

Tennessee Department of Health
Traumatic Brain Injury Program

Annual Report

July 2009 – June 2010



Winner, Second Grade
2010 Bicycle Safety Poster Contest

Traumatic Brain Injury Program 2009-2010 ANNUAL REPORT

EXECUTIVE SUMMARY

In 1993, the Tennessee General Assembly passed legislation establishing the Traumatic Brain Injury (TBI) Program in the Department of Health. The TBI Program staff, with guidance from a nine-member, governor-appointed Advisory Council, is charged with expanding and revising existing state plans and services for persons with traumatic brain injuries. While much work remains, the program has achieved many accomplishments since its inception. This report contains specific information concerning the progress made from July 2009 through June 2010 in each of the major components of the Traumatic Brain Injury Program.

Traumatic Brain Injury Advisory Council

The nine-member governor appointed Advisory Council has met quarterly since 1994. The Council is composed of individuals dedicated to improving the lives of TBI survivors in Tennessee. Their guidance and recommendations have been invaluable to the development of the TBI program. All major decisions regarding use of the TBI trust fund and program activities are made in collaboration with the Council and are subject to the approval of the Commissioner.

Federal Grant

In March 2010, the TBI Program was approved for the continuation of the three-year, \$375,000 per year, HRSA Implementation grant to continue the work of Project Brain. The Department of Education is providing the match money, currently \$100,000 per year. Since the original grant award in 2000, the TBI Program has received a total of \$1,050,000 in federal funding, and \$400,000 from the Department of Education for matching funds.

Case Management

Service Coordinators are established in eight locations and cover all 95 counties, providing case management services to TBI survivors and their families. Through a contract arrangement, each non-profit agency has established a Family Support Center in their respective area for the purpose of providing the following services for children and adults with traumatic brain injury: providing information; making referrals to services and agencies; assisting consumers in applying for and accessing services; advocacy; support group development; and the development of new programs and activities. The role of the Service Coordinator is to assess an individual survivor and to coordinate available resources within the community.

Directory of Program and Services

A comprehensive resource directory, "*The Traumatic Brain Injury Services Directory and Resource Information Guide*" has been developed and distributed statewide. The first edition was produced in December 1995 and has been updated each year. These directories are distributed to health care facilities and TBI professionals across the state, and have served to increase awareness of the TBI program.

Traumatic Brain Injury Registry

Hospitals are mandated to provide information to the department and all are in compliance. Data is available starting from the first quarter of 1996. Analysis of the data allows staff to pinpoint where and how injuries are occurring, what age groups are affected, etc. and enables the development of programs to prevent injuries. During FY09, the number of persons in Tennessee admitted to the hospital with at least one head injury diagnostic code was 8,004. All Tennessee residents listed on the registry receive a letter and program brochure to inform them of the services available through the TBI program. The TBI Medical Social Worker primarily handles the calls on the 800 line.

Clearinghouse

The TBI Information Clearinghouse includes numerous articles, books, videos, and pamphlets as well as information on available programs and services across the state. The Clearinghouse averages 350 calls a month. Typical information provided includes referrals to rehabilitation facilities, information on day programs, respite care, transportation and financial issues. The TBI newsletter, *TBI Headlines*, is printed and distributed biannually. The Program has a web page on the department website: <http://health.state.tn.us/TBI/Index.htm>

Education and Prevention

The Health Educator provides education and training on traumatic brain injury and relevant services; facilitates training on a variety of brain injury issues; and provides prevention programs. The Health Educator has provided in-services and training to regional health councils, domestic violence shelter staff, counselors, police officers, members of the Tennessee Public Health Association, vocational rehabilitation counselors, injury prevention staff, and other relevant professionals.

The TBI program provides funding each year for the Brain Injury Association of Tennessee conference, and allocates \$20,000 annually to fund regional educational conferences on issues related to brain injury. The target audience is brain injury survivors, their families and caregivers, and the professionals who work with them.

Traumatic Brain Injury trust fund

The fund has been established by the Department's Bureau of Administrative Services and revenues have been deposited into the fund as they have been received.

