

Traumatic Brain Injury in WA State Statute: Introduction to HB 2055 and RCW 74.31

Laura Dahmer-White, Ph.D.



TBI Incidence/Prevalence

- CDC estimates that 5,300,000 people in the US (2% of population) have a long-term or lifelong need for help with ADL's secondary to TBI
- Estimated annual incidence of TBI in US is 1,400,000
- TBI has been designated as the signature injury of the Iraq War

Need for TBI-Specific Legislation

- Paucity of Resources Available to Address the Diverse Needs of this Population
- Even when resources are available, many individuals are unable to access them secondary to financial barriers
- TBI causes major disability of young people, placing huge burden on state disability coffers

Why Now?

- Leg-work of Brain Injury Advisory Board developed in early 2000's after WA state received federal assessment and implementation grants for TBI
- War and related TBI publicity
- Small Group of TBI survivors were persistent with their legislators
“Tommy Manning Act”

HB2055 – Traumatic Brain Injury Act of 2007

- Sponsored by Representatives Flannigan; Ahern; McCoy; Ormsby and Santos
- Received significant Bipartisan support
- Similar TBI bill was introduced in the senate
- Signed into law by Governor Gregoire in 2007

Intent of Legislation

“The legislature recognizes that current programs and services are not funded or designed to address the diverse needs of this population. It is the intent of the legislature to *develop a comprehensive plan* to help individuals with TBI meet their needs. The legislature also recognizes the efforts of many in the private sector who are providing services and assistance to individuals with TBI’s. The legislature intends to *bring together those in both the public and private sectors* with expertise in this area to address the needs of this growing population.”



Major Provisions of HB 2055

I. **Creation of Traumatic Brain Injury Strategic Advisory Council**

A. Advisory Council to the Governor, the Legislature and the Secretary of the Department of Social and Health Services

B. Governor Appointed Council

C. Appointed members shall, to the extent possible, represent rural and urban areas of the state

Board Constellation

1. DSHS secretary or designee
2. Representatives from DSHS
Departments: Children's Administration;
Mental Health Division; Aging and
Disability Services Administration; and
Vocational Rehabilitation
3. The executive director of a state brain
injury association (BIAWA)

Board Constellation

4. Representative from a nonprofit org. serving individuals with TBI
5. Secretary of the Department of Corrections or designee
6. Representative from Department of Community, Trade and Economic Development
7. Representative from an organization serving veterans

Board Constellation

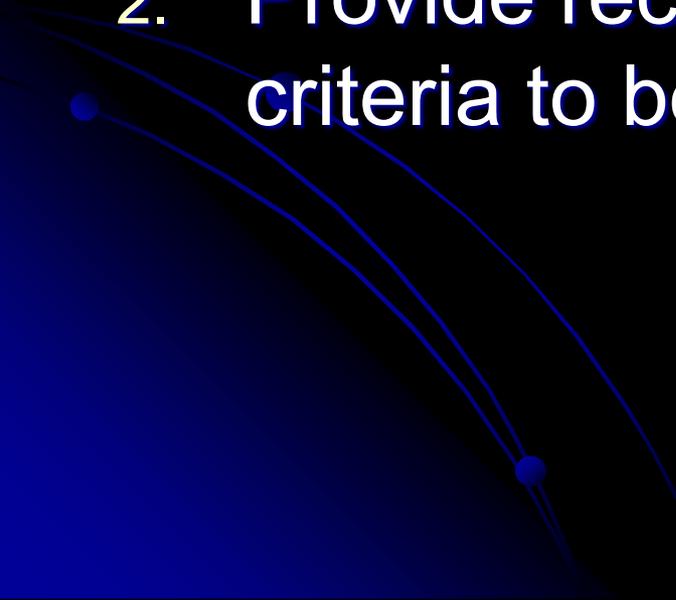
10. Representative from the National Guard
 11. Representative of a Native American Tribe located in WA
 12. The Executive Director of the Washington Protection and Advocacy System
 13. Neurologist with experience in TBI
 14. Neuropsychologist with experience in TBI
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Board Constellation

