



Utah Traumatic Brain Injury (TBI) Fund SFY2014 Report (7/1/13 to 6/30/14)

TBI Fund: A successful public-private partnership

Accomplishments made with the SFY14 \$200,000 one-time legislative allocation to the TBI Fund

The TBI Fund may not be used for medical care for those recovering from a TBI. Every **\$1** spent helped clients receive **\$1.21** in needed services. In addition, contractors contributed more than **\$18,000** in in-kind services to assist the Fund.

Motivated by a need to stretch the one-time funding to help as many people as possible, the TBI Fund Advisory Committee focused its efforts on resource facilitation. A bid process for contracts was needed this year, so contracts were delayed. Consequently, the full allocation was not expended.

Resource facilitation is a process that helps individuals and families by providing short-term support to assist with problem solving, linking people in need with available and appropriate resources to meet their goals, and assist with a successful return to school, work, or community.

For every \$1 spent of the TBI Fund...

\$1.21 in needed services is provided.

“ Before I received resource facilitation, I felt lost and hopeless, but now I have a support system. Resource facilitation has helped me to see the steps I need to take to finish school and become a physical therapist so I can help people where I needed help once. I am so grateful for the support I’ve received from the TBI Fund. -Lynn, age 29 TBI survivor from Sandy, UT ”



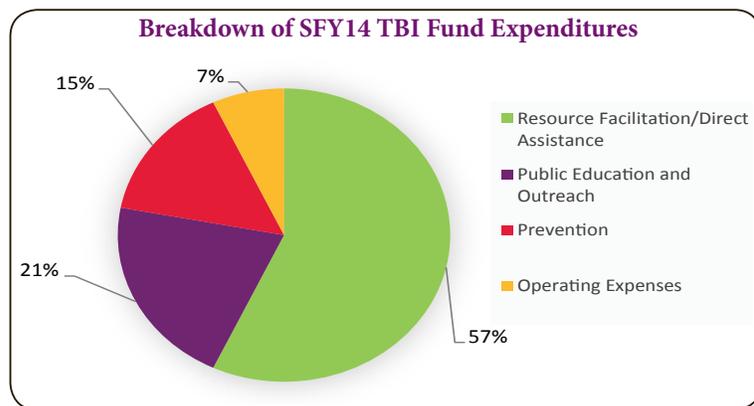
TBIs in Utah

- 54 people visit an emergency room and 8 people are hospitalized or die from a TBI every day.
- Nearly half (46.7%) of TBI hospitalizations and deaths are the result of falls. Motor vehicle traffic crashes, bicycle crashes, and recreational activities are also leading causes of TBIs in Utah.
- Older adults aged 75+ have the highest rates of TBIs.
- TBIs cost nearly \$86 million in hospitalization charges in 2011. This does not include costs for disability and long-term care.
- The age-adjusted rate of TBIs increased significantly from 2010 (764 per 100,000) to 2011 (800 per 100,000).

The following services were provided in SFY14:

- **207 client service events were provided.**
- **95 clients with TBI were identified and received one-on-one resource facilitation services** at an average cost of **\$700 per person**. The contracting agencies provided more than \$18,000 in matching funds, so the actual cost of the services was higher.
- **38 clients were referred for a neuropsychological evaluation** to ensure an accurate diagnosis and to clarify the needed services that would be most beneficial.
- **74 of the 95 participants** who received resource facilitation services are in need of and have been connected to ongoing services.
- **24 additional people received an intake interview** but did not qualify for services because they did not have a 'traumatic' brain injury. These clients instead had an 'acquired' brain injury as a result of a stroke, West Nile Virus infection, encephalitis, or anoxia, etc. There is also a great need for services for acquired brain injured individuals.

Breakdown of SFY14 TBI Fund Expenditures



Needs and Concerns Documented by Contractors

- **Neuropsychological evaluations are not completed in a timely manner due to a greater demand than current providers can meet.** The TBI Fund Advisory Committee recommended additional providers be recruited to provide this valuable service

in SFY2015. In addition, the Committee secured agreements with Vocational Rehabilitation to provide services at the same reimbursement rate as the TBI Fund allows. Those providers will begin offering services in SFY15.

