



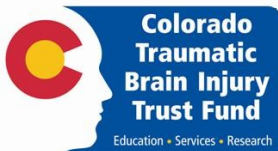
Colorado Department of Human Services
people who help people

Executive Order on Traumatic Brain Injury Final Report

Presented to:
Governor Bill Ritter, Jr.
December 1, 2009

Prepared by:
The Colorado Department of Human Services

Karen L. Beye
Executive Director



Executive Order on Traumatic Brain Injury Report to the Governor

Table of Contents

I. Executive Summary	1
II. Introduction	5
III. Background	
A. Description of the Problem.....	5
B. Description of Current Service Delivery System.....	7
IV. Executive Order	
A. 2000 Executive Order – Original Mission and Scope.....	12
B. 2008 Executive Order – New Mission and Scope.....	12
C. 2008 Executive Order Work Group.....	14
D. 2008 Executive Order Process.....	15
V. Findings and Recommendations	
A. Overarching Issues and Principles.....	16
B. Goals and Recommendations.....	17
VI. Conclusion	19
VII. Appendix	
A. Copy of Executive Order on TBI B 011 08.....	22
B. Work Group Work Plan and Work Group Process Guidelines.....	23
C. Suggested Recommendation Implementation Plan.....	38
D. Diagram of Resources.....	51

Executive Order on Traumatic Brain Injury Report to the Governor

I. Executive Summary

Traumatic Brain Injury is a significant public health concern nationally and in Colorado. As is outlined throughout this report, when brain injury is not identified, treated and addressed, it has a long-term and devastating impact on our society. For example: among prison inmates estimates of TBI range from 42%-87%, individuals with TBI are 80% more likely to abuse drugs/alcohol, TBI is associated with high levels of depression and anxiety, individuals with TBI attempt suicide 4 times more often than those with no injury.

The work of the Executive Order TBI Work Group is a critical first step to addressing the needs of Colorado citizens with TBI and their family members. However, a report is just that, a report, and it is paramount that there is an on-going commitment within the state government system to follow-through with these recommendations by continuing to build on the existing strong public and private partnerships that helped develop this report.

Over a period of 8 months, the Executive Order Work Group worked closely with brain injury stakeholders to identify critical elements for improving services to person with TBI and their families. The following is a list of recommendations from the Work Group. These recommendations are made in order of priority using a “Strategic Demand Metrics Model” that ranked the findings by 3 criteria:

- Feasibility
- Strategic Fit
- Benefit/Risk

Recommendations:

A. Continue with the efforts initiated by the Executive Order Work Group on Traumatic Brain Injury

- A1. Create a statewide taskforce involving state agencies that will coordinate closely with the Brain Injury Collaborative and other brain injury stakeholders to oversee the implementation of the recommendations contained in this report.
- A2. Provide additional funding to the Brain Injury Association of Colorado and allow the TBI Program to use existing funding to hire additional FTE so they can be adequately staffed to address many of the recommendations made in this report.
- A3. Develop a state Ombudsman Program for TBI.

B. Improve data collection, analysis and utilization of data related to incidence and prevalence of brain injury.

- B1. Develop and implement a mechanism for collecting incidence and prevalence data across all public and private systems.
- B2. Develop recommendations for collecting data related to health disparities and TBI.

- B3. Evaluate and enhance the current Traumatic Brain Injury Surveillance System at the Colorado Department of Public Health and Environment.
- B4. Develop a Brain Injury Registry.

C. Target, implement, and expand community screening and assessment of brain injury.

- C1. Enhance existing school district nurses' health screening forms to include specific questions related to potential TBI.
- C2. Explore the feasibility of mandating general practitioners and emergency department personnel to conduct screening for brain injury.
- C3. Work collaboratively with scientific and clinical experts to develop strategies to protect student athletes from brain injury.

D. Reduce duplication and streamline administration processes to improve service delivery outcomes for individuals with brain injury.

- D1. Establish a "Medical Services Passport" that will facilitate coordination and communication among the individuals' multiple providers.
- D2. Develop a "follow-along" and "care coordination" model that tracks individuals from point of injury and across systems facilitating the individuals' ability to access care.

E. Improve consumer access to accurate and current information.

- E1. Develop and implement a network of website based information/resources clearing house for TBI.
- E2. Produce an annual "State of TBI" report.
- E3. Develop a comprehensive prevention and public education campaign on brain injury.

F. Develop a consumer-centered/consumer empowerment approach to services delivery.

- F1. Increase individuals and their family members knowledge about how to affect and develop policy to address the needs of individuals with TBI.
- F2. Enhance public and private sector collaboration with individual and family leaders.
- F3. Increase access to Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) for individuals with brain injury who are eligible for these benefits.

G. Expand treatment, rehabilitation and supportive service options for individuals with brain injury and their families.

- G1. Increase access to community behavioral health Medicaid services.
- G2. Improve access to and funding for inpatient rehabilitation, outpatient rehabilitation and community home-based care and supportive services.
- G3. Increase access to and funding for residential support programs.
- G4. Increase access to and funding for vocational rehabilitation services.
- G5. Increase access to and funding for Durable Medical Equipment.

H. Enhance service delivery quality to improve life outcomes for individuals with brain injury.

- H1. Expand fall prevention training efforts through the Colorado Department of Human Services, Statewide Unit on Aging (SUA), Area Agencies on Aging (AAA).
- H2. Provide comprehensive training to appropriate entities regarding the unique needs of military personnel and veterans with TBI and possible PTSD.
- H3. Provide on-going community education to a variety of audiences including individuals with brain injury, family members, clinicians, researchers and other individuals concerned with brain injury.
- H4. Establish a requirement for all state employees who provide services to individuals with brain injury, including colleges and universities, to have an introductory training on brain injury.
- H5. Increase training and education for Behavioral Health Organizations (BHO) and Community Mental Health Centers (CMHC).
- H6. Increase pre-service training for graduate students that will be working in service fields that relate to TBI.
- H7. Establish a 1.0 FTE for the Colorado Department of Education for a Brain Injury Education Coordinator.

I. Maximize use of existing state and private resources.

- I1. Evaluate SB08-153's impact on both service providers and individuals with brain injury and address problems that specifically relate to the Brain Injury Medicaid Waiver.
- I2. Increase surcharge collection for the TBI Trust Fund Program by counties and municipalities to 100%.
- I3. Increase access to and effectiveness of the existing Brain Injury Medicaid Waiver (BIMW) program.
- I4. Develop and implement a minimum catastrophic injury insurance benefit to reduce the cost-shifting of private insurance to public safety-net programs.

In closing, it is important to recognize that Colorado has a strong foundation and existing infrastructure as it relates to brain injury. The findings and recommendations contained in this report build on and enhance this foundation. Colorado has the opportunity to be a national leader in advocating for and responding to the critical needs of its Colorado individuals and their families who struggle daily with the challenges of TBI.

Executive Order on Traumatic Brain Injury Report to the Governor Full Report

II. Introduction

In December 2008 Governor Ritter signed an Executive Order on Traumatic Brain Injury (TBI). The Executive Order established goals for identified state departments, asking them to work together to develop a plan for addressing specific needs and issues that affect persons with TBI. The following report is the product of an 8 month effort of the Executive Order Work Group. The report outlines 9 goals with corresponding recommendations. This report provides the framework to begin to address the complex needs of individuals with brain injury and their families across the continuum of recovery which spans medical intervention, acute rehabilitation and eventual community living.

This report consists of the following components: description of the problem, description of current service delivery system, rationale for the Executive Order, description of the work group, description of the process of the work group, findings and recommendations, and conclusion.

III. Background

Description of the Problem

According to the Centers for Disease Control (CDC), 1.4 million Americans sustain a traumatic brain injury (TBI) annually - 50,000 die, 235,000 are hospitalized and 1.1 million are treated and released from an Emergency Department (ED). The number of people with TBI who are neither seen in the ED nor receive care is unknown (CDC 2008).

Data from the Colorado Traumatic Brain Injury Surveillance System indicates that on average there are 950 deaths, 5,000 hospitalizations and 23,000 emergency department visits in Colorado annually. It is estimated that over 100,000 Coloradans live with long-term disabilities related to a traumatic brain injury. Incidence data from the Colorado Department of Public Health and Environment include:

- From 1991-2007, over 61,000 Coloradans of all ages were hospitalized with and survived a new TBI, representing an average of 3,588 per year (former average of 2,889 reported in 2001).
- Colorado's incidence rate of non-fatal, hospitalized TBI averaged 95 per 100,000 people from 2004-2006 (formerly 80 per 100,000 during the years from 1991-1999). These figures do not include the many individuals who were not hospitalized after injury or who were previously diagnosed.
- During 2007 alone, 4798 Coloradans, including 809 children ages 0 to 20 years old, sustained and survived traumatic injuries to the brain that required at least one night of hospitalization. (Increased from 2683 hospitalized in the year 1999).
- The life expectancy reduction for Coloradans hospitalized with TBI averages 8 years.

The CDC estimate that at least 5.3 million Americans, approximately 2% of the U.S. population, currently have a long-term or lifelong need for help performing activities of daily living as a result of TBI. Traumatic Brain Injury can cause a wide range of functional changes affecting cognition: memory loss, impaired judgment, and reduced speed of processing; as well as physical and behavioral difficulties. In addition, TBI generates direct medical costs and indirect costs related to lost productivity, increased rates of poverty, divorce, substance abuse, depression, and suicide.

The Executive Order Work Group identified three target populations: children and youth, military/veterans and the elderly. Behavioral health and psycho-social support emerged as a primary gap in the system of care for individuals with TBI and their families. The need to provide more support to family members also emerged.

Children and Youth:

Children and youth with TBI have historically been under or misidentified, specifically in the school system. According to data from the Colorado Department of Public Health and Environment (CDPHE) during 2004-2006 there were 2,472 children ages 0-20 discharged from an acute care hospital with a diagnosis of traumatic brain injury. On average there are 824 new pediatric brain injuries annually. An estimated 15,000 youth currently live with brain injury in Colorado. The Centers for Disease Control (CDC) estimates that 35-40% of individuals hospitalized with TBI will experience long-term disabilities. Therefore, using a conservative estimate, there are potentially 289 children and youth each year with long-term disability as a result of TBI and roughly 5,250 youth living in Colorado with long-term disability as a result of TBI. These numbers only reflect those children with brain injuries moderate to severe enough to require hospitalization.

There are a significant number of children who are treated and released from emergency departments who may have long-term effects from mild traumatic brain injury. CDPHE estimates that for every child hospitalized with TBI, there are 10-15 children treated and released with TBI in the emergency departments (ED). Therefore it can be estimated that there are an additional 8,000-12,000 children incurring Mild TBI each year in Colorado. CDC reports that determining the percent of individuals with long-term disabilities as a result of mild TBI is challenging. Therefore it is difficult to extrapolate the number of children sustaining mild TBI that may have on-going impairment as a result of their injury. However, it is safe to say that those with mild TBI will increase the overall number of children with TBI living in Colorado. Even though surveillance data suggest that TBI is not a low incidence disability, the number of children and youth receiving special education support through the Colorado Department of Education (CDE) remains extremely low. In 2007 CDE reported 413 students with TBI as their primary disability category. As a result, many students with TBI have experienced a cycle of failure that has led to poor secondary and post-secondary outcomes.