Grant Programs

The TBI program is authorized to provide grants to county and municipal governments and/or not-for-profit organizations for home and community based programs to serve the needs of TBI persons and their families. Since 1995, the TBI Program has awarded numerous grants for a variety of projects.

Conclusion

Although much progress has been made, much work remains. The TBI Advisory Council extends their gratitude to the General Assembly for the opportunity to improve the lives of TBI survivors statewide.

Tennessee Department of Health
Traumatic Brain Injury Program
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In 1992, survivors of traumatic brain injury from across the state petitioned the Tennessee General Assembly to establish a brain injury program within state government. The Traumatic Brain Injury Program was legislatively established in 1993 to address the special needs of survivors of brain injuries and their families.

This report contains specific information concerning the progress made from July 2009 through June 2010 in each of the major components of the Traumatic Brain Injury (TBI) Program, as well as pertinent historical information. The TBI Program is housed in the Department of Health, Bureau of Health Services Administration. Program staff includes a Program Director, Medical Social Worker, and Public Health Educator. A Statistical Analyst oversees the TBI registry.

The enabling legislation calls for the establishment of a state TBI registry, a TBI Trust Fund, and describes a number of duties for the Coordinator. Each of these areas is addressed by first citing the Tennessee Code Annotated (T.C.A.) followed by a description of activities and progress.

T.C.A. 68-55-102. Advisory Council established

T.C.A. 68-55-103 Duties

The Traumatic Brain Injury Advisory Council was legislatively established to provide advice and guidance to the TBI program staff. The nine-member Council is appointed by the Governor and includes representatives from the Departments of Education, Human Services, and Mental Health/Developmental Disabilities. An additional member represents the Tennessee Hospital Association. Five of the nine members represent the category of TBI survivor, family member or primary care giver. The Council was organized in 1994 and has met quarterly since that time.

The duties of the advisory council are to advise the TBI coordinator in developing program policies and procedures, to make recommendations and perform such other duties as necessary for implementation of a state-wide plan to assist TBI persons and their families. The Advisory Council is composed of individuals dedicated to improving the lives of TBI survivors in Tennessee. Their advice and recommendations have been invaluable to the development of the TBI program. All major decisions regarding use of the TBI trust fund and program activities are made in collaboration with the Council and are subject to the approval of the Commissioner.

Council members have identified the needs of survivors and designed grant programs to meet those needs. They recognized the benefit of providing education and awareness on brain injury issues and approved funding for regional brain injury

conferences. In 2004, Council members were very influential in getting legislation passed to further increase fines on traffic violations, which added to revenues for the TBI Program. In addition, each year the Council has recommended opposition to legislation that would revoke Tennessee's mandatory motorcycle helmet law.

T.C.A. 68-55-202. Duties. –

(a) The TBI coordinator shall:

(1) Aggressively seek and obtain funding, on an ongoing basis, from all available sources, including but not limited to Medicaid waivers and for expansion of the Medicaid program, private and federal funds needed to implement new state plans and services, and to expand and revise existing state plans and services for persons with traumatic brain injuries, including case management;

Response:

The TBI Program Director continually seeks additional funding from all available sources.

Medicaid Waiver: Work has continued since 2000 concerning the submission of an application for a Medicaid Waiver to serve TBI survivors. The TBI Advisory Council and the TBI community has worked very hard to garner support.

Federal Grant award: Beginning in 2000, the Traumatic Brain Injury Program was awarded a grant from the U.S. Health Resources and Services Administration (HRSA). The original three-year grant had as its focus the provision of education and training for educators, families, and health professionals who support students with TBI. The overall goal of Project Brain is to improve educational outcomes for children with brain injuries in Tennessee.

The TBI Program was awarded post-demonstration grants in 2004 and 2005. In 2006, a three-year partnership grant was awarded. Project Brain has targeted 18 counties involving 21 school districts for TBI awareness and instructional support. The project seeks to link hospital and community health providers with school professionals for identifying and addressing the needs of students with brain injuries. A specially designed TBI curriculum, Brain Injury 101, is used to train teams of educators, health professionals and families. Community-based TBI Resource Teams have been recruited and trained to provide expertise and sustain educational support for students with brain injury. By June 2010, there were Resource Teams in eighteen school systems; two team members have become certified brain injury specialists (ACBIS); and approximately 5,600 people have participated in Brain Injury 101 training. Project Brain provides training in any school system in the state upon request.