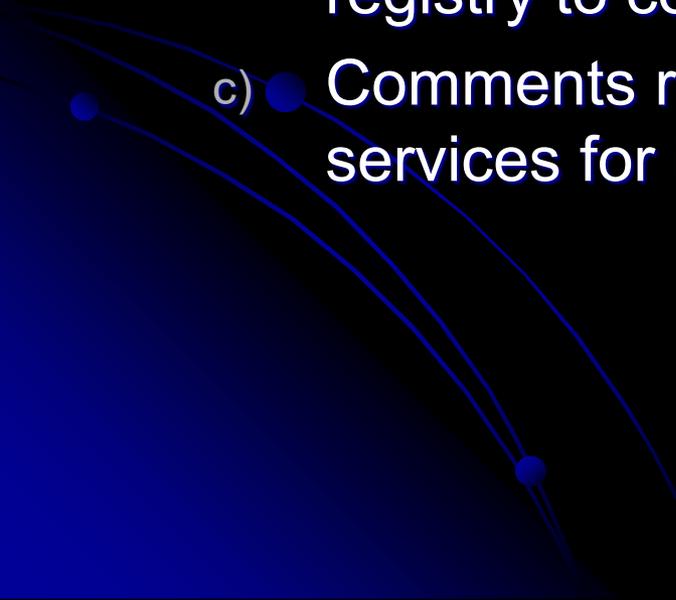
15. Social worker or clinical psychologist with expertise in TBI
16. Rehabilitation specialist, such as a speech pathologist, OT, PT with experience in TBI
17. Two persons with TBI
18. Two persons who are family members of individuals with TBI
19. Two members of the public who have experience with issues related to the causes of TBI



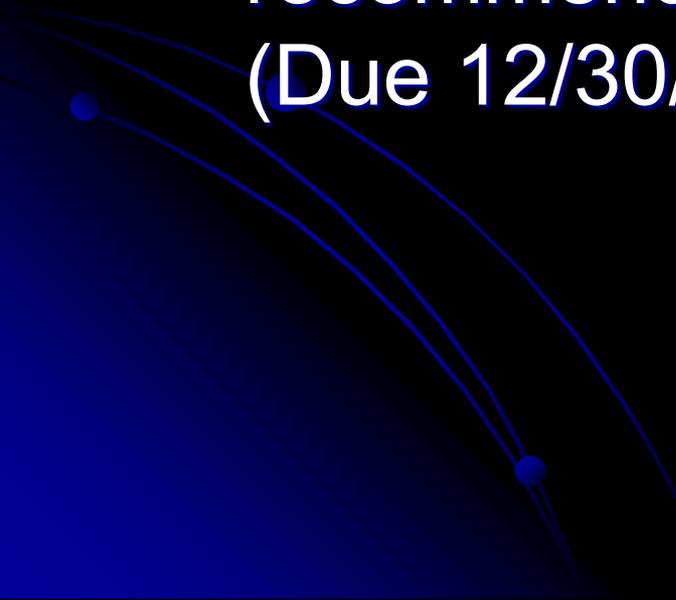
Initial Mandates of the Council

1. Collaboration with DSHS to develop a comprehensive statewide plan to address the needs of individuals with TBI.
 2. Provide recommendations to DSHS on criteria to be used to fund support groups
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Initial Mandates of the Council

3. Submit a preliminary report to the legislature and governor (Due 12/1/07) to include:
 - a) Progress and recommendations on development of a statewide information and referral network
 - b) Progress and recommendations on statewide registry to collect data regarding individuals with TBI
 - c) Comments regarding the efforts of DSHS to provide services for individuals with TBI
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Initial Mandates of the Council

4. Review the preliminary comprehensive plan presented by DSHS and submit a report to the legislature and the governor containing comments and recommendations regarding the plan (Due 12/30/07).
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Major Provisions of HB2055