Veterans:

TBI has been described as the "signature" wound of Operation Enduring Freedom (OEF)/Operation Iraqi Freedom (OIF). It has been estimated 20% of all returning soldiers will have experienced a Traumatic Brain Injury. A report from the RAND Center for Military Health Policy Research suggests that as many as 320,000 soldiers have or will return from OEF/OIF deployments with a TBI (Tanielian, and Jaycox, 2008). Risk factors for TBI include substance

abuse, aggression, and psychiatric illness. For some groups of veterans, rates of substance abuse and psychiatric illness are higher than those reported in the general population. For example, among veterans seeking specialized treatment for Post-traumatic Stress Disorder (PTSD), 41% had a co-occurring substance abuse disorder (Fontana, Rosenheck, Spencer, and Gray, 2002). Among OEF/OIF veterans rates of PTSD and major depression are relatively high "particularly when compared with the general US civilian population," (Tanielian T, and Jaycox, 2008).

The history of traumatic brain injury (TBI) has been associated with poorer psychiatric outcomes, increased psychological and behavioral sequelae, a greater number of health problems, poorer performance on activities of daily living and cognitive tasks, and difficulties with aggression and anger (Slaughter, Fann, & Edhe, 2003). As such, those with psychiatric and behavioral symptoms associated with a history of TBI are likely to seek care within more traditional mental health settings (Olson-Madden, Brenner, Emrick, Corrigan, & Harwood, 2007).

Elderly:

The Centers for Disease Control indicates that falls are the leading cause of TBI in adults ages 75 and older. The CDC also states that adults age 75 years or older have the highest rates of TBI-related hospitalization and death nationally (Langlois, Rutland-Brown, Thomas, 2004). Colorado statistics reflect the national picture. According to an Injury Epidemiology Brief issued by the Colorado Department of Public Health and Environment in August 2008, an average of 297 Coloradans aged 65 and older die from fall-related injury each year, with nearly 35% sustaining a traumatic brain injury. In fact, CDPHE reports that on average over 9,000 Coloradans, aged 65 and older, are hospitalized for fall-related injuries each year and 12%, or roughly 1,000 of them, have TBI.

These three target populations: children and youth, veterans and the elderly are the focus of many of the recommendations that have been developed by the Executive Order Work Group.

Description of Current Service Delivery System

The true life long impact of traumatic brain injury (TBI) is just coming into focus. Due to advancements in medical technology, individuals who would have previously died from their injuries are surviving. As a result it is necessary to shift the traditional paradigm from that of thinking of TBI as only a medical/physical disability to recognizing the long-term, psycho-social implications of this disability. Since it has historically been considered a medical issue, many policies and programs have been designed with that philosophy in mind. An unintentional impact of this way of thinking has been that individuals with life long impairment are not often able to access and benefit from the very system that was put in place to support them. Therefore, the recommendations made in this report reflect this overarching issue.

Colorado is considered a leader in many aspects of care for individuals with brain injury including services, education and research. Colorado has a solid infrastructure in place that could lead to the development of a system of care for individuals with brain injury and their families. This foundation will support the success of the proposed recommendations. Following is a description of the existing infrastructure in Colorado.

Public Infrastructure

Colorado Department of Human Services (CDHS) was designated the State Lead on Brain Injury through Executive Order #D 003 00, signed by Governor Owen in 2000. As a result, CDHS developed the Traumatic Brain Injury (TBI) Program. This program is housed in the Division of Vocational Rehabilitation within the Colorado Department of Human Services (CDHS). In 2002 the Colorado Traumatic Brain Injury Trust Fund was created through HB02-1281. Funding for the TBI Trust Fund is collected through surcharges on convictions related to driving while ability impaired, driving under the influence, speeding, and those 18 and younger riding motorcycles without helmets. The funds generated through these surcharges support a full-time Program Director and a half-time Program Assistant. The remaining funds go to services for individuals with TBI and their families, research and education. The Trust Fund Board of Directors is integral in broader policy and systems development as it relates to brain injury.

The TBI Trust Fund provides a mechanism of support that allows the TBI Program to be sustained and to be the lead on TBI issues as they relate to the state of Colorado. As the State Lead on Brain Injury, the TBI Program is eligible for grants through the Federal Health and Human Services, Health Resource Services Administration (HRSA). The program has been fortunate enough to have had 8 years of support from this funding source. Additionally, the TBI Program is eligible to apply for a 4 year grant that will assist with implementing some of the recommendations that will be made through this report.

The TBI Program has taken the initiative to partner with other Divisions within CDHS as well as departments outside of CDHS. Specifically, the TBI Program is collaborating with the Division of Youth Corrections to implement a pilot training, screening and identification protocol. If this protocol is proven to be effective, it could serve as a model for other Divisions and Departments. Additionally, with the next HRSA grant, the TBI Program will collaborate with the Division of Behavioral Health and Substance Abuse (DBH) to provide training to mental health clinicians and address policy issues as it relates to individuals with TBI accessing appropriate support.

The TBI Program is also collaborating with the Division of Behavioral Health (DBH) through a Substance Abuse and Mental Health Services Administration (SAMHSA) grant. The purpose of this grant is to build the capacity of the legal system by training law enforcement personnel, prosecutors, public defenders, judges, etc., who will be interacting with veterans with trauma and TBI. The State Unit on Aging at CDHS received a Trust Fund Education Grant to implement an evidence based curriculum on fall prevention across the state of Colorado. Finally, the TBI Program has partnered with the Division of Domestic Violence to implement a cross training effort.

Health Care Policy and Financing (HCPF) administers the Brain Injury Medicaid Waiver (BIMW) program. The BIMW falls under the Home and Community Based Support umbrella at HCPF. BIMW is considered a nursing home diversion program and as such the program provides critical services that allow individuals with brain injury to live more independently in their communities. Additionally, HCPF is responsible for managing Medicaid dollars that are contracted to Behavioral Health Organizations to provide mental health support for individuals eligible for Medicaid. HCPF is currently collaborating with the TBI Program and brain injury community to address policy issues and improve access to both the BIMW and mental health services for individuals with TBI.

Colorado Department of Public Health and Environment (CDPHE) is one of four sites in the United States funded by the Centers for Disease Control to provide Traumatic Brain Injury Surveillance and research. As a result, TBI is a condition that all Colorado hospitals are mandated to report to the CDPHE. This allows the TBI program access to critical data to make important public policy decisions.

Additionally, the Health Care Program for Children with Special Needs (HCP), a program under CDPHE, contracts with the TBI Trust Fund Program to provide care coordination services for children with TBI across the state. Finally, the TBI Program will be partnering with CDPHE to expand upon a family leadership development program that has been initiated by CDPHE. This program will provide a foundation of family leaders that will be instrumental in influencing individual, community and state public policy change to improve supports for individuals with TBI.

Colorado Department of Education (CDE) is pivotal in the care of children and youth with TBI. In 1998, a grassroots effort was made to develop a network of school district personnel and pediatric brain injury professionals. This network continues today and is called the Traumatic Brain Injury Networking Team (TNT). TNT is an informal group spearheaded by a small group of professionals working in pediatric TBI. A steering committee was established to address policy issues related to children with brain injury and to coordinate bi-annual meetings of the TNT larger group.

Additionally, a handful of school districts have developed Brain Injury Teams. These teams are multi-disciplinary in composition, comprised of school district personnel. Colorado is one of three research sites partnering with Oregon to develop, implement and evaluate a transition protocol, STEP (school transition re-entry program). The STEP program creates a partnership with Children's Hospital in Denver and the Colorado Department of Education. The purpose of STEP is to provide a seamless transition from hospital back to school for children with TBI. The TBI Program has partnered with various school districts and other entities to conduct a variety of educational initiatives that benefit students with TBI.

Veterans Administration of Colorado (VA) is home to the Rocky Mountain Region Mental Illness Research, Education, and Clinical Centers (MIRECC). The MIRECCs were established by Congress with the goal of researching the causes and treatments of mental disorders and using education to put new knowledge into routine clinical practice in the VA. Colorado MIRECC currently has a TBI Trust Fund Research Grant to explore the validity and reliability of a screening tool so that they may better identify veterans who have a potential TBI. Dr. Lisa Brenner with the VA/MIRECC is considered a leader nationally on the subject of veterans with co-occurring TBI and PTSD. The TBI Program will be collaborating with Dr. Brenner and her staff to develop the capacity of the Community Mental Health Centers so that they can better address the complex needs of individuals with co-occurring mental health issues and TBI. Finally, for the past two years, the VA has conducted a successful conference on veterans, PTSD/TBI and suicide.

Public Law 104 166: In July 1996, Congress enacted Public Law 104 166 to provide for the conducting of expanded studies and the establishment of innovative programs with respect to traumatic brain injury. The following two public entities are responsible for ensuring these objectives are met.

US Department of Health and Human Services, Health Resources Services Administration (HRSA) Under the Law, the Health Resources and Services Administration (HRSA) of the Maternal and Child Health Bureau (MCHB) is charged with implementing a State Grants Program, formerly called the TBI State Demonstration Grant Program, to improve access to health and other services for individuals with TBI and their families.

Centers for Disease Control (CDC)

Public Law 104-166 charges CDC with implementing projects to reduce the incidence of traumatic brain injury. Specifically, the legislation mandates that CDC shall:

- Develop a uniform reporting system for traumatic brain injuries.
- Conduct research into the identification of effective strategies for preventing traumatic brain injury.
- Implement public information and education programs for preventing TBI and for broadening public awareness about the public health consequences of TBI.
- Provide technical assistance, either directly or through grants and contracts, to public or nonprofit entities for planning, developing, and operating projects to reduce the incidence of traumatic brain injury.

Private Infrastructure

The ***Brain Injury (BI) Collaborative*** was developed in 2008. The BI Collaborative comprises key public and private agencies and boards associated with brain injury. Two to three leaders of each represented organization meet bi-monthly to communicate and collaborate on major issues affecting individuals with brain injury and to collectively build legislative and other efforts to improve systems of care. Their purpose is to work together to build a system of care and supports in Colorado for the brain injury community that is consistent, efficient, reliable, accessible, easy to navigate, well-funded and leads to maximum independence and self-determination for individuals with brain injury.

Involved organizations include the Colorado Brain Injury Advisory Board, the Traumatic Brain Injury Trust Fund Board, the Traumatic Brain Injury Program, the Brain Injury Association of Colorado, Denver Options (DO), and the Colorado Department of Human Services (CDHS). Denver Options, a non-profit known for its work with the developmentally disabled population, provides care coordination for the TBI Trust Fund and returning military service members who have been injured by a TBI. Representation also includes perspectives from Craig and Spalding Hospitals, hospitals specializing in the rehabilitation and research of patients with TBI. The Brain Injury Collaborative provides the entity that can focus on systems, legislation and policy change. In preparation for the 2009-2010 legislative session, members of the collaborative are combining resources to hire a lobbyist who will increase Colorado's capacity to monitor and initiate legislative change that will benefit individuals with brain injury.