In March 2010, the TBI Program was approved for the continuation of the three-year, \$375,000 per year, HRSA Implementation grant to continue the work of Project Brain. The Department of Education is providing the match money, currently \$100,000 per year. Since the original grant award in 2000, the TBI Program has received a total of \$1,050,000 in federal funding, and \$400,000 from the Department of Education for matching funds.

Case management: There are currently eight Service Coordinators assisting TBI survivors and their families in all 95 counties through contract arrangements with various non-profit agencies. Each agency has established a Family Support Center in their respective area for the purpose of providing service coordination for children and adults with traumatic brain injury. These services include: providing information on TBI; referring consumers to qualified services and agencies; assisting consumers in applying for and accessing services; advocacy; support group development; and the development of new programs and activities. The role of the Service Coordinator is to work with the individual survivor to assess needs, then to collaborate and coordinate resources within the community on behalf of the client.

Expansion of services: The expansion of services for TBI survivors is accomplished through the grants program, outlined in Section 68-55-402 below. In addition, program staff collaborate with other relevant agencies to improve services for all persons with disabilities in the state.

(2) Seek funding, on an ongoing basis, and, in conjunction with other state agencies, prepare, coordinate, and advocate for state appropriations needed to fund and to develop services to implement the state plan:

Response:

The TBI Program Director and the Advisory Council seek funding on an ongoing basis. Fortunately, the composition of the Council, which includes representatives from the three state departments serving persons with brain injury, provides an opportunity for cooperation and collaboration.

(3) Identify available programs and services and compile a comprehensive directory of identified programs and services:

Response:

A comprehensive resource directory, "*The Traumatic Brain Injury Services Directory and Resource Information Guide*" has been developed and distributed statewide. The first edition was produced in December 1995 and has been updated each year. These directories have been distributed to health care facilities and TBI professionals across the state, and have served to increase awareness of the TBI program. The directory is also available on the program web site: <http://health.state.tn.us/TBI/Index.htm>

(4) Provide technical assistance and define gaps in service delivery and spearhead the development of those services needed for a comprehensive system of service delivery;

Response:

The TBI office provides technical assistance as requested by consumers, families, and providers. Examples include providing information on services and programs, referrals to rehabilitation programs and other types of facilities, and referrals to support groups. The TBI office also conducts annual technical assistance site visits with all TBI contractors.

The process of defining gaps in the service delivery system began with Needs Assessment surveys conducted in 1995, 1996, and again in 1999. A final report was

issued in March 2000. Based on the results of the Needs Assessment, the Request for Grant Proposal (RFGP) document included the identified gaps in service delivery in the state, and examples of services which could be developed by applicants were listed. The grants allow for the development of programs that address those gaps in services.

The Service Coordination project described above [68-55-202 (a)(1)] is designed to assist survivors and their families overcome the gaps in services in their communities.

(5) Implement, oversee and receive surveillance data from the Tennessee Brain Trauma Registry to use in developing and revising the state plan to meet the changing needs of this population:

Response:

The TBI registry data has been an invaluable tool in program planning and in documenting the need for TBI services. Using data from the TBI registry made the critical difference in the federal grant application that resulted in Project Brain. According to the registry, in 1998 there were 5,839 people in Tennessee who were admitted to the hospital as a result of a traumatic brain injury. In the age category of 3-21, there were 1,591 children and youth that incurred a brain injury. That same year, the Department of Education classified 338 students in the category of traumatic brain injury. The discrepancy in the number of children identified through the TBI Registry in comparison to the number of children classified by the Department of Education indicated a need for correct identification by the school system of students with traumatic brain injury. Project Brain was developed to address that need.

