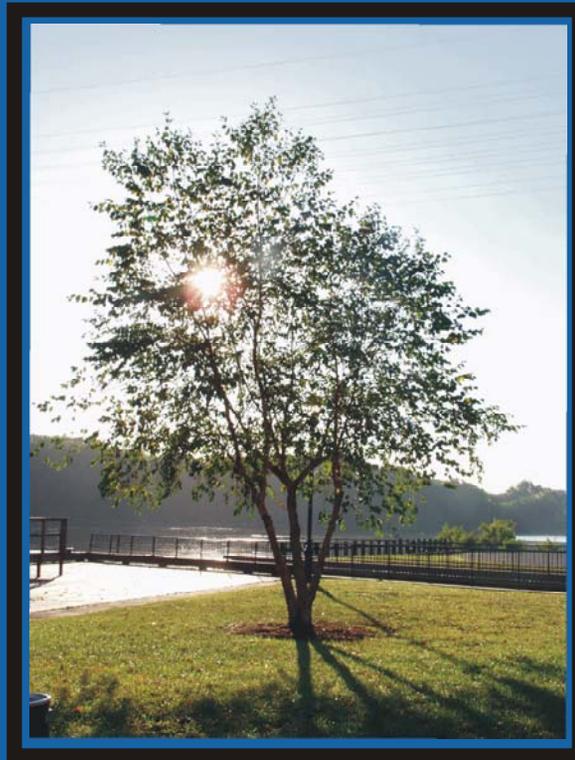


Connecticut Statewide TBI Action Plan



Creating an Intergrated and Coordinated System of Care
for People with Traumatic Brain Injury in Connecticut

ACKNOWLEDGMENTS

The Connecticut TBI State Action Plan represents a collaborative effort of individuals and organizations represented on the Connecticut Traumatic Brain Injury Advisory Committee. TBI Advisory Committee members include:

Dan Bannish, PsyD
Department of Corrections

Lisa Davis, RN, BSN, MBA
Maternal and Child Health Bureau, Department of Public Health

Lauri DiGalbo, M.Ed, CRC, LPC
Bureau of Rehabilitation Services, Department of Social Services

George Dowaliby
State Department of Education

Merva Jackson
African Caribbean Parents of Children with Disabilities, Inc

Carrie Kramer, MA, CRC
Brain Injury Association of Connecticut

Theanvy Kuoch
Khmer Health Advocates

Dorian Long, MSW
Department of Social Services

Sara Lourie, LCSW
Department of Children and Families

Charley Lyons
Brain Injury Association of Connecticut, Family Member

Barbara Parks–Wolf
Office of Policy and Management

Julie Peters
Brain Injury Association of Connecticut

B.A. Sage
Brain Injury Association of Connecticut, Survivor

David Sandford
Survivor

John Sandford, BME, MBA
Family Member

M. Billye Simmers, Director ABI Services
Department of Mental Health and Addiction Services

Ada Suarez, MSW
Office of Protection and Advocacy for Persons with Disabilities

Susan Werboff, MSW
Office of Protection and Advocacy for Persons with Disabilities

Geralyn Wild
Connecticut Coalition Against Domestic Violence

Michael Zanker, MD, FACEP
Department of Public Health

Steven Zuckerman, Ph.D
Department of Mental Retardation

Staff
Sylvia Gafford–Alexander, MSW
Project Director, Department of Social Services

Amanda Brown, MSW
Project Coordinator

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EXECUTIVE SUMMARY

As one of the last four states to be awarded a Traumatic Brain Injury State Planning Grant from the U.S. Health and Resources Administration/Maternal Child Health Bureau, Connecticut learned much from the work and products produced by states that were funded earlier. Project staff made use of assessment tools, reviewed information related to advisory committees, profited from the experiences that other states shared about involving underserved/unserved communities, and, most importantly, worked with various partners to begin to create an integrated and coordinated system of services for Connecticut residents with traumatic brain injury.

In addition to regular grant activities, we:

- Explored the incidence of brain injury within the homeless population at four shelters in the State;
- Identified and targeted victims of domestic violence, some of whom may have undiagnosed brain injuries, for awareness education by including staff from the Connecticut Coalition Against Domestic Violence on the Advisory Committee;
- Plan to “infect” other social/human service collaboratives/task forces, of which any of us are a member, with information about traumatic brain injury in order to increase awareness and support wholistic social/human services planning and policy formulation; and
- Solicited input, of a critical assessment nature, from direct care providers about current programs/services that they provide to persons with traumatic brain injuries.

These are but a few of the paths that we took during the planning process. As you review the Action Plan you will notice other paths that we believe contributed to the creation of a comprehensive inclusive plan for the State of Connecticut.

