percentage of budget = 39%
- Actual spent in FY2026
  - FY 2026 Actual spent = $1,704,189
  - New Program actual spent = $294,150
  - Percentage of budget = 17%
- Total underspent = $1,041,551

- TBI Account Revenue FY26: Income + Interest = $3,403,150 - Anticipated Revenue $3,597,000 = $193,850
- TBI Account Fund Balance = $2,439,699 (FY25 Balance + Revenue – Funds spent)

FY 2027 Budget:

- Deducted the $600K reserve from the anticipated revenue for FY27 before budget development.
- Increased Staff/Council line item to support potential in-person/hybrid meeting.
- Added line item for potentially funding UW/escooter project without a funding amount. Can utilize "undetermined project" line item to fund.
- New programs funding is 38% of budget, over the 30% stated in the RCW.
    - This is due to "base budget" appropriation not updated by Legislature for the FY26/27 biennium after the increase ($5 to $10 per traffic infraction) of TBI Account Fund and;
    - Adjustments made in contract negotiations with vendor for new programs.
    - Anticipate FY28/29 budgets to be more in alignment with the RCW and legislature appropriations

Ongoing:

- Revenue for FY26 did not meet anticipated Revenue Appropriations- short $193,850
- Anticipated similar revenue projections for FY27.
- Per DSHS guidelines, when developing the budget, we underbudget the legislative allocation we receive to absorb negative revenue and we have the $600K reserve.

FY 2026 Year End Budget

TRAUMATIC BRAIN INJURY (TBI) FUND - SFY 2027 (July 1, 2025 - June 30, 2026)

Activity	Budgeted	Expenditures SFY26 YTD	Budget Balance
Anticipated Revenue Based on FY 26	**$ 3,597,000**		
	$ 2,997,000		
FY27 Allocation	**$1,697,000.00**		
DSHS / TBI Council	**$ 337,500**	**$ 278,725**	**$ 61,275**
DSHS Staffing / Indirect	$ 320,000	$ 271,815	$ 48,185
Travel: Staff - Council	$ 15,000	$ 6,910	$ 8,090
Staff Membership	$ -		$ 2,500
Materials	$ 2,500		$ 2,500
TBI Support	**$ 189,750**	**$ 173,760**	**$ 15,990**
Service Alternatives (CDR) - 2334 - 50166	$ 189,750	$ 173,760	$ 15,990
Public Awarness / Training / Events / Projects / Other	**$ 1,139,390**	**$ 957,554**	**$ 181,836**
Public Awareness / Education / DES / Printing	$ 35,000	$ 1,281	$ 33,719
TBI I&R Services - WA 211 - 2213-45112-01	$ 257,400	$ 212,178	$ 45,222
DOH - Safe Kids Coalition- 2561-61002	$ 207,816	$ 207,687	$ 129
UO - Workshop and Education Programs - 2265-42070-1	$ 340,050	$ 340,050	$ -
Support Groups Central 2534-62775 TBI VSG	$ 59,699	$ 56,933	$ 2,766
UW - TBI BH Echo Training - 2265-43608	$ 139,425	$ 139,425	$ -
Undetermined project	$ 100,000	$ -	$ 100,000
Base Subtotal	$ 1,666,640	$ 1,410,039	$ 259,101
New Legislation	**$ 1,079,100**	**$ 294,150**	**$ 784,950**
DSHS Staffing / Indirect 2 FTE	$ 300,000	$ 124,189	$ 175,811
Travel - Staff- Council - DSHS Materials	$ 5,000	$ 316	$ 4,684
UO/CBIRT	$ 132,145	$ 132,145	$ -
Bridge Contracts	$ 48,000	$ 37,500	$ 10,500
Underspent	$ 593,955		$ 593,955
Base Subtotal- New Legislation	**$ 1,079,100**	**$ 294,150**	**$ 784,950**
Grand total	**$ 2,745,740**	**$ 1,704,189**	**$ 1,041,551**