The TBI Coordinator has been appointed to the Commissioner's Council on Injury Prevention and Control and is participating in the development of a state plan for injury control. The project is funded by a grant from the CDC. The TBI registry data is one of the major data sources being used to develop the plan.

(6) Evaluate surveillance data regarding the quality of services provided and outcome and impact on the quality of life of this population, including reintegration and productivity in the community;

Response:

As noted in 68-55-202(a)(5) above, surveillance data is limited. The type of information being collected in the registry does not include the quality of services provided. The TBI program at the Tennessee Rehabilitation Center provides reports on the outcome and impact of the quality of life of this population, particularly in community reintegration and productivity. Articles on national data and information on reintegration of survivors into the community are being collected in the TBI library.

(7) Promote research on the causes, effects, prevention, treatment and rehabilitation of head trauma injuries;

Response:

The development of the state registry and the resulting availability of statistics are directed toward encouraging research on the causes, effects and treatment of brain trauma injuries. The collection of all types of information on TBI through the Clearinghouse will further identify areas for research development. Education and injury

prevention activities for health care providers and the public provide baseline data for pursuing further investigations.

(8) Serve as a clearinghouse for the collection and dissemination of information collected on available programs and services. A statewide, toll-free telephone line shall be established and operated during normal business hours for the express purpose of providing such information to callers.

Response:

The Clearinghouse has been operational since 1994. Numerous materials including articles, books, videos, and pamphlets are available. Information on available programs and services across the state is constantly updated. The Information Clearinghouse averages 350 calls a month. A log and follow-up system have been developed and the types of calls are categorized. Typical information provided includes referrals to service coordinators, rehabilitation facilities, information on day programs, respite care, transportation and financial issues. To publicize the Clearinghouse and 800 number, TBI staff designed and developed a TBI brochure which has been broadly distributed. The TBI newsletter, *TBI Headlines*, is printed and distributed biannually. The Program has a web page on the department website: <http://health.state.tn.us/TBI/Index.htm>

(b) Utilizing the services and expertise of the advisory council to the greatest extent possible and in cooperation with the advisory council, the TBI coordinator shall:

(1) Develop a coordinated case management system, a short-term state plan, a long-term state plan, affordable and accessible home and community based services, and criteria to identify training needs and priorities for all persons serving TBI clients;

Response:

The case management system, known as Service Coordination and described in 68-55-202 (a)(1), now covers all 95 counties in the state. The Advisory Council and TBI coordinator have developed short term and long term goals and objectives for the program following the outline of the legislation. Efforts to provide affordable and accessible home and community-based services will be supported as the Medicaid waiver is developed and implemented. Currently, the TBI program is providing personal care services on a limited basis through a contract arrangement in select housing facilities in Memphis, Nashville, and Johnson City.

Training for persons serving TBI clients is researched, developed and provided by the Health Educator on an on-going basis.

(2) Establish and provide for the centralized organization of a statewide family clearinghouse of information, including availability of services, education and referral to survivors, professionals, and family members during the early stages of injury in the acute hospital setting.

Response:

In the process of developing a resource guide and in establishing the TBI registry, contacts have been made in the hospitals where acute care is provided. Copies of the updated Resource Directory are distributed to facilities statewide and awareness of the TBI Clearinghouse is increasing. With the improved system of reporting to the registry

and letters being sent to survivors, coupled with service coordinators in place across the state, information and assistance is available to survivors and family members in the early stages of injury.

- (3) Assure statewide compliance with licensure, if any, and performance standards through regular service monitoring, site visitation, and self-appraisal;**
(4) If licensure is required, monitor and update licensure requirements specific to this population;

Response:

The Department of Health's Bureau of Health Licensure and Regulation (BHLR) effects certification and licensure of health care facilities in Tennessee. The TBI Program coordinator works with the bureau to ensure licensure compliance and to monitor and update licensure requirements specific to this population.

