



Report to the Legislature

Traumatic Brain Injury Annual Report

RCW 74.31.030 (5)

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Executive Summary

Chapter 74.31 RCW, also known as the Tommy Manning Act, addresses issues related to Traumatic Brain Injury (TBI). The statute recognizes that current programs and services are not funded or designed to address the diverse needs of individuals with traumatic brain injuries. The intent of the statute is to bring together expertise from the public and private sectors to address the needs and gaps in services for this population.

This was carried out by creating the Washington Traumatic Brain Injury Strategic Partnership Advisory Council (TBI Council). The council is made up of 22 members from the public and private sector and includes individuals with TBI, medical professionals serving individuals with TBI, human service providers, family members of individuals with TBI, caregivers serving individuals with TBI, and state agency representatives.

The legislation also created the traumatic brain injury account in the state treasury. Revenues to the account are generated through a two dollar fee imposed for traffic violations governed under RCW 46.63.110 (7) (b) that must be deposited into the account. The Office of Financial Management estimates the TBI account will generate approximately \$1.5 million annually. Monies in the account may be spent only after appropriation.

This report from the Department of Social and Health Services (DSHS) meets the following requirements specified in RCW 74.31.030 (5):

By December 1, 2007, and by December 1st each year thereafter, the department shall issue a report to the governor and the legislature containing the following:

- (a) A summary of action taken by the department to meet the needs of individuals with traumatic brain injuries; and*
- (b) Recommendations for improvements in services to address the needs of individuals with traumatic brain injuries.*

To build this report, the department worked in collaboration with the TBI Council to identify gaps and needs and create recommendations that reflect the expertise of survivors, family members, providers, and caregivers, representing private and public sectors.

The report contains a summary of action taken by the department to meet the needs of individuals with traumatic brain injuries, and recommendations for improvements in services to address the needs of individuals with traumatic brain injuries.

Section 1: Background

Traumatic brain injury (TBI) occurs when a sudden trauma causes damage to the brain. According to the Centers for Disease Control (CDC), approximately 1.4 million people sustain a traumatic brain injury each year in the United States from a variety of causes including falls, motor vehicle accidents, being struck by an object, or as a result of a violent crime. Additionally, an increase in war time activities has produced significant numbers of veterans who sustain traumatic brain injuries from incidents during their service in the military.

According to the CDC Center for Injury Prevention and Control, in Washington State each year, an estimated 25,763 individuals are treated in an emergency room for TBI related injuries; 4,147 individuals are hospitalized as a result of TBI; and 1,724 sustain long-term disabilities. Conservative estimates are that 117,000 people in Washington State live with a long-term disability as a result of TBI.

Disabilities resulting from TBI depend upon the severity of the injury, the location of the injury, and the age and general health of the individual. Some common disabilities include:

- Problems with thinking (memory, reasoning)
- Sensation (taste, touch and smell)
- Language (communication, expression and comprehension)
- Emotion (depression, anxiety, personality changes, aggression)

Chapter 74.31 RCW recognizes the impact that traumatic brain injuries are having on the citizens of Washington and charges DSHS with the following deliverables:

- Designating staff responsible for coordinating policies, programs, and services for individuals with TBI and providing staff support and coordination to the council. (*completed and ongoing*)
- Developing a public awareness campaign to increase awareness of TBI and issues facing individuals with TBI through all forms of media. (*ongoing*)
- Providing a preliminary report to the legislature and the governor containing recommendations for a comprehensive statewide plan by December 2007. (*completed*)
- Providing funding for support groups (based on the council's recommended criteria). (*completed and ongoing*)
- Providing a final report to the legislature and the governor containing recommendations for a comprehensive statewide plan to address the needs of individuals with TBI. (*completed*)
- Issuing an annual report to the governor and the legislature containing:

- a) *A summary of action taken by the department to meet the needs of individuals with traumatic brain injuries; and*
- b) *Recommendations for improvements in services to address the needs of individuals with traumatic brain injuries.*

Section 2: Summary of Action by the Department

RCW 74.31.030 (5) requires this report to include a summary of action taken by the department to meet the needs of individuals with traumatic brain injuries. Since the establishment of Chapter 74.31 RCW, the department has accomplished many foundational activities to implement the type of infrastructure that provides appropriate services needed by individuals with TBI. Those foundational activities include:

- 1. Establishing a statewide Information and Referral Service.** DSHS partnered with the TBI Council to develop criteria and expectations for a Request for Proposal process. DSHS contracted with the Brain Injury Association of Washington in December of 2007, establishing the service by:
 - Creating the statewide toll-free TBI Help line (1-877-TBI-1766);
 - Providing ongoing updates to the list of TBI specific resources available to consumers;
 - Providing information and referrals and follow-up to consumers who request services; and
 - Establishing reporting mechanisms.