FY 2027 Budget

TRAUMATIC BRAIN INJURY (TBI) FUND - SFY 2027 (July 1, 2026 - June 30, 2027)			
Activity	**Budgeted**	**Expenditures SFY27 YTD**	**Budget Balance**
Anticipated Revenue Based on FY 25	**$ 3,607,000**		
Anticipated Revenue - Reserve ($600,000)	**$ 3,007,000**		
FY27 Allocation	**$1,707,000.00**		
DSHS / TBI Council	**$ 322,500**	**$ -**	**$ 322,500**
DSHS Staffing / Indirect	$ 300,000		$ 300,000
Travel: Staff - Council	$ 20,000		$ 20,000
Staff Membership	$ 2,500		$ 2,500
Materials	$ -		$ -
TBI Support	**$ 184,000**	**$ -**	**$ 184,000**
Service Alternatives (CDR) - 2334 - 50166	$ 184,000		$ 184,000
Public Awarness / Training / Events / Projects / Other	**$ 1,195,700**	**$ -**	**$ 1,195,700**
Public Awareness / Education / DES / Printing	$ 35,000		$ 35,000
TBI I&R Services - WA 211 - 2213-45112-01	$ 300,000		$ 300,000
DOH - Safe Kids Coalition- 2561-61002	$ 222,921		$ 222,921
UO - Workshop and Education Programs - 2265-42070-1	$ 310,828		$ 310,828
Support Groups Central 2534-62775 TBI VSG	$ 59,321		$ 59,321
UW - TBI BH Echo Training - 2265-43608	$ 157,630		$ 157,630
Undetermined project	$ 110,000		$ 110,000
UW Escooter			
Base Subtotal	$ 1,702,200	$ -	$ 1,702,200
New Legislation	**$ 1,082,855**	**$ -**	**$ 1,082,855**
DSHS Staffing / Indirect 2 FTE	$ 280,000		$ 280,000
Travel - Staff- Council - DSHS Materials	$ 10,000		$ 10,000
CBIRT	$ 792,855		$ 792,855
Base Subtotal- New Legislation	**$ 1,082,855**	**$ -**	**$ 1,082,855**
Grand total	**$ 2,785,055**		**$ 2,785,055**

New Programs Report

TBI Council Presentation/Report

Implementing HB1848 to TBI SOS Launch

HB 1848 increased fees from traffic infractions deposited in the Traumatic Brain Injury Account to $10 per infraction, added benefits of in-person peer support groups, community integration

programs, and peer-to-peer mentoring and navigation as services and to awareness activities. At least 30% of annual expenditures are directed toward establishing and maintaining peer led and community-based in-person support groups, skills-building programs for community integration, and peer-to-peer mentoring and navigation. DSHS will ensure equitable access across urban and rural regions. DSHS must proactively seek and apply for federal funding opportunities.

HB 1848 was signed by the Governor on May 19, 2025 and went into effect July 27, 2025. Over the course of the next year DSHS hired two staff to manage this work, developed a RFP (Request for Proposal) and conducted a contractor bidding process through DES (Department of Enterprise Services), negotiated a final contract with winning bidder (the Center on Brain Injury Research and Training), established a multi-system digital hub portal for both providers and those seeking service, and initiated training to enhance the current and future network of providers.

Accomplishments:

- Worked with DES to put contract out for Bid through competitive process.

- Selected winning bid from 6 submissions through panel review – March 2026 Bidders completed two rounds of review from a panel of reviewers from DSHS and the TBI Council. Top 3 candidates from written scores were invited to present oral submissions. Center on Brain Injury Research and Training selected as winning bidder based on overall scoring.

- Onboarded new staff, Nazar Borishkevich and Will Hitchcock, to manage new programming under HB 1848. - January 2026

- Will and Nazar completed all on-boarding and contracts management training – April 2026

- Final contract negotiations with winning bidder March through April with signed contract May 15, 2026.

- CBIRT conducted stakeholder outreach meeting with Brain Northwest, various members of the TBI Advocate network, and various service providers to inform development of new programming and understand needs of service organizations and those receiving services. – May through July 2026

- Program branded, Traumatic Brain Injury System of Support, TBI SOS – June 2026

- CBIRT established a participant portal (https://wa.tbisos.org) for both attendees for services and providers – Launching July 1 with ongoing improvements and updates to the site. Development May through June – Enhancements July through August 2026

- Established 4 bridge contracts to continue funding for planned activities through training of new programing for continuity of services and minimize temporary reductions in service during transition. - July through September 2026

- CBIRT established sub contracts with BIAA, Holding the Hope, Inspiring Here and Now and WA 211, as well as established two network Liaisons. Westside Liaison, Janet Novinger with Imaginal Network has been onboarded. Eastside Liaison is expected to be identified and onboarded soon. June – September 2026

- First Cohorts for Peer-to-Peer Mentoring training and Support Group Facilitator Training have started - August through September 2026

Challenges:

There were a few challenges that led to minor delays but no stops. These challenges were expected and successfully worked through.