Brain Injury Association of Colorado (BIAC) was formed by a group of family members and professionals in 1980 and has been in continual existence since. The mission of BIAC is “To improve the quality of life for individuals with brain injuries and their families and support programs to prevent brain injuries”. BIAC provides a critical resource for individuals with brain injury and their families in Colorado. BIAC is a great compliment to the State TBI Program, taking the lead on public policy initiatives as they relate to developing and improving a system of care. BIAC provides information and referral to individuals with brain injury. They have also developed a system of support groups across the state to support individuals with TBI and their families, and a network of professionals (CIRCLE groups) across the state to address needs of individuals with brain injury in their local community. BIAC has a dedicated and active Board of Directors that have been instrumental in shaping the “system of care” for individuals with TBI and their families.

Colorado Advisory Board on Brain Injury has existed since 1998. This private non-profit board was originally established to position Colorado for a HRSA planning grant. In spite of not being awarded the first HRSA planning grant, stakeholders felt that it was critical to establish an advisory board comprised of individuals with brain injury, family members, state agency personnel, clinicians, service providers and researchers in the field of brain injury. The current advisory board includes a diverse group of individuals who share an interest in improving services to individuals with brain injury.

The Colorado Advisory Board on Brain Injury has the following mission and purpose;

Mission: “To guide the development of a sustainable system of care and supports in Colorado for individuals who have brain injury and their families”.

Purpose: “To bring together people who have various perspectives and expertise in brain injury, including research, clinical and support services, policy and personal experience”. The Board’s goals are:

- to improve service coordination and access
- to enhance the quality of available services
- to identify statewide resource needs
- to facilitate the development and implementation of Colorado’s State Action Plan
- to provide recommendations to DHS, Colorado’s lead agency on brain injury
- to collaborate on program development for people with BI).

Traumatic Brain Injury Networking Team (TNT) was formed in 1998 as a grassroots effort to revitalize brain injury resource teams in school districts (an effort that was initiated in 1991) and to develop a network of school district personnel and pediatric brain injury professionals. This network continues today. A steering committee of the TNT comprised of a small group of professionals working in pediatric brain injury was established to deal with policy issues related to children with brain injury and to coordinate bi-annual meetings of the TNT larger group.

Craig Hospital is recognized as one of the top rehabilitation centers in the world. Craig is exclusively dedicated to the specialty rehabilitation and research for patients with spinal cord

injury and traumatic brain injury. Craig's spinal cord injury rehabilitation and traumatic brain injury rehabilitation programs are designated by the U.S. National Institute on Disability and Rehabilitation Research (NIDRR) as Model Systems Centers. Craig Hospital is funded by NIDRR to be the [National Data and Statistical Center](#) (NDSC) for the Traumatic Brain Injury Model Systems 2006-2011.

Defense and Veterans Brain Injury Centers (DVBIC) was established in 1992 in response to the Gulf War. Fort Carson in Colorado Springs is one of the national regional centers of DVBIC. The mission of DVBIC is to serve active duty military, their beneficiaries, and veterans with TBI through state-of-the-art clinical care, innovative clinical research initiatives and educational programs. In 2008, DVBIC's mission expanded to include the following Department of Defense programs: TBI surveillance, TBI registry, pre-deployment neuro-cognitive testing, family caregiver curriculum, 15 year longitudinal study of TBI, and independent study of automated neuro-cognitive tests. DVBIC is a unique partnership between the Department of Defense and the Veterans Administration. Fort Carson in Colorado Springs is home to a six state region of DVBIC: New Mexico, Colorado, Utah, Wyoming, Idaho and Montana. The Fort Carson DVBIC offers education and outreach, regional care coordination and research programs.

IV. Executive Order

2000 Executive Order – Original Mission and Scope

Under Executive Order #D 003 00, CDHS was charged with the following:

1. Coordinating the activities of the state agencies currently involved in services or other functions related to brain injury
2. Providing support for the existing statewide Colorado Advisory Board on Brain Injury
3. Gathering and analyzing data regarding needs and resources available to persons with brain injuries and their families
4. Developing a complete inventory of all current services and data
5. Facilitating requests for future funding to support the needs of this population

While this was an important step and has been a critical start toward the development of a system of care for individuals with TBI and their families, supporters recognized that the original Executive Order stopped short of providing a framework for state government and private entities to collaborate and truly address the needs of this population in Colorado. Consequently community partners and the Colorado Department of Human Services drafted a new Executive Order in 2008 with the purpose of meeting the needs of the growing numbers of persons with traumatic brain injuries (TBI) and their families, through the creation of a multi-department effort to increase awareness and coordination of services, to promote prevention, to build capacity and collaboration across state agencies, and to strengthen partnerships with the private sector and local governments for improved service delivery statewide.

2008 Executive Order – New Mission and Scope

As previously stated, stakeholders and State agencies determined that Colorado needed further improvement in services to persons with traumatic brain injury. On December 8, 2008

Governor Ritter signed an executive Order which required the Executive Directors of the following departments to designate a member of their professional staff to represent their agency in the development of a coordinated plan and response to address the needs of Coloradans who have experienced a traumatic brain injury:

- Department of Corrections
- Department of Education
- Department of Health Care Policy and Financing (HCPF)
- Department of Higher Education
- Department of Human Services (CDHS)
- Department of Labor and Employment
- Department of Military and Veteran's Affairs
- Department of Personnel and Administration
- Department of Public Health and Environment (CDPHE)
- Department of Public Safety
- Department of Regulatory Agencies, and
- Department of Transportation

The Executive Order set additional parameters including:

- Designating the Department of Human Services as the lead agency
- Inviting the Commissioner of Education to designate a lead staff person from the Department of Education to assist in this coordinated effort, and
- Inviting other Departments to participate as needed, or at the direction of their Executive Director. Agencies to consider:
 - CDHS Division of Mental Health & Substance Abuse
 - CDHS Division of Youth Corrections
 - Special Education and Early Childhood Education
 - CDPHE Maternal & Child Health
 - HCPF/MEDICAID EPSDT (Early Periodic Screening Diagnosis & Treatment)

Finally, the Executive Order established goals for the identified departments, asking them to work together to develop a plan for addressing specific needs and issues that affect persons with traumatic brain injury. The initial deadline for the report was October 1, 2009, however, the State Department of Human Services requested, and was granted, an extension to December 1, 2009.

The report mandated the State agencies to address the following areas:

1. Identifying and coordinating the activities of the state agencies currently involved in services or other functions related to services for people with traumatic brain injuries and their families.
2. Acting as a model for the rest of the state in promoting horizontal collaborative systems that eliminate "silos" of funding and service provision among departments and divisions.
3. Developing an easily-used mechanism by which other state agencies can communicate, coordinate and take action to benefit those with traumatic brain injuries.

4. Providing accessible educational opportunities statewide, especially in rural areas of the state, to inform the general public as well as practitioners and service providers about the problem, prevention, availability of services, and other topics relevant to persons who have TBI and their families.
5. Developing public/private partnerships to better serve the needs of people with traumatic brain injuries and their families.
6. Building a method to accurately collect data on the incidence of TBI in Colorado.
7. Identifying unmet needs for those with TBI and their families and making recommendations for how best to meet those needs.

The report also asked the State agencies to address issues involving public and private coordination by facilitating active involvement of, and partnership with, the other public and private organizations and individuals who have interest and expertise in traumatic brain injury, including but not limited to:

- Persons with traumatic brain injury and their families;
- The regional offices of the United States Department of Veterans Affairs;
- Military bases in the State and those who provide services for persons with TBI and their families at those bases;
- The Brain Injury Association of Colorado and other related advocacy or nonprofit organizations that serve people with traumatic brain injuries;
- Public and private health and human services providers;
- Higher education institutions;
- The business community;
- The insurance industry;
- Regional and local government entities; and
- School districts.

2008 Executive Order -- Work Group

The State agencies appointed capable representatives to participate on an Executive Order Work Group. The following list describes the Work Group membership:

Department	Representative Last Name	Representative First Name	Title
Military & Veterans Affairs	East	Kathy	Director of Psychological Health
Transportation	Nugent	Mike	Transportation Safety Manager
Personnel & Administration	Benallo	Laurie	Manager
Health Care Policy & Financing	Wallace	Lindy	Project Oversight Manager/Office Director
Labor & Employment	Mange	Mike	Help Desk Manager
Public Health & Environment	Low	Charla	Fiscal Officer/ Operations Director
Regulatory Agencies	Knox	Carlota	Program Director
Higher Education	Morris	Inta	Assistant Director
Public Safety	Sasak	Kathy	Deputy Executive Director

Corrections	Stephens	David	Chief of Behavioral Health
Human Services	Smith	Nancy	DVR Director
Department of Education	Patrick	Kathy	Principal Consultant for School Health Services
Traumatic Brain Injury Program	Dettmer	Judy	Director
Traumatic Brain Injury Program	Rodriguez	Regina	Program Assistant
Traumatic Brain Injury Program	Young	Danelle	Consultant & Work Group Facilitator

2008 Executive Order – Work Group Process

The Colorado Department of Human Services (CDHS) created an infrastructure to manage and guide the Work Group process and to assure that it met its charge. Judy Dettmer, Director of the Traumatic Brain Injury Program with the Division of Vocational Rehabilitation, CDHS was appointed as the lead staff person and a consultant, Danelle Young: *DEY Consulting services*, was hired to facilitate the Work Group process and help develop their report.

Several organizational work sessions were held with the Executive Order Work Group to develop a work plan. Short-term subcommittees convened with subject-matter experts to analyze and make recommendations to address the 7 mandated Executive Order report requirements. Guidelines for committee roles and responsibilities were developed to guide both the subcommittees and the Work Group in achieving their assignments. Copies of the work plan and these guidelines have been included in Appendix C.

Work Group members completed an inventory of their agency’s activities and resources related to TBI, and incorporated key findings into the report recommendations. In order to conserve printed paper, copies of these inventories are available upon request. Stakeholder input was solicited through several public meetings and the Brain Injury Collaborative agreed to serve as the Executive Order Work Group’s Public/Private Partnership Subcommittee.

Initially, the work group organized their work and findings according to the Executive Order mandates. However, it soon became apparent that many of the findings and recommendations were inter-related and addressed more than one report mandate. The group then decided that framing their findings according to goals that expressed desired outcomes would be more effective.

Finally, the group developed a process for analyzing and prioritizing recommendations using a “Strategic Demand Metrics Model”. The following 3 criteria were used to determine the viability of each recommendation:

- Feasibility (how easy, difficult or expensive will it be to implement the recommendation)
- Strategic Fit (is there a direct “line-of-sight” from the recommendations to the 7 mandated report requirements?)

- Benefit/Risk (what is the cost/benefit of implementing the recommendation and/or the cost/risk of not implementing it?).

