Washington State
Department of Social
& Health Services

Report to the Legislature

Traumatic Brain Injury Comprehensive Statewide Plan Preliminary Report

Chapter 356, Laws of 2007 (2SHB 2055, Section 4)

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Traumatic Brain Injury Comprehensive Statewide Plan
Preliminary Report

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Traumatic Brain Injury Comprehensive Statewide Plan
Preliminary Report

EXECUTIVE SUMMARY

Chapter 356, Laws of 2007, also known as the Tommy Manning Act, was enacted by the Legislature to address issues related to Traumatic Brain Injury (TBI). The law 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 law is to bring together expertise from the public and private sector to address the needs and gaps in services for this population. This is carried out by creating a Traumatic Brain Injury Strategic Partnership Advisory Council (TBI Council), charged with identifying methods and systems necessary to support individuals with TBI throughout Washington State.

This report from the Department of Social and Health Services (DSHS) meets the following requirement specified in 2SHB 2055, Section 4 (3):

> (3) By December 1, 2007, the department shall provide a preliminary report to the legislature and the governor, and shall provide a final report by December 1, 2008, containing recommendations for a comprehensive statewide plan to address the needs of individuals with traumatic brain injuries, including the use of public-private partnerships and a public awareness campaign. The comprehensive plan should be created in collaboration with the council and should consider the following:
>
> (a) Building provider capacity and provider training;
> (b) Improving the coordination of services;
> (c) The feasibility of establishing agreements with private sector agencies to develop services for individuals with traumatic brain injuries; and
> (d) Other areas the council deems appropriate.

The process employed to develop this preliminary report followed a collaborative approach between DSHS staff and the TBI Council. The process also built upon information gathered from TBI stakeholders involved in Washington's federally funded TBI grant. The intent of this effort is to identify gaps and needs and create a collaborative plan that reflects the efforts and expertise of survivors, family members, providers, and caregivers, representing private and public sectors.

To provide baseline information on current services and systems that support individuals with TBI, DSHS developed a survey that was distributed to all DSHS administrations and divisions. Information gathered in the survey, along with the efforts of an intra-agency workgroup was used to determine the number of clients with TBI currently being identified and served, existing available services, and gaps

in services and available data. This information was shared with the TBI Council as part of the planning process.

The final plan due to the Legislature in December 2008 will reflect an extensive public input process, additional development of recommendations, a report on the implementation of projects/activities related to TBI, and measured progress toward meeting the needs of individuals with TBI in Washington State.

The report presents background information, preliminary recommendations, longer-term development issues, and a comparison of funding and activities in other states related to serving individuals with traumatic brain injury.

SECTION 1: BACKGROUND

Traumatic brain injury occurs when a sudden trauma causes damage to the brain. According to the Federal 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 collisions, being struck by an object, or as a result of a violent crime. Someone sustains a brain injury every 15 seconds in the U.S. More than 5 million Americans alive today have had a TBI resulting in a permanent need for help in performing daily activities.

Groups at Risk of TBI

- Males are about twice as likely as females to sustain a TBI.
- The two age groups at highest risk for TBI are 0 to 4 year olds and 15 to 19 year olds.
- Adults age 75 years or older have the highest rates of TBI-related hospitalization and death.
- Certain military
- African Americans have the highest death rate from TBI.
- TBI hospitalization rates are highest among African Americans and American Indians/Alaska Natives (AI/AN).

Centers for Disease Control Statistics

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), and emotion (depression, anxiety, personality changes, aggression). Traumatic brain injuries can also cause seizure disorders and increase the risk for other diseases such as Parkinson's and Alzheimer's. Traumatic brain injury can have impacts on an individual and his/her family that are lifelong and devastating.

The statistics on Traumatic Brain Injury for Washington State residents are difficult to identify. The Washington State Department of Health (DOH) currently runs a Comprehensive Hospital Abstract Reporting System (CHARS) and the Washington State Trauma Registry. These two databases encompass hospital information related to fatalities and lengths of stay that exceed 48 hours. Many cases of traumatic brain injury are not

captured in these systems because services are received in physician's offices, the emergency room, result in hospital stays of less than 48 hours or the individual is not aware of their injury or does not seek treatment.