- State agency staffing shortages, hiring freezes across multiple programs and units slowed overall process and approvals. Given the complexity of the programing and infrastructure needs under HB 1848 there were multiple touchpoints across state systems and all had some capacity impacts.

- New staff onboarding – learning curve for new systems and lengthy training requirements for state contract management resulted in delays until April for new managers to have full access. The TBI Council Coordinator and the HCS Unit manager helped fill gaps and support needs to address this challenge.

- Need to establish infrastructure for fiscal and program accountability for new program systems and data needs for a complex body of work. Expected challenge given the requirements and breadth of the legislation.

- Detailed and complex request for information on program activities provided both some positive push to move forward but ultimately slowed down progress. Common part of the work, but was hit with multiple tasks at once impacting capacity and led to small delays.

- New processes and requirements for accountability of funding requires a learning curve for existing and new service providers. Many of our intended service providers have lived TBI experience. We want them to have time and space to learn the new processes and feel confident as they provide services. This may lead to longer lead times in getting started but we believe will make for a stronger more sustainable network long-term.

<u>Overview – Reports as presented by CBIRT</u>
May 2026 — June 2026
Overall, this was a foundational period focused on launching core project structures, preparing infrastructure and materials, initiating outreach, and establishing the coordination systems.

Management and Development

- Initial online system setup and testing (roles/permissions, assessments, security, accessibility).

- Launch of bare bones framework July 1st
- Open recruitment for Peer Mentor Cohort 1 (Delay- recruitment should begin mid-July)
- Weekly team CBIRT meetings established
- Establish Weekly Check in and Monthly Report template
  - Met with Will and Nazar on June 4th and June 17th
  - MJ sent draft template on June 17th
    - Notes received June 30th

Facilitator Training & Professional Development

- Gathered support group training materials
- Draft facilitator and community outreach application
- Developed interest forms for TBI SOS website including support groups, peer to peer, interest in joining a support group and interest in getting a peer mentor.

Marketing/Outreach

- Launch of TBI SOS Website
- Stakeholder mapping and outreach to ≥10 partners; schedule intro meetings
  - Met with:
    - Brain Northwest, Justin Taft
    - Advocate, Issac Peterson
    - Imaginal Network, Janet Novinger
  - Outreach to:
    - Hey Peers, Vincent Caimano
    - Second Chance/Lewis County Brain Injury Support Group, Larry Carroll
    - DAC- Spokane, Mark Leeper
    - Central WA Disability Resources, Mayra Colazo

Subaward/Contractors

Progress was also made on business arrangements with project partners and contractors.

- Execute business arrangements
  - Holding the Hope
    - Subaward agreement coordination began
    - Meet with the Holding the Hope team multiple times to set up trainings, web needs, etc.
  - Inspiring Here and Now
    - Connecting with them
  - WA 211
    - SOW being negotiated
  - BIAA
    - First invoice submitted

Portal Activity

- 9 inquiries (since 8/19/26)
  - 4- Facilitator interest
  - 1- Peer specialist interest

    - 2- Activities provider
    - 1- Find a peer partner
    - 1- Community events
    - 7- Counties represented: King, Lewis, Pierce, Spokane, Thurston, Whatcom, Yakima
- 30 total inquiries (portal launch July 1)
    - 14- Facilitator interest
    - 7- Peer specialist interest
    - 4- Activities provider
    - 3- Find a peer partner
    - 1- Community events
    - 1- General contact
    - 12- Counties represented: Chelan, Clark, Island, King, Kitsap, Lewis, Pierce, Snohomish, Spokane, Thurston, Whatcom, Yakima
- Total Applications received:
    - 12- Facilitator
    - 1- Peer Specialist

Intro meetings with 5 applicants on 8/25

- One on one intro meetings will be offered to the rest of the applicants after 9/9 orientation

Portal Updates

- WA TBI SOS Provider framework drafted and will launch prior to 9/9
    - Secure login for each team member
        - Submit invoices
        - Participate in training
        - Upload requirements

Drafts complete and under review:

- WA TBI SOS team training schedule
- WA TBI SOS team training curriculum
- WA TBI SOS team orientation
- WA TBI SOS team Pre-Assessment Knowledge Questionnaire