Recommendations had to meet each of these criteria to be included in this report. The Work Group then further refined its prioritization process by ranking the recommendations according to their feasibility. In each goal area, recommendations that were determined to be easy to implement, or not very expensive were listed prior to the more difficult or expensive actions.

V. Findings and Recommendations

Overarching Issues and Principles

The Executive Order Work Group, with input from critical stakeholders, identified the following overarching issues and principles:

1. TBI has historically been viewed as a “medical” concern. However, it is important to understand that TBI is both a medical and psycho-social concern. Accordingly, these recommendations will be made within this framework, moving from a medical/treatment model to a full continuum that includes psycho-social services and supports.
2. Although this Executive Order specifies traumatic brain injury, it is also important to recognize that the proposed recommendations will benefit all individuals with brain injury, regardless of the cause (e.g. both external and physiological causes such as brain tumor, anoxia, aneurysm and stroke).
3. For the most part, TBI is largely preventable. It is critical to have a foundation of public awareness of the impact and effects of TBI in an effort to prevent future brain injuries from occurring.
4. As with all major public health concerns, health disparities exist within the treatment, care and support of individuals with TBI. Therefore, these recommendations are framed with cultural and ethnic considerations.
5. The state of Colorado is geographically diverse. All recommendations take into consideration the effects geography will have on the implementation and effectiveness of the recommendations.
6. The collaboration between the Brain Injury Association of Colorado (BIAC) and the Colorado Department of Human Services (CDHS) TBI Program is a model for private/public partnerships. Both entities have worked together effectively to address identified service and policy gaps for individuals with brain injury. This is an overarching rationale for a recommendation made later in this report to provide additional funding to BIAC and funding authority to the TBI Program so they can be adequately staffed to implement many of the recommendations put forth in this report.
7. TBI should be regarded as a lifetime disability, requiring a long term "disability management" model, similar to other chronic diseases and disabilities. Because the most common long term psycho-social deficits of traumatic brain injury are emotional and social isolation, many individuals with TBI may be stabilized medically but require on-going assistance with housing, activities of daily living, marital and family relationships, employment, school, or volunteer work, and social integration and maintenance.

Services to assist persons with TBI in these areas include life skills coaching, counseling, care coordination, job coaching, transportation, and periodic crisis management.

8. There is a tragic cost for not providing the supports described above. Individuals are more likely to experience eventual family dissolution, employment failure, social disenfranchisement, homelessness, violence or threats of violence, and associated legal involvement. Such failures can result in significant lifetime costs to the individuals, families, and taxpayers. Ongoing management is simply the most cost-effective strategy to prevent more costly long term complications and costs.
9. Finally, from both a policy and services delivery perspective, there is a developmental need for gradually shifting from a “Traumatic Brain Injury” perspective to a broader “Brain Injury” and, in some circumstances, to an even broader purview such as “Catastrophic Injury.” While the Executive Order specified “Traumatic Brain Injury”, for strategic purposes, some of the following recommendations incorporate this shift.

It is with these overarching issues and principles in mind that the Executive Order Work Group developed the subsequent recommendations contained in this report.

Goals and Recommendations

While it is recognized that with the present economy now may not be the best time to recommend strategies and actions that require significant funding increases, there are critical issues regarding the TBI continuum of care that need to be addressed. There are service delivery problems throughout this continuum including services that are missing, underused or under-resourced, or not easily accessible. Additionally, there are policies that delay or restrict services delivery and confuse consumers and their families.

Some of the following recommendations require no additional funds, some require redirection of existing funds or resources, and still others require new or expanded funding. The Executive Order Work Group and stakeholders recommend that further research be completed to determine viable strategies for addressing these funding needs. The Executive Order Work Group and the stakeholders also felt strongly that, in addition to state policy, medical insurance policies, practices, definitions of parity and coverage should also be factored into any and all funding option research.

A. Continue with the efforts initiated by the Executive Order Work Group on Traumatic Brain Injury

- A1. Create a statewide taskforce involving state agencies that will coordinate closely with the Brain Injury Collaborative and other brain injury stakeholders to oversee the implementation of the recommendations contained in this report.
- A2. Provide additional funding to the Brain Injury Association of Colorado and allow the TBI Program to use existing funding to hire additional FTE so they both can be adequately staffed to address many of the recommendations made in this report.
- A3. Develop a state Ombudsman Program for TBI.

B. Improve data collection, analysis and utilization of data related to incidence and prevalence of brain injury.

- B1. Develop and implement a mechanism for collecting incidence and prevalence data across All public and private systems.
- B2. Develop recommendations for collecting data related to health disparities and TBI.
- B3. Evaluate and enhance the current Traumatic Brain Injury Surveillance System at the Colorado Department of Public Health and Environment.
- B4. Develop a Brain Injury Registry.

C. Target, implement, and expand community screening and assessment of brain injury.

- C1. Enhance existing school district nurses' health screening forms to include specific questions related to potential TBI.
- C2. Explore the feasibility of mandating general practitioners and emergency department personnel to conduct screening for brain injury.
- C3. Work collaboratively with scientific and clinical experts to develop strategies to protect student athletes from brain injury.

D. Reduce duplication and streamline administration processes to improve service delivery outcomes for individuals with brain injury.

- D1. Establish a "Medical Services Passport" that will facilitate coordination and communication among the individuals' providers.
- D2. Develop a "follow-along" and "care coordination" model that tracks individuals from point of injury and across systems facilitating the individual's ability to access care.

E. Improve consumer access to accurate and current information.

- E1. Develop and implement a network of website based information/resources clearing house for TBI.
- E2. Produce an annual "State of TBI" report.
- E3. Develop a comprehensive prevention and public education campaign on brain injury.

F. Develop a consumer-centered/consumer empowerment approach to services delivery.

- F1. Increase individuals and their family members knowledge about how to affect and develop policy to address the needs of individuals with TBI.
- F2. Enhance public and private sector collaboration with individual and family leaders.
- F3. Increase access to Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) for individuals with brain injury who are eligible for these benefits.

G. Expand treatment, rehabilitation and supportive service options for individuals with brain injury and their families.

- G1. Increase access to community behavioral health Medicaid services
- G2. Improve access to and funding for inpatient rehabilitation, outpatient rehabilitation and community home-based care and supportive services.
- G3. Increase access to and funding for residential support programs.

- G4. Increase access to and funding for vocational rehabilitation services.
- G5. Increase access to and funding for Durable Medical Equipment.

H. Enhance service delivery quality to improve life outcomes for individuals with brain injury.

- H1. Expand fall prevention training efforts through the Colorado Department of Human Services, Statewide Unit on Aging (SUA), Area Agencies on Aging (AAA).
- H2. Provide comprehensive training to appropriate entities regarding the unique needs of military personnel and veterans with TBI and possible PTSD.
- H3. Provide on-going community education to a variety of audiences including individuals with brain injury, family members, clinicians, researchers and other individuals concerned with brain injury.
- H4. Establish a requirement for all state employees who provide services to individuals with brain injury, including colleges and universities, to have an introductory training on brain injury.
- H5. Increase training and education for Behavioral Health Organizations (BHO) and Community Mental Health Centers (CMHC).
- H6. Increase pre-service training for graduate students that will be working in service fields that relate to TBI.
- H7. Establish a 1.0 FTE for the Colorado Department of Education for a Brain Injury Education Coordinator.

I. Maximize use of existing state and private resources.

- I1. Evaluate SB08-153's impact on both service providers and individuals with brain injury and address problems that specifically relate to the Brain Injury Medicaid Waiver.
- I2. Increase surcharge collection for the TBI Trust Fund Program by counties and municipalities to 100%.
- I3. Increase access to and effectiveness of the existing Brain Injury Medicaid Waiver (BIMW) program.
- I4. Develop and implement a minimum catastrophic injury insurance benefit to reduce the cost-shifting of private insurance to public safety-net programs.

VI. Conclusion

It is important to recognize that Colorado has a strong foundation and existing infrastructure as it relates to brain injury. This foundation should be the basis for future implementation of the recommendations made in this report. Therefore, it is critical that the first approach to addressing any specific need should be to evaluate the current infrastructure and enhance current systems where they exist.

This report provides a launching point for Colorado to truly develop a comprehensive system of care for individuals with brain injury and their family members. The Executive Order Work Group worked closely with community partners and stakeholders to craft careful recommendations. A government sanctioned, sustained infrastructure coupled with private partnerships will help ensure that these

recommendations come to fruition. The first and foremost recommendation in this report is a request to the Governor to create a statewide taskforce with membership from key state agencies, the Brain Injury Collaborative and other brain injury stakeholders to implement the recommendations contained in this report. The Executive Order Work Group felt so strongly about this recommendation that they developed an outline of a suggested implementation plan. This outline can be found in Appendix B and includes suggested actions and strategies that will help the new task force literally “hit the ground running” with their implementation charge.

On behalf of the Traumatic Brain Injury Program at CDHS, the Executive Order Work Group and the brain injury community, we thank you for the opportunity to address this critical concern.

I. Appendices

- A. Executive Order B 011 08
- B. Work Group Work Plan and Work Group Process Guidelines
- C. Suggested Recommendation Implementation Plan
- D. Diagram of Resources

APPENDIX A

**EXECUTIVE ORDER ON TRAUMATIC BRAIN INJURY
B 011 08**

APPENDIX B

- 1. Inventory Questions for Departments**
- 2. TBI Sub-Committee Guidelines**
- 3. TBI Public-Private Partnership Sub-Committee Guidelines**
- 4. TBI Discussion Items Stakeholder Input**
- 5. Strategic Planning Demand Metrics Model**

APPENDIX B 1

Executive Order on Traumatic Brain Injury

Department Inventory Questions

5/1/09

Recommendation:

A. Identify and coordinate the activities of the state agencies currently involved in services or other functions related to services for people with traumatic brain injuries (TBI) and their families.

Inventory Question:

1. How does your department currently serve (whether directly or indirectly) individuals with TBI and/or their families?

Recommendations:

B. Develop an easily-used mechanism by which other state agencies can communicate, coordinate and take action to benefit those with TBI.

C. Act as a model for the rest of the state in promoting horizontal collaborative systems that eliminate "silos" of funding and service provision among departments and divisions.

Inventory Questions:

1. Has your department developed and implemented a mechanism to communicate with other divisions and/or departments?
2. Do you have the ability to share applications, intake information or records across systems?
3. Are there examples in which your department has successfully collaborated across departments and/or divisions?
4. Has your department shared funding across divisions or other departments?
5. Has your department shared the responsibility of service provision across divisions or with other departments?

Recommendation:

D. Provide accessible educational opportunities statewide, especially in rural areas of the state, to inform the general public as well as practitioners and service providers about the problem, prevention, the availability of services, and other topics relevant to persons who have TBI and their families.

Inventory Questions:

1. Is providing educational opportunities part of the scope of your department?
2. What specific education on topics relevant to persons with TBI does your department provide?
3. Is this provided on a statewide level?
4. If you do not provide education specific to TBI, do you provide statewide educational programs on other topics?
5. What methods do you use to provide education specific to rural areas of the state?