SECTION 2: LEGISLATION–SECOND SUBSTITUTE HOUSE BILL 2055

The Legislature recognized the impact that traumatic brain injuries have on the citizens of Washington State and in 2007 they enacted 2SHB 2055, which is codified in Chapter 74.31 RCW. The intent of the statute is "to develop a comprehensive plan to help individuals with traumatic brain injuries meet their needs." There is recognition of efforts in both the private and public sectors focused on providing services and assistance to individuals with traumatic brain injury. The intent is to bring together those sectors with expertise in traumatic brain injury to address the needs of this growing population.

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. In FY08, revenues from the account may only be used to: 1) Hire an FTE to staff the TBI Council and coordinate policies, programs and services for individuals with TBI; 2) Institute a Public Awareness campaign; 3) Provide funding to programs that facilitate support groups; 4) Implement a statewide information and referral service; and 5) Provide travel reimbursement and cover TBI Council meeting costs. The Secretary of DSHS has the authority to administer the funds. The legislature gave budget authority to expend $304,000 in FY08 and $136,000 in FY09 from the TBI account on the activities listed above.

Responsibilities in the statute are assigned to either DSHS or the TBI Council, with some items developed in collaboration by both entities. The table below includes the status of each deliverable specified in the legislation. In instances where the work is continuing, next steps are identified. (See Appendix B for the complete text of Chapter 74.31 RCW.)

DELIVERABLE		STATUS	NEXT STEPS
1	Appointments to the TBI Council	21 of 24 members appointed	Outreach to fill the following slots: Neurologist; National Guard; WA Tribal representative
2	Designate staff responsible for coordinating policies, programs, and services for individuals with TBI and	complete	

	DELIVERABLE	STATUS	NEXT STEPS
	providing staff support and coordination to the council **Responsible entity: DSHS**		
3	Provide recommendations to the department on criteria to be used to select programs facilitating support groups for individuals with TBI and their families. **Responsible entity: TBI Council**	complete	
4	Provide information and referral services to individuals with traumatic brain injuries until the statewide referral and information network is developed. **Responsible entity: DSHS**	Contract initiated 12/01/07	Final plan will have recommendations regarding statewide network
5	Develop a public awareness campaign to increase awareness of TBI and issues facing individuals with TBI through all forms of media **Responsible entity:** **DSHS in collaboration with the TBI Council**	Proposals from potential contractors in progress	Contracts initiated 12/01/07 Campaign launch date 3/1/08
6	Provide a preliminary report to the Legislature and the Governor containing recommendations for a comprehensive statewide plan **Responsible entity:** **DSHS in collaboration with the TBI Council**	This Report addresses this deliverable	
7	Provide funding for support groups (Based on the council's recommended criteria) **Responsible entity: DSHS**	Currently developing procurement documents and process	Funding to begin 3/1/08
8	Issue an annual report to the Governor and the Legislature containing: ▪ A summary of action taken by the department; ▪ Recommendations for improvement in services. **Responsible entity: DSHS**	2007 report complete	
9	Submit a report to the Legislature and the Governor on the following: ▪ Development of a comprehensive	Completed	

DELIVERABLE		STATUS	NEXT STEPS
	statewide information and referral network for individuals with traumatic brain injuries; ▪ Development of a statewide registry to collect data regarding individuals with traumatic brain injuries, including the potential to utilize the department of information services to develop the registry; ▪ The efforts of the department to provide services for individuals with traumatic brain injuries **Responsible entity: TBI Council**		
10	Review the preliminary comprehensive statewide plan developed by the department to meet the needs of individuals with traumatic brain injuries and submit a report to the Legislature and the Governor containing comments and recommendations regarding the plan **Responsible entity: TBI Council**	In process	Report to be submitted by 12/30/07
11	DSHS in collaboration with the council shall provide a final report to the Legislature and the Governor containing recommendations for a comprehensive statewide plan to address the needs of individuals with TBI **Responsible entity: DSHS in collaboration with the TBI Council**	Preliminary report completed	Continue collaborative work with Council; Develop and Implement public input process Submit Report 12/1/08