II. Establish Traumatic Brain Injury Account in State Treasury

- \$2.00 of the monetary penalty for each traffic infraction will be deposited in the account
- Account is expected to generate 1.5 million annually
- Money in account can only be spent after legislative appropriation

Appropriations for Fiscal Year 2008

- Provide public awareness campaign
 - Funding for Support Groups
 - Funding for Information and Referral Service
 - DSHS Staffing to Support Council
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DSHS Mandates

1. Hire/Designate staff person responsible for coordinating policies, programs and services for individuals with TBI.
 2. Provide staff support to the council
 3. Provide data and information to the council as requested
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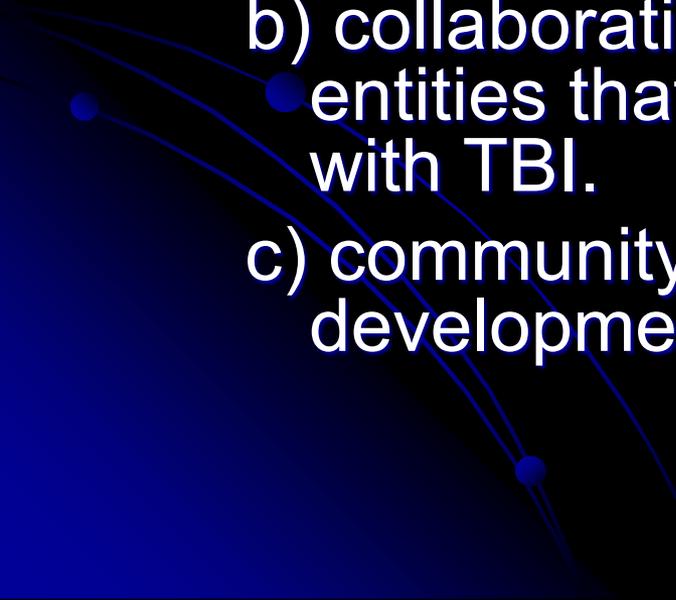
DSHS Mandates

4. Provide a preliminary report by 12/1/07 and a final report by 12/1/08 to the legislature and governor containing recommendations for a comprehensive statewide plan to address the needs of individuals with TBI to include the use of public-private partnerships and a public awareness campaign. The comprehensive plan must be created in collaboration with the council.

Specific Areas to Address in Comprehensive Plan

- a. Building provider capacity and provider training
- b. Improving coordination of services
- c. The feasibility of establishing agreements with private sector agencies to develop services for individual with TBI
- d. Other areas the council deems appropriate

DSHS Mandates

5. Provide information and referral services to individuals with TBI until the statewide referral and information network is developed.
 6. Encourage and facilitate the following:
 - a) collaboration among state agencies that provide services to individuals with TBI
 - b) collaboration among organizations and entities that provide services to individuals with TBI.
 - c) community participation in program development
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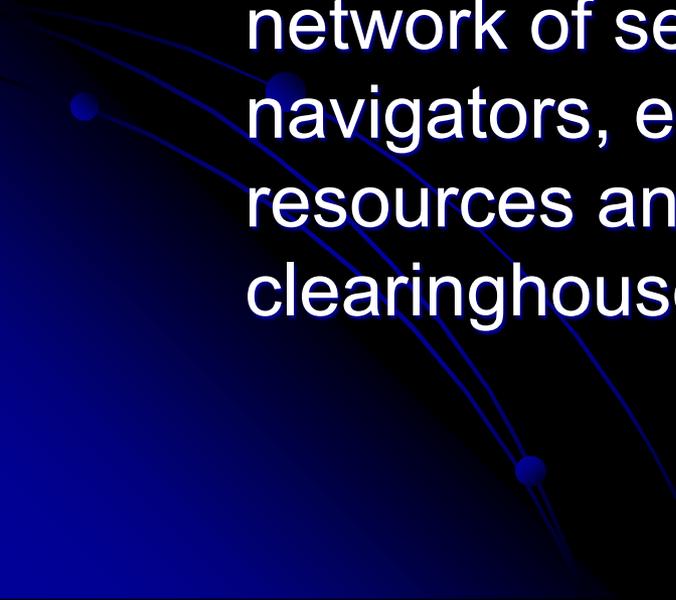
DSHS Mandates