Recommendation:

E. Develop public/private partnerships to better serve the needs of people with TBI and their families.

Inventory Questions:

1. Has your department developed both public and private partnerships, specifically to meet needs of individuals with TBI?
2. Are there examples within your department in which public and private partnerships have been developed to meet the needs of a different population?
3. What examples can you provide of this type of partnership?

Recommendation:

F. Build a method to accurately collect data on the incidence of TBI in Colorado.

Inventory Questions:

1. Does your department or divisions within your department, collect data on individuals with TBI?
2. Are your department and/or specific divisions collecting data on individuals with TBI being served?
3. Does your department or divisions conduct screening to determine if an individual being served has potentially experienced a TBI?
4. Does your department collect data on any other specific population of people being served?
5. Does your department conduct screening for any other disability or issues related to people being served?
6. If your department collects data on individuals with TBI, do you have a mechanism to share or report these data? If so, to whom do you report the data?

General Comments, Thoughts or Questions:

APPENDIX B 2

TBI Executive Order Work Group

Structure & Guidelines for Sub-Committee Work *(Revised 7/12/09)*

Goal of Sub-committee(s):

To provide the Executive Order Work Group with an analysis and recommendations on the following subject(s): Data, Education and Eliminating Silos. This information will be used to develop a report to the Governor that outlines the needs, issues, gaps that people with TBI and their families face and recommendations for how the state can address these issues.

Suggested Sub-committee Process:

1. Designate a lead member who can assume responsibilities for running the meeting and tracking and reporting on their progress.
2. Set up meeting schedule in advance as much as possible to facilitate active member involvement.
3. Review and modify Subcommittee structure & guidelines as needed to support your subcommittee's effectiveness.
4. Establish a timeline for what needs to be done by when to address Questions 1-7 as well as any other finding or recommendation that the Sub-committee feels should be forwarded to the Executive Order Work Group.
5. Alert the Exec. Order Committee, staff and Consultant as soon as possible if your subcommittee can't fulfill its assignments or needs additional resources/help.

6. Involve other stakeholders, interested persons or subject-matter-experts (SME's) as needed to get the job done!

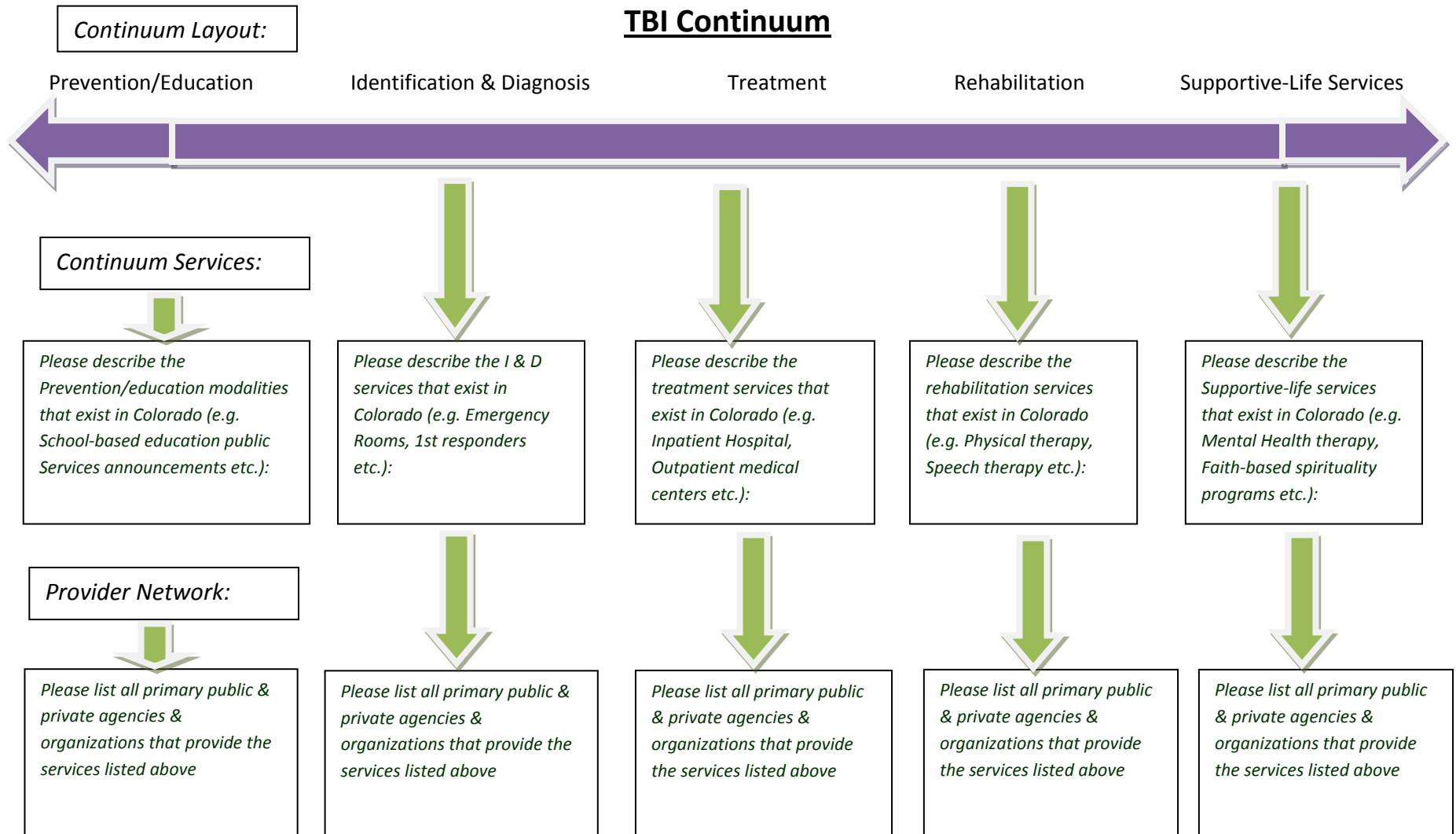
Questions that sub-committees need to answer:

1. What elements of the 5-year State Plan are relevant to your assignment? What information did you use, reject and or modify? *Note: Staff have provided you with a breakdown of suggested sections that might apply to your assigned area.*
2. What elements of the Needs Assessment are relevant to your assigned area? What opportunities are there for new or expanded services, activities or efforts? Are there critical gaps in services that need to be addressed? Are there barriers (policies, funding structures, rules, regulations, perceptions etc.) that impede progress or success in your assigned area? *Note: Staff are in the process of conducting an inventory of state department services and initiatives that might also assist you in addressing this question/area.*
3. Are there examples of Best or Promising practices that are relevant to your assigned area in Colorado? Are you aware of Best/Promising practices being implemented by other states that could be adopted in Colorado? Are there more or new Best/Promising practice opportunities that you recommend the Exec. Order Work Group explore?
4. What are your sub-committee recommendations? Can you prioritize your recommendations according to the following categories:
 - (Easy to do, doesn't cost a lot of money ("Low Hanging Fruit"))
 - Moderately difficult or expensive but could be done by re-investing existing resources or has potential identified or new funding sources (essentially "cost-neutral")
 - More difficult and/or long-term and will require more research on finding options
5. What resources will be required to implement the suggested recommendations?
 - A. People Resources
 - B. Non-People Resources
 - C. Funding

D. Policies and/or Processes

E. Leadership/Ownership

6. The TBI population in Colorado is very diverse and includes individual with TBI and their family members, general public, state departments/employees and private industry. Please describe any populations that you feel currently are or have the potential to be targeted in Colorado (e.g. age, TBI diagnosis, ethnicity or gender etc.).
7. The Executive Order Work Group is in the process of developing a continuum of services to frame their report to the Governor. Can you please frame your Subcommittee's findings and recommendation according to where they fall in the following services continuum:



APPENDIX B 3

TBI Executive Order Work Group

Structure & Guidelines for Public/Private Partnership Sub-Committee Work

Goal of Sub-committee(s):

To provide the Executive Order Work Group with an analysis and recommendations on the following subject(s): Public/Private Partnerships. This information will be used to develop a report to the Governor that outlines the needs, issues, gaps that people with TBI and their families face and recommendations for how the state can address these issues.

Suggested Sub-committee Process:

7. Designate a lead member who can assume responsibilities for running the meeting and tracking and reporting on their progress.
8. Set up meeting schedule in advance as much as possible to facilitate active member involvement.
9. Review and modify Subcommittee structure & guidelines as needed to support your subcommittee's effectiveness.
10. Establish a timeline for what needs to be done by when to address Questions 1-7 as well as any other finding or recommendation that the Sub-committee feels should be forwarded to the Executive Order Advisory Committee.
11. Alert the Exec. Order Committee, staff and Consultant as soon as possible if your subcommittee can't fulfill its assignments or needs additional resources/help.

12. Involve other stakeholders, interested persons or subject-matter-experts (SME's) as needed to get the job done!

Subcommittee charge from the Executive Order:

Recommendation #5:

Make recommendation for developing public/private partnerships to better serve the needs of people with traumatic brain injuries and their families.

Part C. Public and Private Coordination

The Colorado Department of Human Services, in cooperation with the designated Departments, also shall facilitate the active involvement of and partnership with the other public and private organizations and individuals who have interest and expertise in traumatic brain injury, including but not limited to:

- Persons with traumatic brain injury and their families;
- The regional offices of the United States Department of Veterans Affairs;
- Military bases in the State and those who provide services for persons with TBI and their families at those bases;
- The Brain Injury Association of Colorado and other related advocacy or nonprofit organizations that serve people with traumatic brain injuries;
- Public and private health and human services providers;
- Higher education institutions;
- The business community;
- The insurance industry;
- Regional and local government entities; and
- School districts.