SECTION 3: RECOMMENDATIONS

The process employed to produce this plan followed a collaborative approach. Needs and gaps and recommendations were identified through the following:

- Ongoing coordinated work between DSHS staff and the TBI Council;
- Stakeholder work through several years of participation in federal TBI grant activities;
- Studying other states' TBI specific activities and services;
- A survey of DSHS administrations and divisions within DSHS;
- An intra-agency workgroup formed to study the baseline information gathered in this survey.

The needs and recommendations identified in this section represent the outcome of these collaborative efforts. Recommendations to the Legislature are listed first, followed by issues requiring longer-term development.

Recommendations to the Legislature:

Improve Coordination and Capacity of Services and Providers:

1. Increase annual allocation of TBI fund to provide for continued development of information and referral to build a comprehensive statewide network of services that includes community navigators, enhanced access to web-based resources and data collection, and to create a clearinghouse for information related to TBI.

2. Allocate funding for a comprehensive study to identify evidence based best practices in TBI assessment and identify common components of clinical characteristics that are important across the diverse settings and service delivery systems of state departments, agencies and health providers. The study could include:

    a) Best practices occurring nationally to assess individuals across settings and service delivery systems;

    b) Findings on training curriculum that could be used as a tool for department staff most likely to encounter individuals with TBI. The training will be directed at increasing clinical competence including improvement in the ability to identify potential cognitive and behavioral indicators of TBI.

3. Allocate funding to develop, sponsor and provide scholarships for an annual statewide TBI conference. This will provide consistent foundational information on the needs of individuals with TBI and their families, as well as specialty tracks designed to address first responders, caregivers, medical professionals, educators and others. Components of this training would be taken to other statewide conferences to increase access to the information. The conference also provides an opportunity for public input into the council's work to support individuals with TBI.

4. Increase the number of council members from the current total of 24 members to 28 members to include:
    a. One representative from the Office of Superintendent of Public Instruction;
    b. One representative from the Juvenile Rehabilitation Administration;
    c. One representative from the Washington State Department of Veterans Affairs;

d. One representative from the Office of the Insurance Commissioner;
e. One medical professional with pediatric specialty related to traumatic brain injury.

Make the following changes to the current representation:

f. Change neurologist representative to physician with experience in TBI;
g. Eliminate representative from the National Guard.

5. Continue and support the Veteran's Benefit Project to identify veterans currently served under DSHS programs and connect them to Veteran's Administration benefits and supports.

6. Allocate funding for a study of what other states are doing to improve coordination of care to individuals with traumatic brain injury and their families. The study should include:

   a) Evaluation of models that have created a central focal point for Traumatic Brain Injury;

   b) Funding mechanisms used;

   c) Applicability of earlier work in Washington State on population specific needs such as autism and mental health.

Increase Services and Supports:

1. Allocate funding to develop community-based options that provide a high level of behavioral and residential support to serve individuals currently at state or community psychiatric hospitals who do not require active treatment, as well as to divert individuals at risk for long stays.

2. Allocate funding to develop pilot projects to address the lack of adult day services specific to meet the needs of individuals with traumatic brain injury. Consider the applicability of the mental health clubhouse model, the consumer-directed supports available through Centers for Independent Living, and the heads-up adult day services model to the TBI population.

3. Allocate annual funding to continue support to programs that facilitate support groups as well as to develop new support groups for underserved populations or geographic areas.

Increase Public Awareness of Traumatic Brain Injury:

1. Allocate annual funding to continue and expand a Public Awareness, Education and Prevention campaign that reflects a multi-year strategy for engaging the public. Strategy to include methods for reaching underserved populations and addressing different aspects and levels of understanding,

including prevention, educational and youth services, and education to providers.