7. In collaboration with the council, institute a public awareness campaign that utilizes funding from the TBI account
 8. By 3/1/08, provide funding to programs that facilitate support groups for individuals with TBI and their families.
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DSHS Preliminary Comprehensive Report: Recommendations to the Legislature

I. Improve Coordination and Capacity of Services and Providers

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



DSHS Preliminary Comprehensive Report: Recommendations to the Legislature

2. Allocate funding for a comprehensive study to identify evidence-based best practices in TBI.

Can include:

- Best practices occurring nationally to assess individuals across settings and service delivery systems

- Findings on training curriculum to be used as a tool for training DSHS department staff likely to encounter individuals with TBI to help them better recognize cognitive and behavioral indicators of TBI

DSHS Preliminary Comprehensive Report: Recommendations to the Legislature

3. Allocate funding to develop, sponsor and provide scholarships for an annual statewide TBI conference.
4. Increase # of council members from 24 to 27 to include:
 - a) one representative from the Office of the Insurance Commissioner
 - b) one representative from Juvenile Rehabilitation Administration
 - c) One representative from the WA State Dept. of Veterans Affairs

DSHS Preliminary Comprehensive Report: Recommendations to the Legislature

5. Continue to support the Veterans Benefit Project to identify veterans with TBI currently serviced under DSHS and connect them to the Veterans Administration benefits and supports
6. Allocate funding for study of what other states are doing to improve coordination of care to individuals with TBI and their families.

DSHS Preliminary Comprehensive Report: Recommendations to the Legislature

II. Increase Services and Supports

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

2. Allocate funding to develop pilot projects to address the lack of adult day services to specifically meet the needs of individuals with TBI.
 3. Allocate annual funding to continue to support programs that facilitate TBI support groups and to develop new support groups for underserved populations or geographic areas.
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DSHS Preliminary Comprehensive Report: Recommendations to the Legislature

III. Increase Public Awareness of TBI

1. Allocate annual funding to continue and expand Public Awareness, Education and Prevention Campaign

2. Declare March 2008 TBI Awareness Month



DSHS Preliminary Comprehensive Report: Recommendations to the Legislature

IV. Increase Ability to Identify and Understand the Prevalence and Impact of TBI

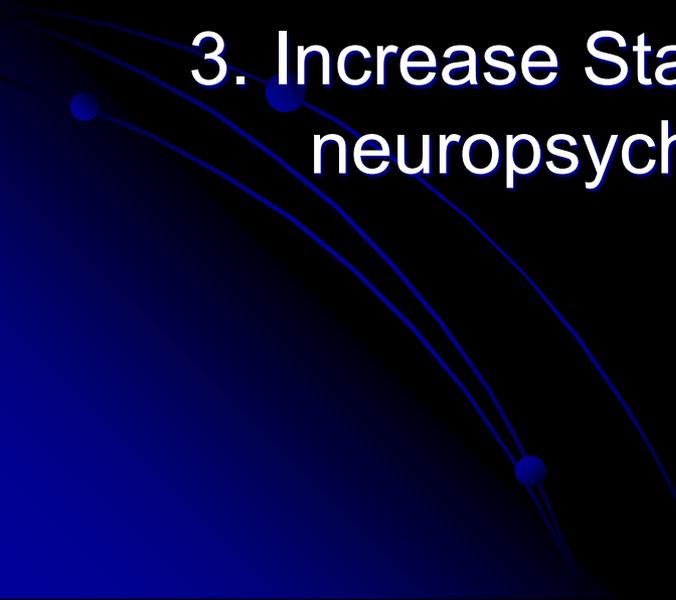
1. Support DOH efforts to expand the Comprehensive Hospital Abstract Reporting System (CHARS) to include emergency department data.