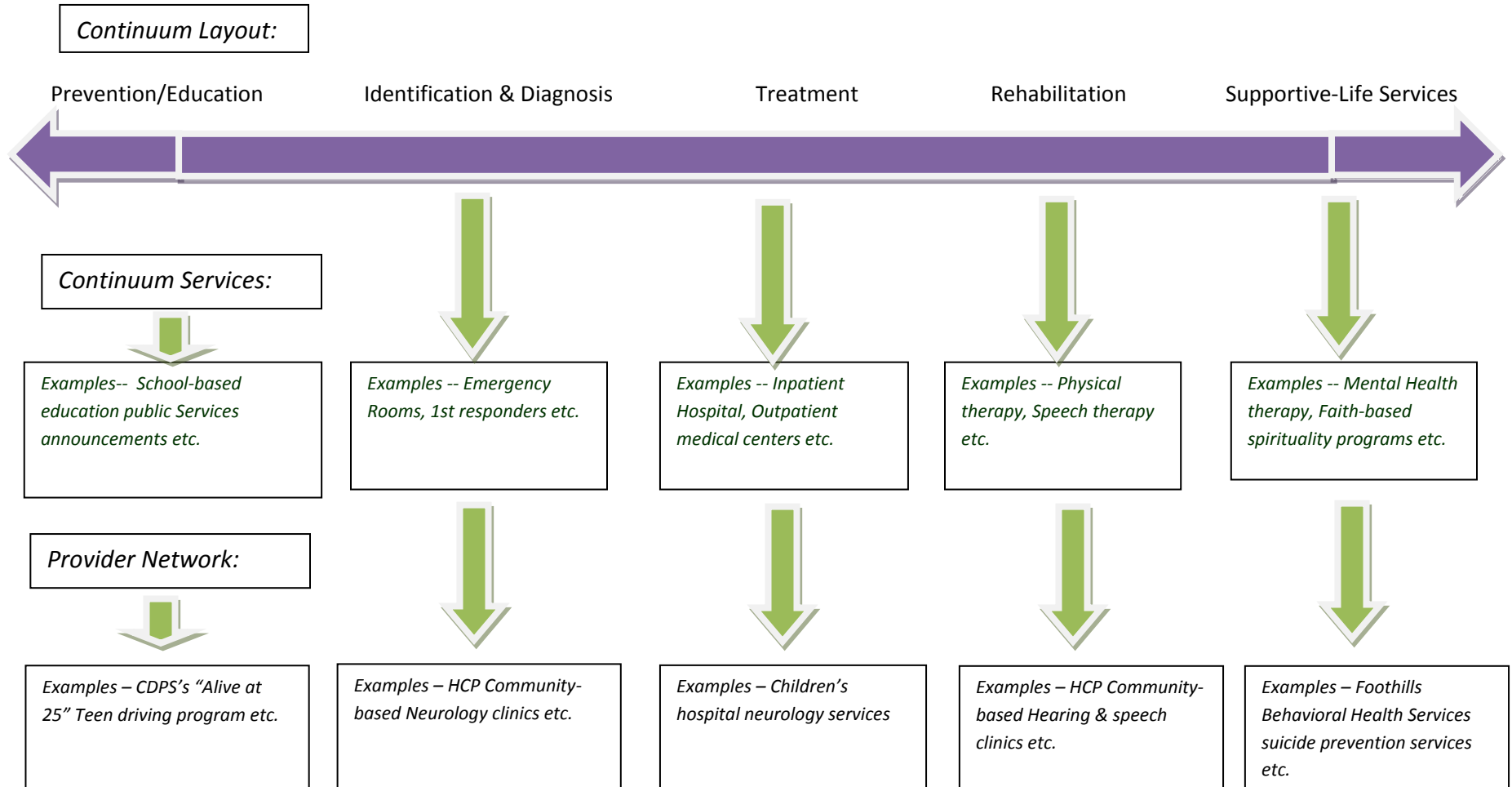
Note: The Sub-committee can also identify and make recommendations regarding other Public/Private partnerships that they feel are viable.

Questions that sub-committees need to answer:

8. What elements of the State Plan are relevant to your assignment? What information did you use, reject and or modify? *Note: Staff have provided you with a breakdown of suggested sections that might apply to your assigned area.*
9. What existing Public/Private partnerships do you feel are successful in Colorado? What opportunities are there for new or expanded public/Private partnerships? Are there critical gaps in services that Public/Private partnership could address? Are there barriers that impede the development of effective Public/Private partnerships? *Note: Staff have analyzed the results of a recently done Needs Assessment and have provided you with a summary of findings and recommendations. Staff are also in the process of conducting an inventory of state department services and initiatives that might assist you in addressing this question/area.*
10. What Public/Private partnership are actual Best or Promising practices in Colorado? Are there more or new Best/Promising practice opportunities that you recommend the Exec. Order Work Group explore? Are you aware of Best/Promising practices being implemented by other states that could be adopted in Colorado?
11. What are your sub-committee recommendations? Can you prioritize your recommendations according to the following categories:
 - (Easy to do, doesn't cost a lot of money ("Low Hanging Fruit"))
 - Moderately difficult or expensive but could be done by re-investing existing resources or has potential identified or new funding sources (essentially "cost-neutral")
 - More difficult and/or long-term and will require more research on finding options
12. What resources will be required to implement the suggested recommendations?
 - A. People Resources
 - B. Non-People Resources
 - C. Funding
 - D. Policies and/or Processes
 - E. Leadership/Ownership
13. The TBI population in Colorado is very diverse and includes individual with TBI and their family members, general public, state departments/employees and private industry. Please describe any "Target" populations that you feel Public/Private partnership either currently or have the potential to address in Colorado (e.g. specific to age, TBI diagnosis, ethnicity or gender etc.).

14. The Executive Order Advisory Committee is in the process of developing a continuum of services to frame their report to the Governor. Can you please frame your Subcommittee’s findings and recommendation according to where they fall in the following services continuum:

TBI Continuum



APPENDIX B 4

TBI Executive Order Work Group

Discussion Questions for Meeting with Brain Injury Collaborative and Interested Stakeholders

Meeting 8-4-09

I. Overview:

The Executive Order Work Group has been charged with making recommendations in the following areas:

1. State agency coordination, collaboration and elimination of "silos" in services funding, policy and provision,
2. State agency communication,
3. Educational opportunities for the general public, practitioners and service providers about TBI issues, prevention & services, specifically in rural areas
4. Public/private partnership development,
5. Collection and sharing of TBI incidence and prevalence data, and
6. Gaps & unmet needs for those with TBI and their families.

II. Background:

The Work Group has been meeting monthly. They are aware of the recent Needs and Resource Assessment and State Action Plan and are carefully incorporating this work into their recommendations to the Governor.

III. Discussion items:

1. The TBI Executive Order Work Group would like input and recommendations from stakeholders as well as the BI Collaborative in these areas, and suggests focusing the meeting discussions using a 3-up/3-down/3-all around framework (3 things working well, 3 problems or barriers, and 3 recommendations). Accordingly, what 3-up, 3-down and/or 3-all around recommendations would you like to share w/ the TBI Executive Order Work Group in the following areas:
 - State agency coordination, collaboration and elimination of "silos"
 - State agency communication
 - Educational opportunities
 - Public/private partnership development
 - TBI incidence and prevalence data
 - Gaps & unmet needs
2. What "silos" have you identified within state agencies that are barriers to services for individuals with TBI?

3. What are some specific barriers that you are aware of that individuals with TBI have experienced when accessing the state agency system?
4. What are some of the current Educational initiatives and what has proven to be successful?
5. Are there examples of successful Public/Private partnerships specific to TBI? What opportunities for Public/Private partnerships exist that need to be explored further?
6. What geographic issues need to be addressed in Colorado to improve service delivery to TBI individual and their families (e.g. non-contiguous service delivery areas, local county government independence, tribal issues etc.)?
7. What recommendations do you have regarding long-term TBI system improvement planning and implementation?
8. Other discussion items or questions?

APPENDIX B 5

Demand Metrics Model

Prioritize your Strategic Initiatives

Strategic planning is a great way to identify which initiatives can add the most value to your organization. The next step is to prioritize initiatives with a systematic method. Use our downloadable **Priority Index Tool** to guide you through the prioritization process, and help you drill down on the value added for each proposed initiative.

What are the Most Important considerations?

Feasibility

- **Customer Value Proposition (CV)** - what value does this deliver?
- **Economic Upside Potential (UP)** – what impact could this have on revenue?
- **Industry Attractiveness (IA)** – How well is this competitively positioned?

Strategic Fit

- **Fit with Company Goals & Objectives (CG)** – is this aligned to our goals?
- **Ease of Implementation (EI)** – how difficult would this be to do?
- **Skills & Resources (SR)** – do we have the required resources in-house?

Risk

- **Over Forecasted Budget (OB)** – how likely is this initiative to go over-budget?
- **Over Forecasted Timeline (OT)** – how likely is this initiative to go over-time?
- **Technical Risk & Complexity (TR)** – how complicated is this initiative?

Action Plan:

1. **Consult your Strategic Plan** – review your strategic plan and add each proposed marketing initiative into your priorities
2. **Evaluate each Initiative** – develop a mechanism for scoring each initiative based on its feasibility, strategic fit, and risk.
3. **Sort your Priority Index** – once you have completed the scoring process, sort your initiatives by total overall score (highest to lowest).

4. **Delegate & Execute** – now that you have prioritized your initiatives, start with your most important & urgent projects. To optimize your efficiency, hand off less strategic initiatives to your team for completion.
5. **Review** – develop mechanism for review and updating of your strategic plan regularly, and revisit this prioritization process to ensure you can adapt to changes in your business environment.

Bottom-line:

A strategic plan without rigorous prioritization will not be effective. Develop a strong and systematic prioritization process to ensure you are delivering maximum value, given your time & resources.

Strategic Plan Strategies Should Include:

Benchmarking your Core Competencies

Generating Business Strategy Plans

Map Strategy with Balanced Scorecard

Measure your Marketing/Business Alignment

Marketing Governance Best Practices

Performing a Solid GAP Analysis

Prioritize your Strategic Initiatives

Risk Assessment & Analysis Techniques

Selling Ideas with Business Cases

Show Responsibility with a Sustainability Report

Steering Committees Increase Program Success

Strategic Plan Management Should Include:

Advanced Project Management Techniques

Conducting Insightful Interviews

Develop Leaders with Succession Planning

Develop your Team's Strategic Skill-Set

Developing Stronger Leaders

Enabling Enterprise Change Management

Evaluating Candidate Interviews

Examine Buy In with Stakeholder Analysis

Implementing a Results Only Work Environment

Joining Insightful Marketing Blogs

Manage Results with Activity Reporting

Opening a New Office Location

Preparing an Accurate Marketing Budget

Prioritize your Strategic Initiatives

Reduce Employee Turnover Costs

APPENDIX C

SUGGESTED RECOMMENDATION IMPLEMENTATION PLAN

APENDIX C

SUGGESTED RECOMMENDATION IMPLEMENTATION PLAN

A. Continue with the efforts initiated by the Executive Order Work Group on Traumatic Brain Injury

1. Create a statewide taskforce involving state agencies that would coordinate closely with the Brain Injury Collaborative and other brain injury stakeholders:
 - Hold regularly scheduled meetings to craft legislative strategy, draft policy, address state rules as necessary in partnership with the Brain Injury Collaborative
 - Develop a protocol for the group to evaluate TBI policy and practice impact for all state agencies to use prior to enacting any significant funding decisions, policies, rules and regulations
2. Support the Brain Injury Association of Colorado with funds and the TBI Program with additional FTE so they can be adequately staffed to address the pressing needs and implement many of the recommendations put forth in this report:
 - Lobby for general funds dedicated to BIAC for this purpose
 - Lobby for increased FTE to the TBI Program
3. Develop a state Ombudsman Program for TBI:
 - Area Agencies on Aging could serve as a model
 - This action should be coordinated with CDHS's response to the requirement in the next HRSA grant being submitted in December 2009 by the TBI Program.