9/9 WA TBI SOS Team Orientation

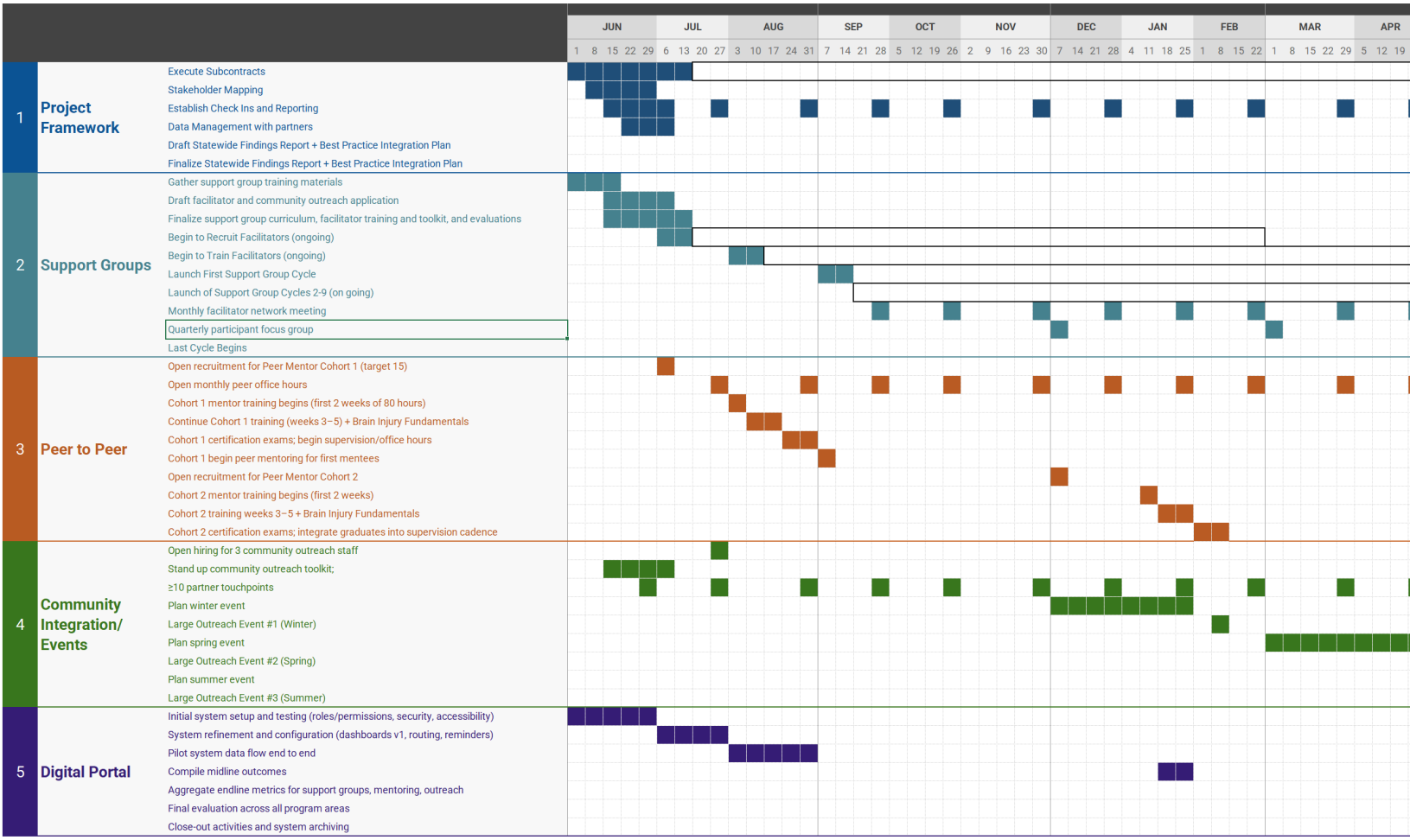
- 12 support group facilitators invited
- Agenda:
    - General Requirements
    - Paid Training Plan
    - Invoicing
    - Individual Needs of facilitators and groups

Community Liaison

- Janet accepted position and SOW finalized - Start date Sept 1

Timeline:

PROJECT TITLE	Implementing HB1848: TBI In Person Support
PROJECT MANAGER	Megan Jones
COMPANY NAME	CBIRT
DATE	7/6/2026



Wrap-up/Adjourn

Appendices

Appendix A- TBI Council Community Report FY26

Appendix B- Email: tbicouncil@dshs.wa.gov

Appendix C - Website: Traumatic Brain Injury | DSHS- NEW LAYOUT!