2. Declare March 2008 Traumatic Brain Injury Awareness month consistent with national awareness activities.

Increase Ability to Identify and Understand the Prevalence and Impact of Traumatic Brain Injury:

1. Support Department of Health efforts to expand the Comprehensive Hospital Abstract Reporting System (CHARS) to include emergency department data. The expansion will broaden surveillance capabilities to include many mild TBI cases.

2. Allocate funding to conduct a study for a state TBI registry including:

    a) The experience of other states with registry models;

    b) Feasibility of a protocol to provide TBI patients treated and released from the emergency room with the ability to voluntarily "register" for follow-up contact;

    c) Expansion of the Washington State Trauma Registry to include all TBI cases that meet inclusion criteria regardless of hospital length of stay;

    d) Value and feasibility of collecting information on all traumatic brain injury cases seen outside the hospital/emergency department setting.

Increase Funding for TBI Specific Services:

1. Increase the amount of revenue to the TBI account from current infraction fees or other sources.

2. Support the addition of a TBI account category in the combined fund drive to enable the receipt of state employee voluntary contributions.

3. Fund an increase to the Medicaid reimbursement for neuropsychological evaluation and assessment.

Issues Requiring Longer-term Exploration and Development:

The items listed below have come up in discussions with the TBI Council, department representatives, and stakeholders involved in the federal TBI grant activities. There may be recommendations related to these in the final report but additional information and development is needed.

1. Develop recommendations aimed at improving screening, assessment and services to children. Consider creation of a task force specific to needs of children.

2. Increase understanding of needs of children impacted by TBI by coordination with Office of Superintendent of Public Instruction and Juvenile Rehabilitation Administration.

3. Continue and increase coordination between DSHS and the Veteran's Administration.

4. Coordinate with Washington's Department of Veteran's Affairs to develop strategy for long-term care services for veterans with TBI.

5. Explore services and supports such as organizational aides and medication reminders needed by individuals with TBI and their families to maximize independence and facilitate transitions between acute and community care settings.

6. Consider designating existing funding from the Department of Community, Trade and Economic Development (CTED) to focus on creation of housing for individuals with TBI. Identify incentives for developers to create housing projects that are safe, affordable and specific to the needs of individuals with TBI.

7. Exploration of ways technology, such as telemedicine, could support individuals in rural and underserved communities.

8. Explore possible mechanisms for creating, funding, and providing long-term employment supports for individuals with traumatic brain injury that may require supported employment services to achieve and maintain employment. Social Security's Ticket to Work program may be revised in 2008 to provide new funding options for the creation of supported employment services.

9. Explore Medicaid funding mechanisms for services to individuals with TBI.

10. Work with Office of Insurance Commissioner, Health Care Authority, and the insurance industry to explore barriers and gaps in insurance coverage for individuals with TBI.

11. Explore and identify additional funding opportunities such as grants, federal appropriations etc. that could be used to support WA efforts.

12. Develop a broad training component for inclusion in the final comprehensive plan.

13. Designate a central point of contact within state government for TBI related issues.

14. Explore funding opportunities for providing neuropsychological assessments for individuals that are not Medicaid eligible and are not able to pay privately for an accurate and thorough assessment.

15. Explore additional opportunities for public-private partnerships to effectively serve individuals with TBI.

SECTION 4: OVERVIEW OF TBI FUND

It is anticipated that much of the start-up funding for TBI related activities will come from the state treasury fund established by the 2007 Legislature. This section of the report provides information on similar funds in other states, including the amount of funding, types of services and activities provided, and numbers of persons served.

The TBI account in Washington State is similar to those found in other states. Many states have added to driving infraction fines to establish revenue streams for TBI activities. Funding mechanisms also include surcharges or fees added to temporary auto license tabs, drivers' licenses or firearm registrations. The first fund was created in 1985 in Pennsylvania. The table below was published in the 2005 State Government Brain Injury Policies, Funding and Services Guide.