B. Improve Data Collection, analysis and utilization of data related to incidence and prevalence of brain injury

1. Develop and implement a mechanism for collecting incidence and prevalence data across public and private systems:
 - Identify which state agencies are currently collecting data and what type of data
 - Determine if agencies have the ability to, and are, sharing data across systems
 - Gain understanding of how privacy laws such as the Health Insurance Portability and Accountability Act (HIPAA) and Family Educational Rights and Privacy Act (FERPA) may or may not be barriers to sharing data across systems
 - Develop mechanism to capture data through private sector, e.g. Brain Injury Association of Colorado (BIAC) and Denver Options data on clients served
2. Develop recommendations for collecting data related to health disparities and TBI:
 - Work across departments to reduce data system silos related to minority health disparities
 - Work with the Health Disparities Unit at the Colorado Department of Public Health and Environment to see if TBI incidence and prevalence data can be included in the annual report in the context of ethnic and racial categories
3. Evaluate and enhance the current Traumatic Brain Injury Surveillance System at the Colorado Department of Public Health and Environment:

- Increase funding to the TBI Surveillance System so data may be analyzed and made accessible for the public
- Expand upon the current system to include data from the emergency departments (model after Minnesota and South Carolina)
- Expand the current system to include a “follow-up” component providing a mechanism to ensure individuals are being connected to resources following the identification of TBI (model after Minnesota and South Carolina)
- Recommend expansion of population data captured to include both traumatic and non-traumatic causes of brain injury

4. Develop a Brain Injury Registry:

- Use the Pediatric Acquired Brain Injury (PABI) model being developed on a national level
- First develop a pediatric registry then expand to adult registry
- Develop a mechanism for enrollment, both at time of acute injury and after
- Develop a process for providing personalized/individualized content that can be provided to individuals and their families, helping them better understand TBI
- Develop a mechanism for continuous communication to ensure the individuals’ and families’ needs are being met
- Gain understanding of how privacy laws such as HIPAA and FERPA may or may not be barriers for providing follow-up based on registry data

C. Target, implement, and expand community screening and assessment of brain injury

1. Enhance existing school district nurses’ health screening forms to include specific questions related to potential TBI
2. Explore the feasibility of mandating general practitioners/emergency department personnel to conduct screening for brain injury: (model after mandated domestic violence screening)
 - Research the Domestic Violence screening mandate
 - Develop a legislative initiative to address this recommendation as necessary
3. Work collaboratively with scientific and clinical experts to develop strategies to protect students athletes from brain injury;
 - Develop and implement a process to screen for incidence of brain injury for high school athletes as a part of the required physical examination clearance process
 - Identify best/promising practices related to screening student athletes
 - Include TBI screening questions on the form provided to physicians from the Colorado High School Activities Association (CHSAA)
 - Develop protocol to include both baseline screening and post injury screening
 - Recommend concussion management education related to return to play and academics following concussion using best/promising practices such as Reduce, Educate, Accommodate and Pace (REAP) model being developed by the Cherry Creek School District

4. Develop a statewide screening and assessment protocol based on best and promising practices for state agencies:
 - Target specific “high risk” departments and divisions to implement a screening and assessment protocol;
 - a. Department of Human Services
 - Division of Vocational Rehabilitation
 - Division of Youth Corrections
 - Division of Child Welfare
 - Division of Domestic Violence (Domestic Violence Programs)
 - Division of Behavioral Health (Community Mental Health Centers, Supported Housing and Homeless Program)
 - State Unit on Aging (Area Agencies on Aging)
 - b. Department of Health Care Policy and Financing
 - Home and Community Based Services
 - Medicaid
 - c. Department of Education
 - Special Education (birth to 21)
 - d. Department of Corrections
 - e. Department of Higher Education
 - Counseling
 - Health Centers
 - Disability Services
 - Veteran Services (as appropriate)
 - f. Department of Public Safety
 - Domestic Violence Offender Management Board (Offender Treatment Programs)
 - Identify best and promising screening tools/mechanisms
 - Identify best and promising assessment tools/mechanisms (where appropriate)
 - Recommend implementation of screening and assessment protocol
 - Develop a mechanism for data collection

D. Reduce duplication and streamline administration processes to improve service delivery outcomes

1. Establish a “Medical Services Passport” that will facilitate coordination and communication among the individuals’ providers:
 - Recommend that initially maintaining and updating the passport would be the individual’s or family members’ responsibility
 - Phase in a series of steps to use medical records information to help families and individuals with TBI coordinate their care more effectively
 - Model after CDPHE/HCPF Medical Home concept
 - Coordinate these efforts with other health information exchange strategies such as the initiatives being recommended through the Governor’s Behavioral Health Cabinet or HCPF’s Colorado Transformation Transfer Initiative.

- Gain understanding of how privacy laws such as HIPAA and FERPA may or may not be barriers for implementing a Medical Services Passport
2. Develop a “follow-along” and “care coordination” model that tracks individuals from point of injury and across systems facilitating the individual’s ability to access care:
The recommended long-term goal is to have care coordination and/or system navigation support for all individuals with TBI and their families who need assistance in accessing services. Due to the expense of this model, these recommendations are framed in terms of incremental steps towards building the ideal:

SHORT-TERM

- Hold a one day, one-stop resource event for individuals with TBI and their family members (model after Project Homelessness Connect)
- Develop a mechanism to collect data to track individuals’ service paths across the service continuum
- Develop a “threshold” of eligibility for care coordination services that determines which individuals and/or families need assistance and those who do not.
- Develop a funding source to support this model that is a blended effort between public/private sectors (e.g. insurance fund)
- Model after Defense and Veterans Brain Injury care coordination model
- Integrate and expand National Pediatric Acquired Brain Injury model and use data to coordinate and track care
- Coordinate these efforts with the “Medical Services Passport” activities

LONG-TERM

- Establish Traumatic Brain Injury Navigators that will assist families and individuals with TBI to navigate the complicated web of systems for resources/services
 - Support BIAC and/or other entities to develop a Navigators program to work with both family members and individuals with TBI
 - Link Navigators to individuals with TBI via registry/surveillance data and other identified entry points
 - Navigators would employ technologies and social networking strategies as appropriate
 - Develop a step by step checklist for individuals with TBI and their family members so they are aware of what resources are available and how and when to access specific resources

E. Improve consumer access to accurate and current information.

1. Develop and implement a network of website based information/resources clearing house for TBI:
- Explore funding options to share technical/personnel resources to:
 - support the Brain Injury Association of Colorado (BIAC) to be the lead for web-based private resources, and

- support the TBI Program within the Colorado Department of Human Services to be the lead for web-based state resources using the E-Portal as the infrastructure
- Use the shared resources to cross-link both these web-sites
- Ensure that resources are searchable by key variables that are intuitive to users (e.g. county, city, payment sources etc.)
- Create a web-based capacity for training materials to be accessed by individuals conducting training on TBI (e.g. Power Point presentations, DVDs etc.)
- Identify funding strategies for both the private and public web site
- Ensure each web site is ADA compliant
- Enhance existing CDE listserv for pediatric TBI
- Develop comparable listserv for adults with TBI
- Explore other methods for communication that are current, culturally-based and/or social media venues (e.g. cell phones, Twitter, texting, Face Book etc.).

2. Produce an annual “State of TBI” report:

- Assign the TBI Program at the Department of Human Services as the department lead responsible for coordinating and managing this project annually.
- The report should include but not be limited to the following information:
 - Include incidence/prevalence
 - Infrastructure development
 - New program, services, policy initiatives
 - Updated review of needs and resources assessment
 - Progress toward State Action Plan
 - Critical challenges facing the TBI community

3. Develop a comprehensive prevention and public education campaign on brain injury:

- Assign a state department lead responsibility for coordinating and managing this project
- Use radio, print and television media as mechanisms of public education
- Expand upon Colorado Department of Transportation education campaigns (e.g. seat belts, alive at 25 and teen driving campaigns)
- Expand upon Colorado Department of Public Health and Environment education programs (e.g. car seats)
- Expand upon Colorado Department of Human Services’ campaign related to prevention of child abuse
- Use successful public service campaigns as models (breast cancer, drinking and driving, “click it or ticket”)
- Partner with corporations to assist with awareness and prevention efforts (e.g. helmets for kids)
- Develop campaign to coincide with March Brain Injury Awareness month

F. Develop a consumer-centered/consumer empowerment approach to services delivery.

1. Increase knowledge of individuals and family members regarding how to affect and develop policy to address the needs of individuals with TBI:

- Support CDPHE to implement the Family Leadership Training Institute curriculum across the state of Colorado
 - Hire a statewide Leadership Development Coordinator/Ombudsman
 - Increase family and individuals participation on policy development boards and with policy initiatives
2. Enhance public and private sector collaboration with individual and family leaders:
- Support and enhance the Leadership Registry that currently exists at CDPHE
 - Solicit Leadership Training students to participate in the voluntary registry
 - Solicit broader base of individuals with TBI and families who have not gone through the training but who have specific civic skill sets (e.g. policy development, testifying at legislature, writing editorials)
 - Conduct intake process to assess level of leadership, plotting where individuals are in terms of the leadership progression model and individual civic skill sets
 - Input information into the registry
 - Inform stakeholders (BIAC, BI-Collaborative, Hospitals etc.) of the registry and potential uses
 - Work collaboratively with CDPHE to ensure full and effective use of the registry
 - Work with CDPHE and other stakeholders to secure on-going funding for the registry
3. Increase access to Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) for individuals with brain injury who are eligible for these benefits:
- Work with the Disability Determination Services (DDS) to provide education on TBI and to analyze the barriers that individuals with TBI face when they apply for SSI/SSDI benefits with the goal of reaching an agreement for how to improve access to benefits
 - Historically there was a special unit within DDS with a focus on TBI. If this unit still exists, meet with them to re-establish a productive working relationship. If this unit is no longer in existence, work with DDS to re-convene a unit that is staffed with individuals who are trained and knowledgeable about TBI
 - Provide training specific to this system for the “Navigators” so that they may better serve families
 - Use Veterans as a model because they have an expedited process through the Social Security Administration eligibility and enrollment process

G. Expand treatment, rehabilitation and supportive service options for individuals with brain injury and their families.

1. Increase access to public community behavioral health services via improvement to the Medicaid system:
- Develop a statewide TBI/Behavioral Health Policy Task Force that includes representatives from each of the agencies identified in this Executive Order, the Behavioral Health Organizations, Community Mental Health Centers, private/community agencies, and consumers. This task force would function in a manner similar to the Task Force for the Continuing Study of the Treatment of Persons with Mental Illness who are Involved in the Criminal Justice System.