- (5) Seek funding and other resources to assure that state personnel working with this disability group are properly trained and provided, at least annually, an opportunity to attend formal or informal education programs through colleges, workshops, seminars, or conferences;**

Response:

The TBI Program provides numerous training opportunities. The TBI office has met with officials from the Departments of Human Services and Education to discuss training needs for state personnel working with the TBI population. The Health Educator has provided in-services and training to Special Education teachers, local health department educators, and other professionals. The Health Educator regularly participates in training for the Vocational Rehabilitation counselors in the state. TBI staff are members of the Commissioner's Council on Injury Prevention and have planned and presented at the annual Injury Prevention Symposium. The TBI program provides funding for the annual Brain Injury Association of Tennessee (BIAT) conference and staff collaborates in providing speakers at the conference. Each year, \$20,000 in funding is made available for regional educational conferences on brain injury issues. The TBI staff regularly present at seminars and workshops, enhancing the ability of state personnel to meet the needs of survivors.

- (6) Ensure updates and compliance standards from the National Head Injury Foundation's quality standards committee are made available to professionals and providers, on a timely basis, to help educate providers and professionals regarding the latest technology available to this disability group;**

Response:

In addition to regularly scheduled trainings and the biannual newsletter, the TBI program has developed a TBI Community Listserv to provide information on the latest technology available for the TBI community.

- (7) Oversee efforts to better educate the general public concerning the need for head injury prevention programs and the need for early intervention, including but not limited to, developing plans and programs for affordable post-acute rehabilitation services, long-term care programs, respite services, and day treatment programs to deal with those who have lifelong disabilities, as well as**

developing plans and programs to deal effectively with TBI students in the educational system;

Response:

Education is an integral part of the TBI Program. The Health Educator has primary responsibility for overseeing efforts to better educate professionals, survivors, families and the general public concerning the need for head injury prevention programs. She provides education and training on traumatic brain injury and relevant services; facilitates training on a variety of brain injury issues; and provides prevention programs. She has researched and ordered numerous materials and teaching tools for use in trainings and presentations. The Health Educator has provided in-services and training to regional health councils, domestic violence shelter staff, counselors, police officers, members of the Tennessee Public Health Association, vocational rehabilitation counselors, injury prevention staff, and other relevant professionals. "Lunch and Learn" sessions are available on a regular basis and are well attended by various professionals. The Health Educator works on the planning committee for the annual Brain Injury conference and the Injury Prevention Symposium. In addition, she produces and distributes the biannual program newsletter "TBI Headlines." She represents the program at health fairs and safety events, attending five of those events in FY10.

The health educator has developed an annual helmet safety poster contest, open to all students in Tennessee grades K-8. The winners are chosen based on creativity, originality, and how well the poster reflects the theme of bike safety. In FY 10, there were approximately 1,000 entries. (The second grade winner is featured on the cover of this report.) In the summer months, safety presentations are made for area day camps and recreation centers. Bicycle helmets are distributed to many of the children.

Each year, the TBI Advisory Council makes \$20,000 in funding available for regional educational conferences which focus on brain injury issues. The target audience is brain injury survivors, their families and caregivers, and the professionals who work with them. Approximately 300 people attend the regional conferences each year.

The TBI program collaborates with the Easter Seal program to offer Camp Hickory-Wood for adult and youth TBI survivors. Sessions include weekend and weeklong camps. In FY10, a total of 95 campers from across the state enjoyed a weekend of recreational and social activities. The camp offers an opportunity for survivors to meet and support one another, and provides respite time for their caregivers.

Post-acute rehabilitation services, respite services, and day programs are included in the scope of services in the Request For Grant Proposal document. (See **Grant Programs** at 68-55-402 below). As the grant program continues, more programs of this type will be developed and funded.

(8) Work with vocational rehabilitation and other state agencies to offer incentives and to obtain cooperation of private industries to initiate on-the-job training and supported employment for TBI persons;

Response:

The TBI staff maintains a close working relationship with Voc-Rehab counselors. In addition, the Advisory Council approved financial support for a dedicated TBI program

at the Tennessee Rehabilitation Center in Smyrna. The TBI fund supplied 21 percent of the total cost of the three year project (\$108,000 a year for three years) against a 79 percent federal match required for an establishment grant. The comprehensive program provides job skills training and placement for approximately 45 students a year. The Voc-Rehab TBI program staff work with VR counselors located throughout the state. This helps promote incentives and obtain cooperation of private industry to initiate on-the-job training and supported employment opportunities for persons with traumatic brain injury. TBI staff are available to provide technical assistance as requested.

