The TBI Fund may be used for 1) resource facilitation services; 2) neuropsychological assessments; 3) education of professionals and the public regarding understanding, treatment and prevention of TBI; and 4) to support an information and referral system for persons with a TBI and their families. The TBI Fund may not be used for medical or rehabilitation care for those recovering from a TBI. For every $1 spent of the TBI Fund, clients were able to connect with and obtain $2 in needed services that the client would not have received otherwise.

The $200,000 in SFY 2015 funding allocation was one-time funding. The TBI Fund Advisory Committee has a strong desire to stretch the dollars to help as many people as possible. Therefore, they determined to make resource facilitation a priority. The two existing resource facilitation contractors received their second year of contract funding. In addition, a bid process for additional contracts with Independent Living Centers was conducted; two centers were funded and those contracts went into effect in the 4th quarter. Advocates were successful in the 2015 Legislative Session in securing $200,000 per year in ongoing funding for the TBI Fund.

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. Resource facilitation is needed, because as members of the TBI focus groups explained, “We’ve spent a lot of time on the Internet searching for what is out there because we didn’t know, and there was no one to tell us. We’ve searched but haven’t found all of the resources.”

“Resource facilitation through the TBI Fund turned the denial and hopelessness of my personal injury into empowerment, TBI knowledge, treatment, and quality of health care.
- Renee, age 53, TBI survivor from Salt Lake County, UT
TBI Fund Accomplishments:

Services
- 157 clients with a TBI received one-to-one resource facilitation services at an average cost to the TBI fund of $525 per person. The Fund may only be billed when other funding options have been exhausted (i.e., insurance benefits) or are not available to provide the services. The contracting agencies provided $18,000 in matching funds, so the actual cost of the services was higher.
- 44 clients received a neuro-psych assessment to assist with an accurate diagnosis and to clarify the needed services that would be most beneficial.
- 96 of the 157 clients who received resource facilitation services were in need of and have been connected to ongoing services.
- 19 additional people received an intake interview and did not qualify for services because they did not have a ‘traumatic’ brain injury but an ‘acquired’ brain injury (e.g., as a result of West Nile virus, stroke, tumor, encephalitis, anoxia, etc.). There is also a great need for services for acquired brain injured individuals.
- The number of private providers for conducting neuro-psych assessments was increased.

Training
- 66 professional and community training events were held during SFY 2015 by the TBI Fund contractors, reaching approximately 2,660 individuals.
- Three Certified Brain Injury Specialist (CBIS) trainings were conducted by Phoenix Services and 19 professionals were trained.

Prevention
- Older adult falls are the leading cause of TBI hospitalizations and deaths in Utah. For this reason, the TBI Fund Advisory Committee allocated funding to six local health departments to implement the evidence-based Stepping On falls prevention program. National research shows the program works: falls among the participants were reduced by 31%.
- The Stepping On program was implemented in Bear River, Davis, Salt Lake, Tooele, Utah, and Wasatch Health Districts; more than 160 participants were reached in 22 workshops.
- The six local health departments also conducted 12 various falls prevention events throughout Utah which reached more than 3,100 attendees.

"The services available through the TBI Fund have been very helpful and a great support!!! Since working with a Resource Facilitator, I have been better educated and have seen improvement.

- Tawnee, age 39 TBI survivor from Utah County, UT"

"The support and genuine care shown to me was invaluable. I had a limited safety net and was spiraling down physically and emotionally. I am grateful for the resources enabling me to have neurological tests done. I am now working full time and defying all limiting odds.

- Renee, age 53 TBI survivor from Salt Lake County, UT"
Public Education and Outreach

- Six focus groups with TBI survivors and caregivers and two focus groups with the general public were conducted to assess effectiveness of the current mass media materials and to understand how to promote the TBI Fund more effectively.

- A direct mail brochure was developed that was sent to TBI survivors throughout the state. The brochure promoted the TBI Fund and directed individuals to call and schedule an appointment with a resource facilitation specialist.

- “Keys to the Game” sports concussion education partnership was continued with KSL5 News and KJAZZ. Two 30-second T.V. ads were aired during the High School Football Game of the Week segment each Friday on KSL5 News. A public service announcement was read during each KJAZZ high school game broadcast and banners placed prominently at the games.

- A 60-second radio ad was aired to better connect TBI survivors and their families to available services.

- Digital banners were placed on prominent news websites, including KSL.com, to promote signs and symptoms of TBI.

- The Utah Brain Injury Council logo was redesigned to brand the partnership.

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

Needs and Concerns Documented by Contractors

- Publicizing of the resources available and funding to cover outreach costs are needed.

- TBI survivors are overwhelmed with needs and underserved with resources.

- There are limited resources available outside of the Wasatch Front.

- Isolation and lack of support among TBI survivors, combined with impulsivity, increases the risk of suicide.

- Insurance and Medicaid barriers include: limited benefits, high co-pays, unaffordable, and providers who are not willing to serve individuals with TBI, due to low reimbursement levels from Medicaid.

- Intact and supportive families help services to work best.

- There is a great need for services for acquired brain injured individuals.

- Reluctance to ask for help due to fear of being told “no again.”

- Most applications for programs in the community are too complicated for a TBI survivor to be able to complete without extensive help.

- Services in the community are at times difficult to access due to financial constraints or lack of availability.

TBIs in Utah

- 58 people visit an emergency room and eight people are hospitalized or die from a TBI every day.

- Nearly half (45%) 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.

- Older adults aged 75+ have the highest rates (2,070 per 100,000 in 2013) of TBIs.

- TBIs cost nearly $95 million in hospitalization charges in 2013. This does not include costs for disability and long-term care.

- The age-adjusted rate of TBIs increased significantly from 2010 (783 per 100,000) to 2013 (849 per 100,000).
Overview of the TBI Fund

The TBI Fund was established in 2008 by the Utah Legislature as a restricted special revenue fund. The fund is the payer of last resort which means there may not be any duplicate service or support mechanisms being provided to an individual by any other government or private agency.

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 members were appointed by the UDOH Executive Director in July. They include professionals who are familiar with TBI, its causes, diagnosis, treatment, rehabilitation, legal and support services, and individuals who have sustained a TBI and family representatives.

The Advisory Committee met five times during SFY 2015 and conducted business according to the Open and Public Meetings Act. Minutes were posted at http://www.utah.gov/pmn/index.html.

Last updated: November 30, 2015

“I saw the doctor today. I can’t tell you how grateful I am on your persistence for me to go see him. It was so helpful that I couldn’t help but cry afterwards. I finally found someone who can see what actually is wrong and has the steps to take to go forward. I wish I had found him sooner. I just feel bad that there are so many more people out there that are as hopeless as I was.

- Mark, age 45, TBI survivor from Davis County, UT

Mark was in a motor vehicle crash in October of 2014 and received a massive concussion. He was suffering from memory loss, trouble sleeping, and headaches. He was struggling with his job and maintaining a normal life.

We were able to refer Mark for a neuro-psych assessment and to a chiropractor who specializes in brain injury patients. Through both the neuro-psych assessment and help from the doctor, Mark was able to return to work at full capacity. He is still working with the doctor and each day he improves more and more.

- Resource Facilitation Specialist

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.