The plan is presented in four sections that takes the reader from data collection and analysis to recommendations (priorities) informed and supported by the data collected. Each section of the Action Plan forms a bridge to another section culminating in the priorities that will inform and undergird the Implementation Plan. The four sections of the plan are:

- Section 1: Nature and purpose
- Section 2: Connecticut Resources
- Section 3: Needs and Resource Assessments
- Section 4: Priorities

This Action Plan is a living document. Expectations are that it will change and evolve over time as we move towards the creation of an integrated coordinated system of services and increase the participation rates of under/unserved communities in programs and services for persons with traumatic brain injury. The plan will also support and enhance emerging leadership related to TBI and institutionalize an entity (TBI Advisory Committee) that will provide guidance and input in programs and services for persons with traumatic brain injuries. This Action Plan is being drafted as we prepare to apply for a HRSA TBI Implementation Grant. The top three identified priorities, beginning with the first priority in year one, make up the underpinnings of the Implementation Plan.

Creating an Integrated and Coordinated System of Care for People with Traumatic Brain Injury in Connecticut

INTRODUCTION

This Action Plan is the result of the collaborative effort of individuals, communities, public and private agencies and organizations. It also represents the application of diverse knowledge from diverse communities, constituencies, and professions.

Writing in the April 2005 issue of the *American Journal of Public Health*, Potvin and associates observed, “We need programs that build on broad partnerships in which various types of knowledge are brought together to illuminate an issue, i.e., relevant actors must be mobilized to create local solutions.” In Connecticut, few public health issues present the immediacy, for adhering to Potvin’s directive, than does traumatic brain injury (TBI). This Action Plan is an example of what can happen when “relevant actors” are brought together.

As a result of the pre-planning and planning processes we confirmed that:

- People with traumatic brain injury, specifically those with severe injuries, receive services from a number of public and private providers;
- Services are discrete with few linkages and formal transition processes between service providers, including state agencies;
- The greatest number of identified people with serious traumatic brain injuries receive services from the Department of Social Services’ Acquired Brain Injury Medicaid Waiver;
- Public awareness, community education, visible advocacy, and community involvement, in Connecticut, are minimal; and
- Those populations that traditionally tend to be underserved or unserved as participants in non-entitlement health and social services programs also have lower participation rates as TBI service recipients.

Challenges, but not impediments to progress. Through the combined efforts and partnering of individuals with TBI and/or their family members, State agency representatives, representatives of underserved/unserved communities, private providers, and advocates this Action Plan was created. Content of the plan is based on an analysis of data from traditional sources; however, content also reflects some of what advisory committee members learned as a result of participating in awareness education workshops, presented by members of the Southeast Asian community, Latinos, and people of African descent, all of whom were identified as underserved or unserved. These processes facilitated the development of this Action Plan that creates **an integrated and coordinated system of services for Connecticut residents with TBI.**

SECTION I

Nature and Purpose

More than 5.3 million Americans live with a disability as a result of a traumatic brain injury. The state of Connecticut has a population of 3,405,565 (2000 Census). Based on Connecticut's population, according to CDC estimates, there will be 21,045 TBI related emergency room visits per year, an estimated 1,518 TBI related hospitalizations per year and every year 1,214 people will suffer a long-term disability as a result of a traumatic brain injury.

In the Beginning

Before the Connecticut Department of Social Services submitted an application for the Health Resource Service Administration/ Maternal Child Health Bureau Planning Grant, Department staff convened public forums throughout the State. More than nine hundred invitations were sent to individuals with TBI, their families, advocates, key state agencies, and people who work directly and indirectly with the disability community. These forums were convened, statewide, to solicit input from various communities about program and service needs related to traumatic brain injury. During this stage of data collection, forum participants identified the following program/ service gaps and/ or deficits:

- The lack of sub-acute care rehabilitation beds may impede an individual's ability to physically, cognitively and behaviorally rehabilitate and in turn result in higher community based service care costs over time.
- The need for interagency coordination and collaboration to minimize interruptions in service delivery from birth to death
- The need for access to long term care, more intensive services in the beginning will hopefully lessen the need for services over time
- The need to develop a cooperative relationship with the Department of Corrections
- The need to increase outreach and public education to include communities that are unserved or underserved
- The need to identify a single point of contact for State Agencies
- The need to increase availability and accessibility to community based services, including case management to help the individual with brain injury transition back into the community
- The need to increase the number of support groups for family members and person with dual diagnosis

SECTION II

Connecticut Resources

Connecticut does not have a statewide, integrated services delivery system for individuals with TBI, however a number of public and private agencies administer/provide programs and services for individuals with TBI.

The Department of Social Services (DSS), the lead agency for persons with disabilities in Connecticut, manages the ABI Waiver. The home and community based Medicaid Acquired Brain Injury Waiver (the ABI Waiver) was implemented in 1999. ABI Waiver participants must be between the ages of 18-64, meet "level of care requirements" and have an income that is less than \$1656.00 per month.

