

# Community Brain Injury Service Integration Project Executive Summary

Partnerships in Action to Strengthen Brain Injury Service Provision



Draft-Community Brain Injury Service Integration Project – Executive Summary

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# Community Brain Injury Service Integration Project

## Partnerships in Action to Strengthen Brain Injury Service Provision

- **Partnership between health, academic and community organizations to collaboratively explore opportunities to strengthen Brain Injury (BI) service provision.**
- **Supported by the KGH Foundation**, Pritchard Foundation and Mitacs.
- **Led by an advisory council** with representation from broad sectors and centered the input of people with lived experience.
- **4 sample communities selected** to gather data: Kelowna (urban), Cranbrook (regional), Nakusp (rural), Thompson-Cariboo Region (remote).
- **Input from partners:** People with lived experience, families, service providers across health, housing, Indigenous, MHSU, justice, and community sectors.
- **Methods:** Surveys, interviews, focus groups → analyzed through modified Delphi approach.
- **Recommendations lay the foundation for future action.** Providing a shared roadmap toward a more integrated, sustainable, and equitable system of brain injury supports.
- Recommendations span health, community, housing, justice, and rural partners ensuring **ownership and solutions are shared across sectors.**

### Community Brain Injury Service Integration Project

“The intent of the project was not to critique what’s in place, but to bring the right people together to co-create recommendations that improve service provision and support recovery in a more connected, consistent way.”



## Articulating the Current Context of Community Brain Injury Services in the Interior Region of BC

### The 9 identified themes we aim to address are:

1. Fragmented systems and the need for coordinated, person-centered support (mentioned 373 times)
2. Navigating the complex realities of BI (mentioned 172 times)
3. Pathways toward improved services (mentioned 149 times)
4. Gaps in knowledge and understanding of BI (mentioned 116 times)
5. Systemic constraints limiting service delivery (mentioned 105 times)
6. Service gaps and accessibility challenges (mentioned 105 times)
7. Housing options (mentioned 80 times)
8. Care experiences shaped by stigma or bias (mentioned 56 times)
9. Lack of funding or finances (mentioned 49 times)



### How do Brain Injury Patients Compare to All Inpatients



**2X**

Longer Average Length of Stay



**20%**

Higher 30-Day Readmission Rate



**1.4X**

Higher Average Resource Intensity Weight\*

\*Compares typical average Resource Intensity Weight (RIW) for Brain Injury patients to average typical patient RIW of 1.0.

# Recommendations

## The 9 recommendations are:

1. Develop service and support pathways
2. Develop centralized virtual intake and coordination
3. Develop and implement BI- 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 BI rehabilitation
7. Explore opportunities to improve current resource and funding models
8. Improve ability to capture, share, and use BI-related data
9. Establish a strategic brain injury council

**The recommendations are not a directive for immediate implementation, but a flexible guide that sectors and departments can draw from. Each organization may identify elements that align with their priorities and incorporate them into future work plans. In this way, the CBISI Strategy supports long-term system improvements while fostering collaboration and sector-specific leadership.**



## Recommendation #1 **Develop Service and Support Pathways**

- Create survivor focused roadmap
- Develop service and support pathways for BI
- Provincial strategy to address gaps
- Integrate peer support navigation
- Streamline income support pathway
- Collaborate on transport challenges

### **From Experience to Action**

“I think it's difficult because we like, we'll build a plan in hospital and then once they're discharged then we have no follow up. We have no support after their discharge and so we're just trusting that everything is being done in community and so often things fall through the cracks.”





## Recommendation #2

# Develop Centralized Intake Coordination

- Create centralized virtual intake/triage team
- Standardize cross-sector privacy approved info sharing
- Community organizations to maintain updated service directory
- Add BI stream to RACE program
- Develop transition passport tool for continuity

### From Experience to Action

Or we try to talk to somebody, but they're like, oh no, you need to go see this person and that person says, oh no, you need to go see this person. And so we see that person, that person goes oh, you need to go see this person.

So it's just like a run around everywhere. So finally, I was like, \*\*\*\* it, I'll just go suffer on my own.





## Recommendation #3

# Develop and Implement Brain Injury-Specific Education

- Develop foundational interdisciplinary BI module
- Expand educational access across community sectors
- Provide concussion care training
- Enhance neuro-rehab education
- Standardize caregiver and lived experience education
- Build sustainable workforce through academic residency programs
- Strengthen BI-MHSU cross-training

### From Experience to Action

“It's quite degrading at times, when you have to ask for help, and if the person sitting behind the desk or on the other side of the room is judgmental, which is one of the biggest gaps is lack of training for staff in the services. There's a lot of judgment and there's a lot of entitlements and a lot of assumptions made when there shouldn't be.”





## Recommendation #4

# Develop a Regional Concussion Management Strategy

- Implement a regional concussion strategy
- Develop and implement a concussion clinic

### **From Experience to Action**

“[When I was trying to access service]... I was told that I had too much ability, that I was taking up too much.”