- Improve the Medicaid/Capitated System:
 - Prior to the next Request For Proposals (RFP) revision, develop a mechanism by which Behavioral Health Organizations (BHO), Community Mental Health Centers (CMHC) and other clinicians serving Medicaid clients will be eligible for a “contract incentive” via their Medicaid contract with HCPF if they receive specialized TBI training and serve individuals with TBI
 - Increase the partnership between HCPF, BHO, CMHC, CDHS and BIAC of Colorado and other private partners to develop a list of appropriate TBI referral resources for the BHO/CMHC network
 - In coordination with the Statewide Brain Injury Resource and Consultation Team, develop a cadre of TBI local specialist that could act as consultants to CMHC clinicians as they evaluate individuals with TBI in their communities.
 - Assess feasibility of modifying existing eligibility criteria to ensure individuals with TBI are served regardless of the origin of the behavioral health concern. Determine if this is a state or federal rule/criterion. If it is state, take appropriate steps to expand services to this group of individuals. If it is Federal, work to develop a waiver to expand services to this group of individuals
 - Educate policy makers to increase understanding of TBI as a medical and psychosocial issue.
 - Improve the Medicaid/Fee for Service System:
 - Streamline contract and billing requirements from HCPF for service providers interested in providing behavioral health services for individuals with TBI who are not otherwise eligible for these services under the Medicaid Capitated system
 - Increase network of providers who are willing to accept Fee for Service reimbursement
 - Increase the reimbursement rate to incentivize providers
 - Improve Community Non-Medicaid Services:
 - Partner with the Community Mental Health Centers to explore options for improving access and capacity to better serve individuals with TBI who do not meet the eligibility requirements for behavioral health support under current Medicaid eligibility requirements, particularly in the areas of:
 - Colorado indigent services including community block grants
 - Fee for services
 - Adoption of mandatory minimum benefits for long term psychological and family counseling and support in all commercial health plans as well as Medicaid
2. Improve access to and funding for inpatient rehabilitation, outpatient rehabilitation and community home-based care and supportive services:
- Explore funding options to:
 - Increase access to home-based outpatient services through the Brain Injury Medicaid Waiver
 - Long-term supports – especially those dealing with emotional isolation, loneliness, social disengagement, poverty prevention, homelessness outreach and prevention, and suicide prevention

- Increase support for family members
 - Increase access to community recreation and adaptive recreation as appropriate
 - Explore the feasibility of a long-term approach for pursuing mandatory minimum adequate home health benefits in all commercial health plans. (Typical health plans have no benefits for personal care attendants, and limited home health nursing benefits).
3. Increase access to and funding for residential support programs:
- Explore funding options to:
 - Increase the number of Supported Housing and Homeless Program Section 8 Vouchers specified for TBI (BIAC currently has 18 vouchers)
 - Explore the feasibility and cost of developing additional long-term residential options for individuals with severe TBI, specifically those with behavioral concerns
4. Increase access to and funding for vocational rehabilitation services:
- Explore options to:
 - Increase training on TBI to Division of Vocational Rehabilitation and other vocational rehabilitation support staff to improve outcomes for individuals with TBI
 - Increase access to long-term vocational supports such as job coaching
5. Increase access to and funding for Durable Medical Equipment:
- Explore options to:
 - Increase Medicaid Durable Medical Equipment (DME) coverage. (Medicaid is limited in coverage)
 - Research the cost and funding options for making DME available to individuals who do not have Medicaid. (Typical commercial health insurance plans have little to no coverage for DME)

H. Enhance service delivery quality to improve life outcomes for individuals with brain injury.

1. Expand fall prevention training efforts through the Colorado Department of Human Services, Statewide Unit on Aging (SUA), Area Agencies on Aging (AAA):
- Support the SUA to implement the “Matter of Balance” fall prevention curriculum, and develop “master trainers” across the state of Colorado
2. Provide comprehensive training to appropriate entities regarding the unique needs of military personnel and veterans with TBI and possible PTSD:
- Expand upon existing training efforts (Division of Mental Health SAMHSA grant, DVBIC, VA etc.)
 - Target training for employers, law enforcement, corrections, judges, attorneys, domestic violence entities, mental health professionals, appropriate entities of colleges and universities etc.
 - Explore the feasibility of duplication or expansion of Pikes Peak Mental Health veterans program
 - Maximize SB 146 efforts

- Expand on existing training on suicide, TBI and PTSD provided through the VA
3. Provide on-going community education to a variety of audiences including individuals with brain injury, family members, clinicians, researchers and other individuals concerned with brain injury:
 - Support BIAC’s efforts to coordinate multiple agency conference activities into the “Colorado Brain Injury Conference Series.” This series includes four primary conferences in Colorado. BIAC conducts both a general brain injury conference and one specific for school personnel/pediatric BI); Creative Training ~ Accelerated Training (CTAT) holds an employment-focused event; and Denver University hosts a general topic meeting.
 4. Establish a requirement for all state employees who provide services to individuals with brain injury, including colleges and universities, to have an introductory training on brain injury:
 - Model off Nebraska’s training, they have developed and piloted this initiative
 - Start by piloting with entities that would be willing to implement/field test the training (e.g., Divisions of Vocational Rehabilitation and Youth Corrections), and/or by implementing training requirement as a part of new employee orientation
 5. Increase training and education for Behavioral Health Organizations (BHO) and Community Mental Health Centers (CMHC):
 - Coordinate these efforts with the major initiatives being proposed in the next HRSA grant by CDHS
 - Develop and Implement a statewide training for the “Practice Standards” contract to ensure all Behavioral Health Organizations and Community Mental Health Centers are aware of the new contract and eligibility standards as they relate to TBI.
 - Make the training mandatory on an annual basis for the 5 BHOs and 17 Community Mental Health Centers (CMHS) in Colorado.
 - Develop webinars, guidance, checklists etc. that outline the training and practices so that others may access this training throughout the year
 - Develop and implement a “train the trainer” curriculum and consultation model specifically for clinicians within the public mental health system, designed to increase clinician’s capacity for evaluation/assessment and treatment of individuals with co-occurring TBI and mental health concerns. Provide training and consultation to individuals who will become future trainers with representation from the five Behavioral Health Organizations and seventeen Community Mental Health Centers. Curriculum and consultation will include:
 - Didactic training including: overview of TBI, TBI and psychopathology, impact of TBI across the lifespan, neuropsychological evaluation, psychotherapy intervention and psychopharmacological intervention.
 - Systems consultation - trainers will meet with clinician/team over the course of a year, including one face-to-face meeting per month and an additional one-hour per month of feedback via telephone/e-mail to discuss specific case examples and provide guidance.

- Support to intake staff and administrators to review intake forms and suggest potential changes aimed at the identification of individuals with TBI.
 - Develop a Brain Injury Resource and Consultation Team comprised of representatives from each of the 5 behavioral health organizations and 17 Community Mental Health Centers. All team members will have gone through the Practice Standards and Quality of Care training curriculum. The purpose of the statewide team would be to:
 - Keep up-to-date on best practices related to TBI and behavioral health
 - Provide on-going training on an annual basis to their respective Community Mental Health Centers
 - Provide case consultation to colleagues as needed
 - Develop “contract incentive” through HCPF for training
 - Include this incentive in the TBI Program’s next application for HRSA funds
 - Develop mechanism to evaluate efficacy and fidelity of this training so it can become vested as a best practice model.
 - Explore the possibility of collaborating with the Colorado Behavioral Health Council to develop private mental health resources on sliding-fee scale or pro-bono basis
6. Increase pre-service training for graduate students that will be working in service fields that relate to TBI:
- Recommend on-going funding to support the Brain Injury Certification for graduate students of school psychology
 - Expand upon Brain Injury Certification to include professionals such as social workers, clinical psychologists, marriage and family therapists, licensed professional counselors, addiction counselors, teachers, occupational therapists, medicine, nursing and other medical fields, etc.
 - Work with Department of Higher Education to ensure this certification is offered across Colorado Institutions of Higher Education
7. Establish a 1.0 FTE for the Colorado Department of Education for a Brain Injury Education Coordinator: (Note: this is a major initiatives being proposed in the next HRSA grant)
This position would be responsible for the following:
- Enhancing existing and developing new brain injury teams across school districts
 - Implementing statewide training for school personnel
 - Facilitating successful transitions
 - Enhancing of the Traumatic Brain Injury Networking Team (TNT)
 - Maintaining a pediatric web-site in collaboration with BIAC
 - Conducting concussion management training through the Colorado High School Activities Association (CHSAA)
 - Implementing screening protocol and data collection mechanisms

I. Maximize use of existing state and private resources.

1. Evaluate and respond appropriately to the potential impact that SB08-153 has on both service providers and individuals with brain injury as it specifically relates to the Brain Injury Medicaid Waiver:
 - Determine if there is a real or perceived negative impact of the licensure requirements
 - If there is a negative impact, determine if Class A is the appropriate licensure for independent Living Skills Training (ILST) services
 - If no, determine if this is an interpretation of the state rules or if the rules will need to be revised to reflect appropriate level of licensure
 - If Class is appropriate, determine if the requirements place an undue hardship on ILST providers (both cost and people resources)
 - Specify which requirements will cause the hardship and suggest an alternative method to meet the requirement
 - Present a document for the Colorado Department of Public Health and Environment (charged with enforcing the licensure). This document shall include a description of the concern and an alternative strategy for meeting the requirement. CDPHE has the ability to assess if an alternative is acceptable
 - Explore the feasibility of “policy mediation” to develop constructive dialogue between appropriate CDPHE staff and providers to address and resolve problems
 - If these measures fail to mitigate the problem, explore legislative action to address identified barriers and ensure the continuation of ILST under the BIMW

2. Increase surcharge collection for the TBI Trust Fund Program by counties and municipalities to 100%:
 - Determine which Counties and Municipalities are not contributing and why
 - Develop a multi-level approach to increase participation including local communities (via CIRCLE networks), municipal and county associations and state judicial associations
 - Work at each of these levels to analyze and address the barriers that are impeding the payment of surcharges to the TBI Program
 - Develop educational approach to increase participation, educating local entities about the cost of TBI, the number of individuals with TBI in their communities, the number being served by the Trust Fund and the amount of dollars that go to the providers in their communities from the Trust Fund to serve these individuals
 - Explore the possibility that current legislation needs clarification. This should be explored only as a final effort to preserve the beneficial provisions of the law in its current status.

3. Increase access to and effectiveness of the existing Brain Injury Medicaid Waiver (BIMW) program:
 - Review current legislation to evaluate if the rules are unnecessarily restricting access
 - If appropriate, change statute to allow individuals to access the program outside of the hospital/acute rehabilitation setting
 - Apply for a Federal Waiver through Medicaid to institute legislative changes
 - Develop a committee with representatives from HCPF, BIAC, BI Collaborative, TBI Program and other interested parties to carefully revise program rules

- Increase providers authorized to provide services through the waiver
 - Increase reimbursement rates allowable under the waiver
 - Allow for modulated rates based on geography
 - As enrollment increases, advocate for increase in number of slots available
4. Develop and implement a minimum catastrophic injury insurance benefit to reduce the cost-shifting of private insurance to public safety-net programs:
- Research past efforts in Colorado including any draft legislation and research efforts that were conducted to support this legislation
 - Research national efforts
 - Identify Legislators willing to sponsor a bill to this effect
 - Pass legislation that would provide coverage for all Colorado citizens for catastrophic related injuries
 - Consider strategic objectives alignments – linking TBI with other catastrophic issues to advocate for improved catastrophic health insurance coverage
 - Research cost benefit using the Mandate Application as a guiding tool
 - Access information from HCPF regarding impact of cost shifting to Medicaid when insurance does not cover costs

APPENDIX D
DIAGRAM OF RESOURCES

RESOURCES AVAILABLE WHEN A LOVED ONE SUFFERS A BRAIN INJURY