DSHS Preliminary Comprehensive Report: Recommendations to the Legislature

2. Allocate funding to conduct a study for a state TBI registry to include:
 - a) experience of other states with registry models
 - b) feasibility of protocol to provide patients who are treated and released from ER with diagnosis of TBI opportunity to voluntarily register for follow-up contact
 - c) Expansion of Washington State Trauma Registry to include all TBI that meet inclusion criteria regardless of hospital length of stay.
 - d) Evaluating the value and feasibility of collecting information on all TBI cases seen outside the hospital/ER setting

DSHS Preliminary Comprehensive Report: Recommendations to the Legislature

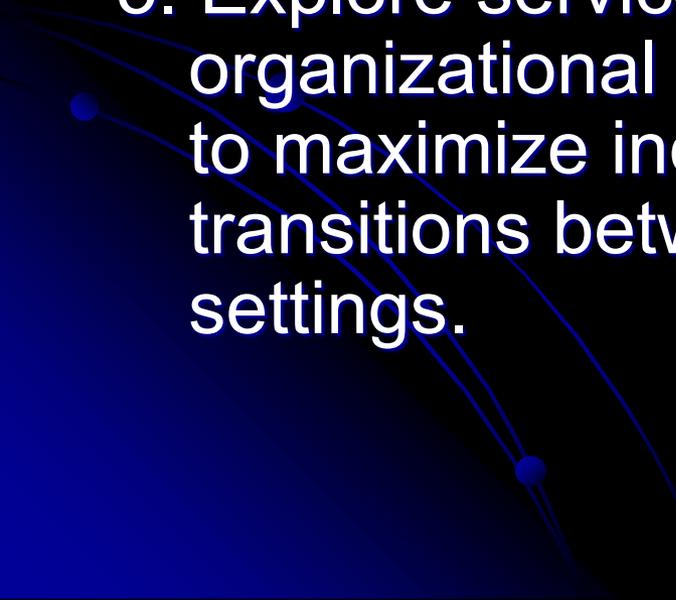
V. Increase Funding for TBI-Specific Services

1. Increase amount of revenue to TBI account
 2. Support the addition of a TBI category in the combined fund drive to enable the receipt of state employee voluntary contributions
 3. Increase State Medicaid reimbursement for neuropsychological evaluations
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Issues Requiring Longer-term Exploration and Development

1. Develop recommendations aimed at improving screening, assessment, and services to children. Consider creation of a task force specific to the needs of children
 2. Increase understanding of needs of children impacted by TBI by coordinating with the Office of Superintendent of Public Instruction (OSPI) and Juvenile Rehabilitation Administration.
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Issues Requiring Longer-term Exploration and Development

3. Continue and increase coordination between DSHS and the Veterans Admin.
 4. Coordinate with WA Dept. of Veteran's Affairs to develop strategy for long-term care services for veterans with TBI.
 5. Explore services and supports such as organizational aides and medication reminders to maximize independence and facilitate transitions between acute and community care settings.
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Issues Requiring Longer-term Exploration and Development

6. Consider designating existing funding from CTED to focus on creation of housing for individuals with TBI. Identify incentives for developers to create housing projects that are safe, affordable and specific to the needs of individuals with TBI.
7. Explore ways that technology, such as telemedicine, could support individuals in rural and underserved communities.
8. Explore possible mechanisms for creating, funding and providing long-term employment supports for individuals with TBI that may require supported employment (ex. Expansions to the Social Security Ticket to Work Program)

Issues Requiring Longer-term Exploration and Development

9. Work with Office of Insurance Commissioner, Health Care Authority and insurance industry to explore barriers and gaps in insurance coverage.
10. Explore and identify additional funding options such as grant, federal appropriations, etc. that can be use to support WA state efforts.
11. Develop a broad training component for inclusion in final comprehensive plan
12. Designate a central point of contact within state government for TBI-related issues.