- 2. Funding TBI specific support groups throughout the state.** Twenty-three unique TBI specific support groups received funding statewide.

- 3. Increasing Public Awareness of TBI.**
 - Launching a statewide Public Awareness Campaign including:
 - Producing Go-Mobile ads
 - Creating and distributing TBI awareness brochures
 - Utilizing print and news media for awareness messaging
 - Governor Proclaiming March as “*TBI Awareness Month*”
 - Creating the Washington TBI Website: www.TBIWashington.org

- 4. Initiating a Pilot Resource Coordination project.** The department partnered with the TBI Council to develop criteria and expectations for a

Request for Proposal process to establish a Pilot Resource Coordination project. The resource coordination provides service to participants (individuals with TBI and their families) by:

- Establishing a comprehensive and coordinated approach linking individuals with TBI to the appropriate resources.
- Providing education to the individual with a brain injury and principal support/caregivers. Education includes information on:
 - Brain injury
 - Personal advocacy
 - Partnership development

5. Submitting required reports.

- Submitted the 2007 department annual report to the governor and the legislature containing summary of action taken by the department and recommendations for improvement in services.
- Submitted the 2007 preliminary report to the governor and the legislature containing recommendations for a comprehensive statewide plan to address the needs of individuals with traumatic brain injuries.
- Submitting the 2008 department annual report to the governor and the legislature containing a summary of action taken by the department and recommendations for improvement in services.
- Submitting the 2008 final report to the governor and the legislature containing recommendations for a comprehensive statewide plan to address the needs of individuals with traumatic brain injuries.

6. TBI Grant Activity.

DSHS/ADSA is the lead agency for Washington's TBI Grant from the federal Health Services and Resources Administration (TBI Program Grant H21MC06765). In the past year, ADSA has completed the following activities using grant funding:

- Developed a draft curriculum for care providers who serve individuals with TBI and created a roll-out plan for dissemination of the training.
- Developed a DVD component to accompany the curriculum.
- Sponsored a TBI track at the annual Co-Occurring Disorders Conference and supported survivors and professionals to attend.
- Supported 20 survivors or professionals to attend the annual Northwest Brain Injury Conference in Portland, Oregon.
- Contracted to train almost 100 First Responders regarding TBI.
- Established a Memo of Understanding related to training with the Office of Superintendent of Public Instruction to improve school system responses to individuals with TBI.

- Provided technical assistance to a community based non-profit provider in developing an application to Community, Trade and Economic Development for funding to establish a TBI specific home-ownership program.
- Supported a community based TBI non-profit to increase web-based access to TBI specific information and resources.

Section 3: Approach to Gathering Baseline TBI Information

To better evaluate current state systems that benefit individuals with TBI, a survey was developed and distributed to administrations and divisions within DSHS in 2007. The information in this initial survey was updated for this report in 2008. The baseline information gathered in this survey was used to determine the number of clients with TBI currently being identified and served, existing available services, gaps in services, and any potential for innovation across the department.

The department also worked in collaboration with the TBI Council to formulate recommendations for improvements in systems and services for individuals impacted by TBI. The TBI Council created Technical Advisory Committees (TACs); each committee focused on specific gaps and specialty areas to ensure the recommendations reflect the expertise of survivors, family members, providers, and caregivers, representing private and public sectors. The TACs each produced recommendations and these were presented to the full council. DSHS also gained important information from several years of participation in federal TBI grant activities.

Section 4: Recommendations for Improvements

RCW 74.31.030 (5) (b) requires this report to include recommendations for improvements in services to address the needs of individuals with traumatic brain injuries. Separately, the legislature directed the department to work collaboratively with the TBI Council and provide recommendations for a comprehensive statewide plan to address the needs of individuals with traumatic brain injuries by December 1, 2008.