(9) Assist in obtaining grant funding and provide technical assistance for the Tennessee Head Injury Association (THIA) to develop policies and procedures to maximize self-determination and self-advocacy of a person suffering a TBI.

Response:

The TBI program is fortunate to have established an excellent working relationship with the staff and board of the Brain Injury Association of Tennessee (BIAT, formerly THIA). The TBI Program provides financial support to BIAT support groups across the state and makes funding available for the BIAT annual statewide conference. In order to increase awareness of the state program, the TBI staff meet with all fourteen support groups across the state on an annual basis. The monthly meetings of the support groups provide a way to meet educational, social and emotional needs of survivors and families.

In FY10 the TBI Program continued to fund BIAT's work with survivors and their families. The Executive Director acts as an advocate in the legislature to improve funding for services benefiting TBI survivors. In addition, the Nashville Area Service coordinator is housed at BIAT. The service coordinator provides information on TBI, refers consumers to qualified services and assists consumers in development of new programs and activities. The service coordinator also works with the individual survivor to assess needs, then to collaborate and coordinate resources within the community on behalf of the client. Having the service coordinator at the BIAT office allows callers to BIAT to be linked directly with the service coordinator. As a result, the survivors will receive services in a more efficient manner.

T.C.A. 68-55-203. Brain Trauma Registry -- The commissioner shall establish and maintain a central registry of persons who sustain traumatic brain injury. The purpose of the registry is to: (1) collect information to facilitate the development of injury prevention, treatment and rehabilitation programs; and (2) ensure the provision to persons with traumatic brain injury of information regarding appropriate public or private agencies that provide rehabilitation services so that injured person may obtain needed services to alleviate injuries and avoid secondary problems.

Response:

TBI registry data collection officially began with patients discharged during 1996. The hospitals complete a questionnaire for inpatients, with specific ICD-9 diagnosis codes, whose admission and discharge dates are different, and for those individuals who died. Hospitals are required to report within six weeks of the end of the quarter. Patients seen in emergency rooms who were sent home the same day are not included in the registry. All hospitals in the state are currently in compliance with this legislation. The data

enables staff to pinpoint the population being affected by brain injury and are used for injury prevention and health care planning. [See also 68-55-202(a)(5)]

All Tennessee residents whose names are reported to the TBI registry receive a letter and brochure with the 800 toll-free number from the TBI program. Approximately 4,000 letters are sent each year. The TBI Medical Social Worker primarily handles the calls on the 800 line.

For many, the letter is the first link to information regarding needed rehabilitation services and programs.

During 2009, the number of persons in Tennessee admitted to the hospital with at least one head injury diagnostic code was 8,004.

T.C.A. 68-55-401. Traumatic Brain Injury fund. -- There is hereby established a general fund reserve to be allocated by the General Appropriations Act which shall be known as the “traumatic brain injury fund” hereafter referred to as the fund. Money from the fund may be expended to fund the registry, the TBI coordinator position, and additional staff requirements and other expenditures and grants under the provisions of this chapter. Any revenues deposited in this reserve shall remain in the reserve until expended for purposes consistent with this chapter, and shall not revert to the general fund on any June 30. Any excess revenues shall not revert on any June 30, but shall remain available for appropriation in subsequent fiscal years. Any appropriation from such reserve shall not revert to the general fund on any June 30, but shall remain available for expenditure in subsequent fiscal years.

Response:

The fund has been established by the Department’s Bureau of Administrative Services and revenues have been deposited into the fund as they have been received.

T.C.A. 68-55-402. Grant Programs. -- From the revenues deposited in the traumatic brain injury fund, the Department of Health is authorized to provide grants to county and municipal governments and/or not for profit organizations for home and community based programs to serve the needs of TBI persons and their families. The department is authorized to establish such grant programs and to develop criteria for eligible applicants. The department may include a requirement for community matching funds which may take the form of financial contributions, forms other than direct financial contributions, or both.