Issues Requiring Longer-term Exploration and Development

13. Explore funding opportunities for neuropsychological assessments for individuals that are not Medicaid eligible and are not able to pay privately for assessment.
 14. Explore additional opportunities for public-private partnerships to effectively serve individuals with TBI.
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TBI Advisory Board Recommendations to the Legislature

For Funding in Fiscal Year 2009 with TBI Account
Money

1. Phase-in of a full-service, statewide comprehensive network of Information and Referral/Assistance. Increased funding would be used to begin development and implementation of a care coordination component targeted to individuals who are not able to advocate and negotiate systems of care independently and have no one to do so on their behalf. (*also a DSHS recommendation*)
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TBI Advisory Board Recommendations to the Legislature

2. Fund community-based options that provide a high level of behavioral and residential support to serve individuals with TBI currently in state/community psychiatric hospitals. Funding would also be used to divert individuals with TBI at risk for entering a psychiatric hospital or criminal justice system into treatment services and/or supports they need to live successfully in their community. *(also a DSHS recommendation)*
3. Develop a Medicaid-funded program such as a waiver targeted to serve individuals with TBI. *(not included in DSHS report).*

TBI Advisory Board Recommendations to the Legislature

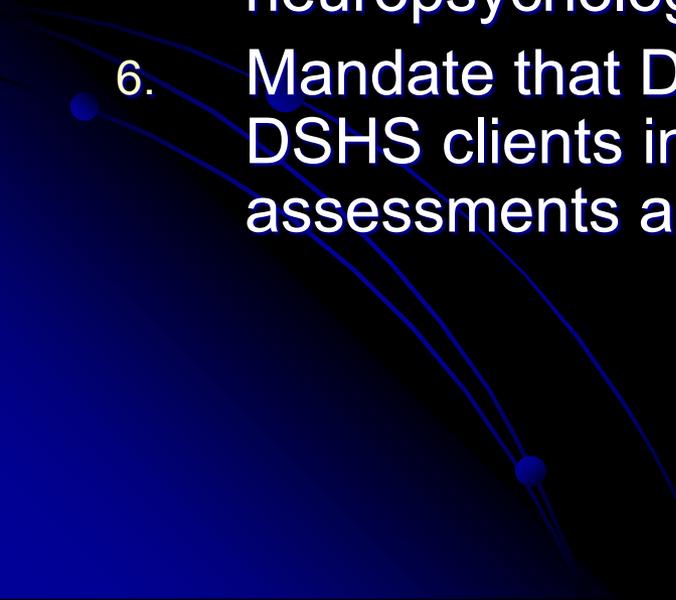
4. Develop pilot projects of adult day programs. (*also DSHS recommendation*)
5. Create a multi-year Public Awareness, Education and Prevention Campaign (*also a DSHS recommendation*)
- 6. Consider additional resources for creating appropriate housing for individuals with TBI. (*not in DSHS report*)

Advisory Council Recommendations

1. Support the development of a DSHS intra-agency work group to coordinate and provide oversight to all TBI services across DSHS and to work with other state agencies that provide services that benefit individuals with TBI.
2. Changes to TBI Advisory Council (Remove representative from National Guard; Add seats for representative from OSPI, JRA, WA Dept. of Veterans Affairs, Office of the Insurance Commissioner, Medical professional with pediatric specialty, change “Neurologist” to “Physician with experience in TBI.”)



Advisory Council Recommendations

3. Develop a program to provide a TBI Toolkit to TBI patients who are treated and released from the ER.
 4. Give authority and appropriate funding to create a pilot project to provide emergency assistance program to families impacted by TBI.
 5. Fund an increase to Medicaid reimbursement for neuropsychological assessments.
 6. Mandate that DSHS study and identify barriers to DSHS clients in receiving neuropsychological assessments and rehabilitative services
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2008 Legislative Session

- Legislature increased spending authority from \$440,000 to \$1,212,000, based on the preliminary report
 - No major changes in statute until the comprehensive report is submitted in 12/08
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