The table shows that in 2005, twenty-one states had a TBI fund or account. The funding for most states is in the low millions annually with the largest funding amount, $17 million, in the State of Florida and the smallest, $8,117, in the State of Montana.

The department has received consistent feedback that the projected revenues generated by the Washington TBI fund are insufficient to meet the diverse needs of individuals with traumatic brain injuries and their families.

State	Est. Annual Revenue	Program Focus	Most Requested Service	# of Clients Served
AL	$1.5 million	Registry, resource coordination	Attendant Care	Direct Svc: 218 I&R: 1,230 Svc Cord: 1,318
AZ	$2 million	Public information, prevention, education, community rehab, transitional living, surveillance	Cognitive Retraining, Vehicle Modification	Case Mgmt: 3,000 I&R: 18,000
CA	$1 million	7 regionally based projects	Counseling;	I&R: 10,000+

State	Est. Annual Revenue	Program Focus	Most Requested Service	# of Clients Served
		addressing community support needs	Support Groups	Services/Svc Coordination: 630; Training & Ed: 3,000
CO	$1.5 million	Care coordination, services, research, education	--	215
CT	$300,000	Undetermined, may focus on resource coordination	--	--
FL	$17 million	Acute care, rehabilitation, community integration, nursing home transition, case management, Medicaid match, prevention, registry, special project grants	Inpatient Rehabilitation	2,000
GA	$2.3 million	Community-based services and supports, support groups, assistive technology	Transportation, Attendant Care	350+
HI	$600,000	Service coordination, education, public awareness, registry	Housing	75
KY	$3.3 million	Community-based services and supports, surveillance registry	Respite	1000+
LA	$1.5 million	Community-based services and supports	Medications and Medical Supplies	387
MA	$6.8 million	Non-recurring short-term community support services	Private Case Management	Services: 600 Service Coord: 200
MN	$1 million	Registry, resource and service coordination	Employment Assistance	Resource Facilitation: 400
MO	$800,000	Counseling, mentoring, education	Transitional Home & Community Support Training	540
MS	$3.5 million	Registry, waiver match, services, transitional living, prevention, education, recreation	Personal Care Attendants	600+
MT	$8,117	Advisory Council, grants for public awareness, prevention education	--	--

State	Est. Annual Revenue	Program Focus	Most Requested Service	# of Clients Served
NJ	$3.8 million	Community-based services and supports, public awareness, education	Cognitive Therapy	160
NM	$1.5 million	Service coordination, life skills training, crisis interim services	Prescription Medications	550
PA	$3 million	Assessment, short-term community-based rehabilitation services, transition case management	Life Skills Training	36
TN	$750-$950,000	Registry, grants for 10 community-based projects	--	Camp: 108; I&R: 650; Case Mgt: 1,800; Supported/ Independent Living: 76
TX	$10.5 million	Inpatient, outpatient, and post-acute rehabilitation services	Post-acute Rehabilitation	464
VA	$1.2 million	Grants for community-based rehabilitation projects, applied research projects	--	--
WA	$1.5 million	Information and Referral, Public Awareness, support of support groups, Development of Comprehensive Statewide Plan	Fund established in FY08	--

Fund Trends:

As the table above demonstrates, nationally, funding appears to be centered on community-based services and supports, including:

- Rehabilitation;
- Case management and service coordination;
- Transition and relocation; and
- Counseling/support groups, mentoring, and education.

States have also invested in development of public awareness campaigns and registries critical to increasing education, prevention, and support of TBI-related issues on a national level.

SECTION 5: SUMMARY AND NEXT STEPS

This report meets a requirement in Chapter 74.31 RCW for the Department of Social and Health Services to submit a preliminary report to the Legislature and the Governor containing recommendations for a comprehensive statewide plan to address the needs of individuals with traumatic brain injury. The report presents background information, preliminary recommendations, longer-term development issues, and a comparison of funding and activities in other states related to serving individuals with traumatic brain injury.