## Recommendation #5

# Implement a Team-Based Care Model for Moderate to Severe and Complex Brain Injury

- Establish interdisciplinary team-based care model
- Revise eligibility criteria
- Establish non-BI specific long-term community case management
- Establish clear pathways in and out of services
- Develop integrated BI-MHSU model
- Embed psychiatry within BI teams
- Eliminate substance-related eligibility barriers
- Expand CONNECT-model

### **From Experience to Action**

“When there's individuals with very complex needs that are under serviced in the specific area ... [of] their main challenge, then the other service providers are underutilized as well ... it just becomes a bit like chaotic planning of different organizations trying to jump in and help with not enough expertise or background knowledge.”





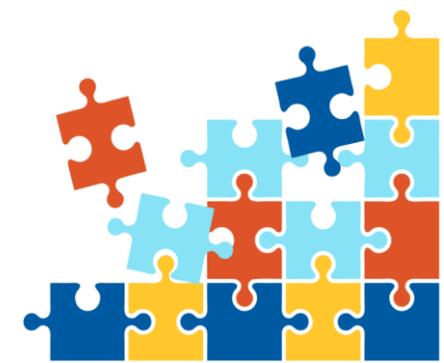
## Recommendation #6

# Integrate Stable Housing as a Foundational Element of Brain Injury Rehabilitation

- Ensure diverse, needs-based housing options
- Develop BI housing strategy
- Standardize housing registry policy
- Enhance housing supports through education
- Establish shared housing response protocols for individuals at risk of eviction
- Explore and expand recovery-focused housing
- Explore additional housing assessment tools
- Develop young adult LTC units

### From Experience to Action

"Some of the individuals that we've seen come through with BI have been unhoused or precariously housed, and so the BI has impacted their ability to function independently. So, leaving them to go back to the streets or go back to precarious housing situation where they're put in unsafe situations on a daily basis, it creates a lot more distress"





## Recommendation #7

# Explore Opportunities to Improve Current Resource and Funding Models

- Shift toward sustainable/flexible funding
- Review and revise IH BI program contracts
- Enhance flexibility of funding to address client needs.
- Explore outreach travel funding opportunities
- Develop academic BI partnerships to access clinical assessments
- Evaluate BI funding return on investments

### **From Experience to Action**

“If you want to provide outreach in remote areas, you need to provide funding to get the outreach worker to the remote areas.”





## Recommendation #8

# Improve Ability to Capture, Share and use BI Related Data

- Add BI conditions to CIHI Type 3 ICD-10 Diagnosis
- Implement NACRS Level 3 in ED
- Explore standardization of collection and reporting of BI data

### **From Experience to Action**

“I was saying I have one client with, identified with a brain injury. Now I'm looking at my client list wondering how many other ones have had a brain injury.”





## Recommendation #9

# Establish a Strategic Brain Injury Council

- Form BI Council to sustain cross- sector collaboration post-grant

### **From Experience to Action**

“Even just being part of this advisory council has had an impact. This is the first time in my long career that I've been part of a collaborative committee that is so broad in its membership. The opportunity to learn from each other and connect has been so valuable, in addition to the work of drafting recommendations.”



## What this can mean for people, providers and the integrated system of care



### For People/Clients/Patients

- Knowing how to access care
- Having a care team working together
- Less separation between teams and settings
- Easier transportation to supports
- Improved access to services and supports
- One place to go for BI care
- Improved trust of the system
- Better resource navigation
- More patient centred and safe care experiences



### For Providers

- Improved provider efficiency through service and support pathways that are aligned with existing local structures
- Enhanced BI knowledge and competency across sectors Standardized clinical practice
- Improved decision-making tools
- Stronger cross sector collaboration



### For the System of Care

- Improved efficiency and effectiveness of care
- Reduced down-stream costs and care requirements
- Higher quality of care
- Enhanced patient care experience
- Improved coordination of services
- Identification of future service demand and work force needs and actions to address
- Improved brain injury specific data collection
- Improved information and data sharing between service providers



**Together, these changes point to a future where individuals and families affected by brain injury no longer left to navigate alone, but instead have clear pathways to services, coordinated teams by their side, and the reassurance that support will be there when and where they need it.**

## A Shared Path Forward for Brain Injury Support



Sustain momentum from new collaborative partnerships to lay the foundation for future system changes by **formalizing the strategic BI council, developing service and support pathways and education resources**, addressing feasible **policy changes** and **enhancing planning** for future state.



Working in partnership to build the systems of care outlined in the service and support pathway including **centralized virtual intake**, exploring **opportunities in funding models, improvements in data collection** and **strengthening the partnerships** around BI survivors



Strengthening the full system of care by **addressing identified gaps** and **ensuring sustainability** across the various organizations and partner groups.

## What's next...

The Community Brain Injury Service Integration Project has demonstrated the benefits of uniting health, housing, community, and academic partners in a shared commitment to building a more connected system of brain injury support. With the generous funding of the KGH Foundation, we have built partnerships, momentum, and developed a roadmap that outlines actionable recommendations to improve services across the region.

Establishing a Strategic Brain Injury Council would provide the cross-sector forum needed to sustain collaboration, align health system and community priorities, and keep lived experience voices at the center. The Council offers a sustainable way to translate the CBISI project's recommendations into coordinated action, ensuring that the progress made continues to grow long after the initial funding ends.

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