- **There are limited resources available outside of the Wasatch Front.** The TBI Fund Advisory Committee recommended a Bid process in SFY15 for Independent Living Centers statewide to expand statewide coverage.
- **Publicizing of the resources available** and funding to cover outreach costs are needed.
- **Most assistance applications are too complicated for a TBI survivor** to be able to complete without extensive help.
- **TBI survivors are overwhelmed** with needs and underserved by resources. Intact and supportive families help services to work best.
- **Insurance and Medicaid barriers** include: limited insurance benefits, high co-pays, being uninsured, and not being able to afford care due to insurance coverage gaps. Many providers are also not willing to serve individuals with TBI due to low Medicaid reimbursement rates.
- **Isolation and lack of support among TBI survivors**, combined with impulsivity, increases the risk of suicide.
- **TBI survivor reluctance to ask for help** due to fear of being told “no again.”

Public Education and Outreach

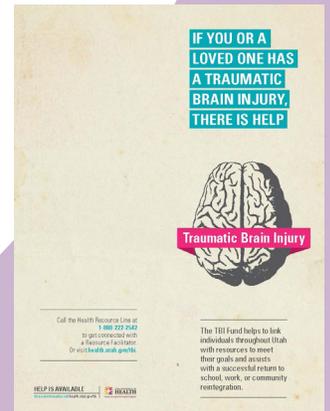
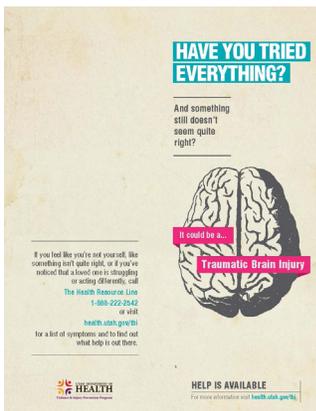
Funding for public education and outreach was used to complete the following activities:

- **Four brochures (available in English and Spanish) were developed** to promote the TBI Fund and to educate people on signs/symptoms of TBI and concussions.
- **“Keys to the Game” sports concussion education partnership was developed with KSL5 News.** Two, 30-second T.V. ads were produced and aired during the High School Football Game of the Week segment each Friday.
- **A 60-second radio ad was aired**

to better connect TBI survivors and their families to available services.

- TBI was made more prominent on the VIPP website so the public could easily access information on the TBI Fund and how to prevent concussions and TBI.

All educational materials are available online at: <http://health.utah.gov/vipp>.



Older Adult Falls Prevention

Because older adult falls are the #1 cause of TBI hospitalizations and deaths in Utah, the TBI Fund Advisory Committee allocated funding to five local public health departments to implement the evidence-based Stepping On falls prevention program. The program was implemented in Davis, Salt Lake, Tooele, Utah, and Wasatch Counties. Stepping On is a 7-week program that teaches older adults how to reduce their risk of falling and simple exercises to increase their strength and balance. **National research shows the program works: falls among the participants were reduced by 31%.**



Professional Training

A total of **66 training events** were held during SFY14 **reaching approximately 2,660 individuals.** Phoenix Services provided three Certified Brain Injury Specialist (CBIS) trainings for 19 professionals. These trainings educate professionals who serve those with brain injury so they can enhance services and supports. The goal is to train even more CBIS professionals across Utah.

Overview of the TBI Fund

The TBI Fund was established in 2008 by the Utah Legislature as a restricted special revenue to: 1) Educate the general public and professionals on prevention and treatment of TBI; 2) Provide access to evaluations and coordinate short-term care to assist an individual with a TBI that is a Utah resident in identifying services or support needs, resources, and benefits for which the individual may be eligible; and 3) Develop and support an information referral system for persons with a TBI and their families.

The fund may not be used for medical treatment, long-term care, or acute care; may not duplicate any services or support mechanisms being provided to an individual by any other government or private agency; and all actual and necessary operating expenses for the committee and staff shall be paid by the Fund.

The Fund is administered under the direction of the Utah Department of Health Executive Director, through the Violence and Injury Prevention Program (VIPP).

TBI Fund Advisory Committee

TBI Fund Advisory Committee members are appointed by the UDOH Executive Director annually and represent individuals who are familiar with TBI, its causes, diagnosis, treatment, rehabilitation, and support services, including individuals who have sustained a TBI and their family representatives.

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Our Mission...

VIPP is a trusted and comprehensive resource for data and technical assistance related to violence and injury. This information helps promote partnerships and programs to prevent injuries and improve public health.

Trisha Keller, MPH, RN
(801) 538-6865
vipp@utah.gov