

Executive Summary

BI is a prevalent and high-impact health condition that intersects with health, housing, mental health and substance use (MHSU), justice, and social services. Despite BI's profound and lasting impacts, BI supports remain fragmented, inconsistently accessed, and poorly coordinated across sectors. Individuals and families are often required to navigate complex systems, and structural barriers that limit access to specialized or BI-informed supports and undermine recovery outcomes.

The Community Brain Injury Service Integration (CBISI) project was initiated to bring a coordinated, cross-sector lens to understanding and strengthening BI service and supports across the Interior Health region. Led by IH's Trauma Services Network, in partnership with the University of British Columbia Okanagan (UBCO), and supported by the KGH Foundation, the Pritchard Foundation Fund, and Mitacs, the project brought together health, academic, and community organizations alongside individuals with lived experience to explore opportunities to strengthen BI service delivery across the region.

Approach

CBISI used a community-engaged, mixed-methods approach guided by a 30-member Advisory Council representing health services, brain injury organizations, academic partners, Indigenous partners, and individuals with lived experience.

Data collection methods included:

- A co-designed survey completed by BI-specific and non-BI-specific service providers
- Semi-structured interviews with individuals with lived experience and service providers
- Community focus groups to validate findings and refine preliminary recommendations

Four communities reflecting the diversity of the IH region were engaged: Kelowna (urban), Cranbrook (regional), Nakusp (rural), and the Thompson Cariboo Shuswap region (remote).

Qualitative data was analyzed using an iterative thematic approach led by UBC Okanagan researchers, with findings reviewed and refined in collaboration with the Advisory Council and community partners.

Key Findings

Across regions and sectors, the CBISI Project identified nine consistent system-level themes including:

1. Fragmented Systems and the Need for Coordinated, Person-Centered Supports
2. Navigating the Complex Realities of BI
3. Pathways Toward Improved Services
4. Gaps in Knowledge and Understanding of Brain Injury
5. Systemic Constraints Limiting Service Delivery
6. Service Gaps and Accessibility Challenges
7. Housing Options and It's Role in Supporting Recovery
8. Care Experiences Shaped by Stigma and Bias
9. Lack of Funding or Finances

These findings highlight that BI is a system-wide issue requiring coordinated, cross-sector approaches rather than isolated program responses.

Recommendations and Next Steps

In response to these findings, the CBISI Advisory Council developed nine evidence-informed recommendations, supported by associated action items, that together build a framework for strengthening coordination and continuity of BI supports across the Interior Health region.

Recommendations span health, community, housing, justice, and rural partners ensuring ownership and solutions are shared across sectors. Ongoing collaboration will be required to implement recommendations as opportunities arise. Together, these recommendations provide a phased roadmap to support more coordinated, equitable, and person-centred BI supports over time.

CBISI Recommendations

1. Service and Support Pathways
2. Develop Centralized Virtual Intake Coordination
3. Develop and Implement Brain Injury Specific Education
4. Develop a Regional Concussion Management Strategy
5. Implement a Team-Based Care Model for Moderate to Severe and Complex Brain Injury
6. Integrate Stable Housing as a Foundational Element of Brain Injury Rehabilitation
7. Explore Opportunities to Improve Current Resource and Funding Models
8. Improve Ability to Capture, Share and use Brain Injury Related Data
9. Establish a Strategic Brain Injury Council