Final recommendations for a comprehensive plan are due to the Governor and the Legislature by December 1, 2008. During the coming year, DSHS, along with the TBI council, will engage in a public input process and further refine recommendations listed in this preliminary report. The development of final recommendations will continue to be based on a collaborative effort between survivors of TBI, their families, caregivers and public and private sector service systems.

APPENDICES

Appendix A: Status of Current DSHS Services and Supports

Appendix B: Chapter 74.31 RCW Traumatic Brain Injuries

Appendix A: Status of Current DSHS Services and Supports

To better evaluate current state systems that benefit individuals with TBI, a survey was developed and distributed to administrations and divisions within DSHS. The baseline information gathered in this survey, along with the efforts of an intra-agency workgroup, were used to determine the number of clients with TBI who are identified and currently receiving DSHS and community services; existing available services; gaps in services; and any potential for innovation across the department. It should be noted that the number served is under reported because programs may not systematically identify TBI.

Admin/ Division	General Description of Services	# of Individuals with TBI Served FY 06	TBI Specific Services Provided	Barriers
Economic Services (ESA)	Financial Assistance	205 (Data is incomplete and represents the known portion of General Assistance clients that have brain injuries. Information about brain injuries is unfortunately not available for TANF, Food Benefits, or other ESA programs)	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 Rehab-ilitation (JRA)	Court ordered residential treatment and parole programs for youth	Unknown	No TBI specific services JRA may identify clients w/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	5 identified (incomplete information)	No TBI specific services	Social Workers and foster parents: Lack knowledge on identifying TBI. Are unsure how to locate training.
Health & Recovery Services (HRSA):				
Alcohol and Substance Abuse (DASA)	Treatment and prevention programs	6,752	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.
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.
Medical Assistance	Acute and Primary care for Medicaid recipients	3,411		

Vocational Rehab (DVR)	Employment Assistance and Supports	872	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 (ADSA)	Long term care services for adults and seniors Services, programs and resources for children and adults with develop-mental disabilities	1669	Assistance with personal care in 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, home delivered meals Family Caregiver Support Nursing Facility care Private Duty Nursing	Services are not tailored to meet the specific needs of persons with TBI. Lack of staff training

Survey Trends

- 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.
- Most department programs do not identify or collect data on individuals with TBI
- Administrations that assess for functional eligibility and are providing a medical or functional based set of services are most likely to collect data that identifies individuals with TBI.
- Data collection is recognized as an area that needs statewide improvement.

Appendix B: Chapter 74.31 RCW

Chapter 74.31 RCW
Traumatic brain injuries
Chapter Listing
RCW Sections

74.31.005 Findings -- Intent.

74.31.010 Definitions.

74.31.020 Washington traumatic brain injury strategic partnership advisory council -- Members -- Expenses -- Appointment -- Duties.

74.31.030 Designation of staff person -- Department duties -- Reports.

74.31.040 Public awareness campaign.

74.31.050 Support group programs -- Funding--Recommendations.

74.31.060 Traumatic brain injury account.

74.31.005
Findings — Intent.
The center for disease control estimates that at least five million three hundred thousand Americans, approximately two percent of the United States population, currently have a long-term or lifelong need for help to perform activities of daily living as a result of a traumatic brain injury. Each year approximately one million four hundred thousand people in this country, including children, sustain traumatic brain injuries as a result of a variety of causes including falls, motor vehicle injuries, being struck by an object, or as a result of an assault and other violent crimes, including domestic violence. Additionally, there are significant numbers of veterans who sustain traumatic brain injuries as a result of their service in the military.

Traumatic brain injury can cause a wide range of functional changes affecting thinking, sensation, language, or emotions. It can also cause epilepsy and increase the risk for conditions such as Alzheimer's disease, Parkinson's disease, and other brain disorders that become more prevalent with age. The impact of a traumatic brain injury on the individual and family can be devastating.