Consequently, the recommendations of the department and the TBI Council are combined and presented to the legislature in this report and the report entitled *Traumatic Brain Injury – Recommendations for a Comprehensive Statewide Plan*.

Current Statute Limitations

Current statutory language limits the scope of allowable uses of the TBI account to four (4) basic activities. Current statute also limits the period of time in which

the TBI Account can be used. Below is a list of each of the four activities currently allowable, with references to the statutory language:

1. Supporting the work of the TBI Council
RCW 74.31.030 (1) - By July 30, 2007, the department shall designate a staff person who shall be responsible for the following:
 - (a) Coordinating policies, programs, and services for individuals with traumatic brain injuries; and*
 - (b) Providing staff support to the council created in RCW 74.31.020.*

2. Information and Referral Services
RCW 74.31.030 (4) - By December 1, 2007, the department shall:
 - (a) Provide information and referral services to individuals with traumatic brain injuries until the statewide referral and information network is developed. The referral services may be funded from the traumatic brain injury account established under RCW 74.31.060;*

3. Public Awareness Campaign
RCW 74.31.040 - By December 1, 2007, in collaboration with the council, the department shall institute a public awareness campaign that utilizes funding from the traumatic brain injury account to leverage a private advertising campaign to persuade Washington residents to be aware and concerned about the issues facing individuals with traumatic brain injuries through all forms of media including television, radio, and print.

4. Supporting TBI specific Support Groups
RCW 74.31.050 - By March 1, 2008, the department shall provide funding to programs that facilitate support groups to individuals with traumatic brain injuries and their families.

The following recommendations address the current limits and the need to expand the scope of allowable uses. These recommendations address immediate and urgent development needs and allow the Department and the TBI Council to support the long range vision of a comprehensive system to address the needs of individuals with traumatic brain injuries.

- 1. Continue the foundational activities delineated in Chapter 74.31 RCW:**
 - a) Information and Referral
 - b) Public Awareness
 - c) Support for TBI related support groups
 - d) TBI Council activities and staff/council FTE

- 2. Broaden budget authority to include access, coordination, and availability of essential services.** Examples of this include, but are not limited to:
 - a) Establishing a TBI Waiver that includes services targeted to the population, such as cognitive retraining and tailored vocational assistance;
 - b) Increasing access to neuropsychological evaluations and other clinical assessments and therapies;
 - c) Funding a comprehensive feasibility study related to housing needs and services.

- 3. Establish ongoing, flexible, and adequate budget authority to enhance and make comprehensive the foundational activities delineated in Chapter 74.31 RCW.** Examples of this include, but are not limited to:
 - a) Developing and implementing training curricula for caregivers, first responders, medical professionals, state agencies, the criminal justice system, and school personnel;
 - b) Establishing an ongoing Public Awareness Campaign responsive to current needs;
 - c) Establishing coordinated links between TBI Information and Referral services and services provided by tribal governments, Urban Indian programs, programs serving veterans, and programs serving children and youth.

- 4. Broaden budget authority to build upon existing data, screening and reporting systems to better understand the prevalence and impact of TBI in Washington State.** Examples of this include, but are not limited to:
 - a) Developing screening tools for institutional settings such as schools, correctional facilities and state hospitals;
 - b) Conducting a feasibility study for a statewide TBI registry.

- 5. Revise current statute to:**
 - a) Broaden authority of programs and services offered;
 - b) Increase revenues by creating the authority for the council to fundraise, write grants, and create public/private partnerships;
 - c) Assure adequate staffing to continue current activities and recommended enhancements.

Section 5: Conclusion

Traumatic brain injury can instantly and forever alter the life of the person injured and often has a devastating, long-term impact on his or her family and community. Until recently, no cohesive support system existed in Washington State to specifically address the unique needs of people who have sustained a TBI or their families. The legislature took an important step towards addressing these issues by establishing the TBI Council and the TBI fund.