Response:

In accordance with the legislation, the TBI program has awarded numerous grants for a variety of projects since 1995. Examples include:

- Crumley House Head Injury Rehabilitation Program in Johnson City expanded their day program to provide recreation; transportation and respite care to TBI survivors and their families.
- Mid-South Head Injury Association in Memphis and Brain Injury Association of Tennessee used grant funds to develop a comprehensive proposal to build

affordable, accessible, supportive housing for forty-eight TBI survivors using HUD Section 811 grant dollars in Memphis and Nashville.

- The Division of Rehabilitation Services, Tennessee Rehabilitation Center in Smyrna created a specialized rehabilitation program for TBI persons.
- An educational grant went to Patricia Neal Rehabilitation Center in Knoxville enabling a survivor to address students on the importance of prevention of brain injuries.
- The Tennessee Emergency Services for Children Project received funds to improve the capability of 54 rural hospitals in the early management of acutely injured children.
- Centerstone Community Mental Health Centers, Inc. provided intensive in-home counseling and behavioral intervention for TBI students in 24 counties of middle Tennessee.
- The “Danger Dog and Cautious Cat Prevention Program” has been presented to 10,000 children and parents in the Mid-Cumberland region.

In FY10, grant awards provided the following services:

- Meritan provides personal care services for individuals with TBI who live in three accessible, affordable apartment buildings in Memphis and Nashville.
- Easter Seals Tennessee conducts a variety of camps that provide social and recreational opportunities for adults and youth with brain injury.
- Epilepsy Foundation of Middle Tennessee provides a program of therapeutic recreation and respite care.
- Crumley House Brain Injury Rehab Center offers respite and personal care assistance to TBI survivors.
- The Brain Injury Association of Tennessee is funding a full-time Executive Director.
- Grants for service coordination have been awarded to:
 - Fort Sanders Regional Medical Center in Knoxville
 - Brain Injury Association of Tennessee
 - Regional Medical Center at Memphis
 - Epilepsy Foundation of Middle Tennessee
 - Crumley House Brain Injury Rehab Center
 - Chattanooga Area Brain Injury Association
 - Jackson Madison County General Hospital District

Conclusion

In Tennessee, approximately 8,000 people per year are injured severely enough to be admitted to the hospital with traumatic brain injury. According to hospital discharge data, another 34,000 are seen in the Emergency Department and released. TBI survivors can experience impairments that affect their physical, cognitive and psychosocial functioning which in turn impacts their ability to return to home, school, and work. Whether the injury is the result of a car crash, a slip and fall, assault or sports activity, the economic consequences of TBI can be enormous. In the United States, the average lifetime cost

of care for a person with a severe injury ranges from \$600,000 to \$1,875,000. This does not include lost earnings of the injured person or family caregiver.

The majority of the TBI Program revenues of \$1.2 million are awarded as grants to develop home and community-based services for TBI survivors. Currently, services provided through grants include:

- Eight service coordinators serve an average case load of seventy-five survivors, assisting them with accessing local resources and programs.
- Supportive living services are available to 18 survivors living in three affordable and accessible apartment facilities in Nashville and Memphis. In addition, personal care services are available to 14 residents of Crumley House Brain Injury Rehab Center.
- Approximately 90 survivors attend a series of TBI camps and respite camps throughout the year.
- Approximately 25 survivors participate in a Therapeutic Recreation program available in three locations in Middle Tennessee.

Although much work has been done, much more is needed to address the needs of all survivors in the state, particularly in the areas of day programs, housing, long-term care, and rehabilitation.

Work in preventing brain injuries is equally important. In summer 2010, the Tennessee Secondary School Athletic Association (TSSAA) implemented a concussion management policy that will positively affect thousands of young athletes in the state. The TBI Program's Project Brain is working with TSSAA to support this important issue.

The TBI Advisory Council extends their gratitude to the General Assembly for the opportunity to improve the lives of TBI survivors statewide.