The legislature recognizes that current programs and services are not funded or designed to address the diverse needs of this population. It is the intent of the legislature to develop a comprehensive plan to help individuals

with traumatic brain injuries meet their needs. The legislature also recognizes the efforts of many in the private sector who are providing services and assistance to individuals with traumatic brain injuries. The legislature intends to bring together those in both the public and private sectors with expertise in this area to address the needs of this growing population.
[2007 c 356 § 1.]
Notes:

Short title -- 2007 c 356: "This act may be known and cited as the Tommy Manning act." [2007 c 356 § 11.]

74.31.010
Definitions.
The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

(1) "Department" means the department of social and health services.

(2) "Department of health" means the Washington state department of health created pursuant to RCW 43.70.020.

(3) "Secretary" means the secretary of social and health services.

(4) "Traumatic brain injury" means injury to the brain caused by physical trauma resulting from, but not limited to, incidents involving motor vehicles, sporting events, falls, and physical assaults. Documentation of traumatic brain injury shall be based on adequate medical history, neurological examination, mental status testing, or neuropsychological evaluation. A traumatic brain injury shall be of sufficient severity to result in impairments in one or more of the following areas: Cognition; language memory; attention; reasoning; abstract thinking; judgment; problem solving; sensory, perceptual, and motor abilities; psychosocial behavior; physical functions; or information processing. The term does not apply to brain injuries that are congenital or degenerative, or to brain injuries induced by birth trauma.

(5) "Traumatic brain injury account" means the account established under RCW 74.31.060.

(6) "Council" means the Washington traumatic brain injury strategic partnership advisory council created under RCW 74.31.020.
[2007 c 356 § 2.]
Notes:

Short title -- 2007 c 356: See note following RCW 74.31.005.

74.31.020
Washington traumatic brain injury strategic partnership advisory council — Members — Expenses — Appointment — Duties.
(1) The Washington traumatic brain injury strategic partnership advisory council is established as an advisory council to the governor, the legislature, and the secretary of the department of social and health services.

(2) The council shall be composed of the following members who shall be appointed by the governor:

(a) The secretary or the secretary's designee, and representatives from the following: Children's administration, mental health division, aging and disability services administration, and vocational rehabilitation;

(b) The executive director of a state brain injury association;

(c) A representative from a nonprofit organization serving individuals with traumatic brain injury;

(d) The secretary of the department of health or the secretary's designee;

(e) The secretary of the department of corrections or the secretary's designee;

(f) A representative of the department of community, trade, and economic development;

(g) A representative from an organization serving veterans;

(h) A representative from the national guard;

(i) A representative of a Native American tribe located in Washington;

(j) The executive director of the Washington protection and advocacy system;

(k) A neurologist who has experience working with individuals with traumatic brain injuries;

(l) A neuropsychologist who has experience working with persons with traumatic brain injuries;

(m) A social worker or clinical psychologist who has experience in working with persons who have sustained traumatic brain injuries;

(n) A rehabilitation specialist, such as a speech pathologist, vocational rehabilitation counselor, occupational therapist, or physical therapist who has experience working with persons with traumatic brain injuries;

(o) Two persons who are individuals with a traumatic brain injury;

(p) Two persons who are family members of individuals with traumatic brain injuries; and

(q) Two members of the public who have experience with issues related to the causes of traumatic brain injuries.

(3) Councilmembers shall not be compensated for serving on the council, but may be reimbursed for all reasonable expenses related to costs incurred in participating in meetings for the council.

(4) Initial appointments to the council shall be made by July 30, 2007. The terms of appointed council members shall be three years, except that the terms of the appointed members who are initially appointed shall be staggered by the governor to end as follows:

(a) Four members on June 30, 2008;

(b) Three members on June 30, 2009; and

(c) Three members on June 30, 2010.

(5) No member may serve more than two consecutive terms.

(6) The appointed members of the council shall, to the extent possible, represent rural and urban areas of the state.

(7) A chairperson shall be elected every two years by majority vote from among the council members. The chairperson shall act as the presiding officer of the council.