The summary of action in this report represents the many foundational activities implemented to build the type of infrastructure that provides appropriate services needed by individuals with TBI. The department will continue its collaborative work with the TBI Council to enhance those foundational activities to achieve the long-term vision for Washington to be a state that:

- Is aware of the life altering impact of traumatic brain injury;
- Understands and applies prevention strategies;
- Reduces the disparate impact of TBI on populations where it is most prevalent;
- Is educated about how to identify and deliver culturally competent services across the life span to survivors and their families; and
- Has TBI specific rehabilitation and long-term services and supports available across the state.

Appendix

Summary of Survey Results

As the table below demonstrates, while individuals with TBI are served throughout DSHS, most administrations/divisions within DSHS have no TBI specific services and no funding earmarked to purchase services for clients with TBI. It appears that people with TBI are receiving services, but tend to be served in the same way as the general population for each program.

Identification of individuals with TBI, along with ongoing data collection, continues to be a problem facing most department programs, although this is more of an issue for administrations who only assess for financial eligibility, such as the Economic Services Administration. Administrations who assess for functional eligibility and are providing more of a medical or functional based set of services are typically attempting to collect data that identifies individuals with TBI.

Administration/ Division	General Description of Services	Number of Individuals with TBI Served FY 07	TBI Specific Services	Barriers
Economic Services (ESA)	Financial Assistance	171	Financial assistance No TBI specific services	No specific services available to clients with TBI Lack of training related to identification of TBI and referral to appropriate resources.
Juvenile Rehabilitation (JRA)	Court ordered residential treatment and parole programs for youth	Unknown	No TBI specific services JRA may identify clients with TBI and try to meet needs through: Client History Review tool has question about whether a client has had a TBI or lost consciousness. Integrated Treatment Plan section can address special needs and have treatment adapted to serve needs.	Client History Review tool has not yet been automated, so no tracking of clients can occur. Lack of training related to identification of TBI.
Children's (CA)	Residential and in-home services for children; Child Protective Services	Unknown	No TBI specific services	Social Workers and foster parents: Lack knowledge on identifying TBI; Are unsure how to locate training.

Administration/ Division	General Description of Services	Number of Individuals with TBI Served FY 07	TBI Specific Services	Barriers
Health and Recovery Services (HRSA) Alcohol and Substance Abuse (DASA)	Treatment and prevention programs	7,625	No TBI specific services Chemical dependency support groups frequently include TBI survivors. Possible referral opportunities to community. TBI support groups, TBI specific case mgt., medical or neuro-psych providers.	TBI can be clouded by other substance abuse/MH issues – hard to identify. Clients sometimes have to complete substance abuse treatment before they can connect to other services.
HRSA Mental Health (MHD)	Residential, in-home and institutional services for children and adults with mental illness; Involuntary treatment services	Unknown in community; About 70 at state hospitals	No TBI specific services in the community State hospitals have some specific programming including a designated ward at Western State. Group therapy is offered with a focus on TBI provided by a psychologist. State hospital nursing staff in monthly new employee training get brief training in specialized treatment for TBI.	Clients may not meet Access to Care standards to receive services in the MH system. There is no systematic way to identify TBI in data systems. More training for staff working with TBI clients is needed. There are many more TBI clients from state hospitals needing community placements specific to TBI than are currently available. Clients who have the dual diagnosis of a major mental illness and TBI may need specialized services that address their unique clinical needs. Currently, MH centers only focus on the mental illness symptoms.
HRSA Medical Assistance	Acute and Primary care for Medicaid recipients.	3,411		

Administration/ Division	General Description of Services	Number of Individuals with TBI Served FY 07	TBI Specific Services	Barriers
Vocational Rehab (DVR)	Employment Assistance and Supports.	810	DVR provides some TBI specific services for people who qualify for vocational rehab (e.g. assistive technology devices, therapies, training, and other job-related services).	Need for increased coordination with other resources. No funding specific to TBI has been available.
Aging and Disability Services (ADSA)	Long term care services for adults and seniors. Services, programs and resources for children and adults with developmental disabilities.	1662	Assistance with personal care within in-home and community residential settings. Other long-term care services and supports including adult day, medical supplies and equipment, skilled nursing, personal emergency response system, and home delivered meals. Family Caregiver Support; Nursing Facility care; and Private Duty Nursing.	Services are not tailored to meet the specific needs of persons with TBI. Lack of staff training