(8) The duties of the council include:

(a) Collaborating with the department to develop a comprehensive statewide plan to address the needs of individuals with traumatic brain

injuries;

(b) By November 1, 2007, providing recommendations to the department on criteria to be used to select programs facilitating support groups for individuals with traumatic brain injuries and their families under RCW 74.31.050;

(c) By December 1, 2007, submitting a report to the legislature and the governor on the following:

(i) The development of a comprehensive statewide information and referral network for individuals with traumatic brain injuries;

(ii) The development of a statewide registry to collect data regarding individuals with traumatic brain injuries, including the potential to utilize the department of information services to develop the registry;

(iii) The efforts of the department to provide services for individuals with traumatic brain injuries;

(d) By December 30, 2007, reviewing the preliminary comprehensive statewide plan developed by the department to meet the needs of individuals with traumatic brain injuries as required in RCW 74.31.030 and submitting a report to the legislature and the governor containing comments and recommendations regarding the plan.

(9) The council may utilize the advice or services of a nationally recognized expert, or other individuals as the council deems appropriate, to assist the council in carrying out its duties under this section.
[2007 c 356 § 3.]
Notes:

Short title -- 2007 c 356: See note following RCW 74.31.005.

74.31.030
Designation of staff person — Department duties — Reports.
(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) The department shall provide data and information to the council established under RCW 74.31.020 that is requested by the council and is in the possession or control of the department.

(3) By December 1, 2007, the department shall provide a preliminary report to the legislature and the governor, and shall provide a final report by December 1, 2008, containing recommendations for a comprehensive statewide plan to address the needs of individuals with traumatic brain injuries, including the use of public-private partnerships and a public awareness campaign. The comprehensive plan should be created in collaboration with the council and should consider the following:

(a) Building provider capacity and provider training;

(b) Improving the coordination of services;

(c) The feasibility of establishing agreements with private sector agencies to develop services for individuals with traumatic brain injuries; and

(d) Other areas the council deems appropriate.

(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; and

(b) Encourage and facilitate the following:

(i) Collaboration among state agencies that provide services to individuals with traumatic brain injuries;

(ii) Collaboration among organizations and entities that provide services to individuals with traumatic brain injuries; and

(iii) Community participation in program implementation.

(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.
[2007 c 356 § 4.]
Notes:
Short title -- 2007 c 356: See note following RCW 74.31.005.

74.31.040
Public awareness campaign.
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.
[2007 c 356 § 5.]
Notes:
Short title -- 2007 c 356: See note following RCW 74.31.005.

74.31.050
Support group programs — Funding — Recommendations.
(1) By March 1, 2008, the department shall provide funding to programs that facilitate support groups to individuals with traumatic brain injuries and their families.

(2) The department shall use a request for proposal process to select the programs to receive funding. The council shall provide recommendations to the department on the criteria to be used in selecting the programs.

(3) The programs shall be funded solely from the traumatic brain injury account established in RCW 74.31.060, to the extent that funds are available.
[2007 c 356 § 6.]
Notes:
Short title -- 2007 c 356: See note following RCW 74.31.005.

74.31.060
Traumatic brain injury account.
The traumatic brain injury account is created in the state treasury. Two dollars of the fee imposed under RCW 46.63.110(7)(c) must be deposited

into the account. Moneys in the account may be spent only after appropriation, and may be used only to provide a public awareness campaign and services relating to traumatic brain injury under RCW 74.31.040 and 74.31.050, for information and referral services, and for costs of required department staff who are providing support for the council and information and referral services under RCW 74.31.020 and 74.31.030. The secretary of the department of social and health services has the authority to administer the funds.
[2007 c 356 § 7.]

Notes:

***Reviser's note:** 2007 c 356 § 7 directed that this section be added to chapter 46.20 RCW. Since this placement appears inappropriate, this section has been codified as part of chapter 74.31 RCW.

Short title -- 2007 c 356: See note following RCW 74.31.005.