The primary purpose of the waiver is to provide community- based services to people with brain injury who, without these services, would be institutionalized. Of the total number of waiver recipients to date, 63% were diverted from institutions and 36% were deinstitutionalized. Currently, the ABI Waiver serves 254 (January 2006) persons with brain injury, most of whom have services in place. ABI Waiver participants and their families are provided an array of services that meet their behavioral, cognitive, and Activities of Daily Living (ADL) needs. The total dollar amount allocated to the ABI Waiver for 2005 was \$21,958,495.78. The current average cost per client is \$93,840.

Other state agencies that serve persons with TBI include the Bureau of Rehabilitation Services (BRS) within DSS, Department of Mental Health and Addiction Services (DMHAS), Department of Mental Retardation (DMR), Protection and Advocacy (Special HRSA TBI grant), Birth to Three (within DMR) State Department of Education (SDE), Department of Children and Families (DCF) and the

Department of Corrections. Most of these agencies do not have a systematic method for identifying and treating traumatic brain injury (Please see Appendix 1, 2, 3 for specific services available).

Connecticut has three Level I Trauma Centers; Hartford Hospital (Hartford, CT), Yale-New Haven Hospital (New Haven, CT), and Bridgeport Hospital (Bridgeport, CT), all are located in large urban areas. There are also nine Level II hospitals, one Level III hospital, and seventeen undesignated hospitals throughout the State. There are fifty-five acute rehabilitation beds available statewide. In addition there is also an array of community- based services for individuals with traumatic brain injury and their families.

Advocacy, support groups, awareness education, and consumer information is provided primarily by the Brain Injury Association of Connecticut, paid in part through a contract with the Department of Social Services.

SECTION III

Summary of Needs and Resource Assessments

Over the last two years, the overarching goal has been to create an integrated and coordinated system of programs and services for people with TBI. In addition, there has been an effort to increase the service participation rates of unserved and underserved communities. Meeting this goal required collecting and analyzing data from various constituencies in a range of geographical locations. To ensure adequate input from various communities, project staff held twelve forums, soliciting input from community members, throughout Connecticut. Additional data was collected from State agencies, agency providers, direct service providers, ABI Waiver program participants, brain injury support group attendees, family members of persons with brain injuries, members of underserved communities, homeless men and women, and advocates for persons with disabilities. A compilation and analysis of data collected from the various constituencies, including methods of data collection, is contained in the next section (see Appendix 11-15 for a copy of each instrument used). The data is presented in group specific format.

A. Individuals with brain injuries

To garner input from current brain injury service recipients, surveys were mailed, with self-addressed stamped envelopes, to every person participating in Connecticut's Home and Community Based Acquired Brain Injury Waiver. The same survey instrument was

also distributed to members of the Southeast Asian community by Khmer Health Advocates, a West Hartford based non-profit organization. In addition, the Project Coordinator attended and distributed the participant survey to support group attendees and family members at twelve of the fifteen Brain Injury Association of Connecticut sponsored support groups throughout the state. This particular survey instrument requested demographic information such as age, age of injury, type of injury. Other survey questions solicited information about medical, rehabilitative, and community based care participants received, how people with TBI function in the community, issues related to transportation, employment, education, and housing, and feedback about service gaps and deficits.

Unmet needs or deficits in service, identified by these respondents, were related to employment, rehabilitation, supportive services, opportunities for community involvement, access to and quality of medical and health care, affordable, accessible housing, transportation and certain policies and the structure of the ABI Waiver.

Questioned about the nature and cause of their brain injuries, forty five percent (45%) of respondents, regardless of age, identified motor vehicle accidents as the leading causal factor. In addition, as a causal factor, the greatest incidence (69%) of motor vehicle accidents occurred between ages eleven (11) and thirty (30). Table 1 shows the age and cause of brain injury as identified by respondents.

Table 1. Incidence of brain injury by age and cause according to sample

Cause	Age								TOTAL By cause
	0-10	11-20	21-30	31-40	41-50	51-60	60 +	Unknown	
Motor Vehicle	4	35	29	11	8	3	0	3	(93) 45%
Drug overdose	0	0	0	0	2	0	0	0	(2) 1%
Firearms	1	0	2	0	1	0	0	1	(5) 2%
Aneurysm	0	0	0	1	2	2	0	0	(5) 2%
Stroke	0	0	2	2	4	2	0	0	(10) 5%
Anoxia	1	1	3	1	1	0	1	1	(9) 4%
Assault	0	1	2	2	1	0	0	0	(6) 3%
Torture*	3	0	6	2	3	1	0	0	(15) 7%
Pedestrian	1	3	3	4	0	1	0	0	(12) 6%
Suicide attempt	0	0	0	1	0	0	0	0	(1) <1%
Fall	3	4	0	3	4	3	2	0	(19) 9%
Bicycle	0	4	1	0	0	0	0	2	(7) 3%
Surgery	0	0	1	0	1	0	0	0	(2) 1%
Medical mistake	0	0	0	1	0	0	0	0	(1) <1%
Brain tumor	2	3	0	3	0	0	0	0	(8) 4%
Encephalitis	0	0	0	0	0	0	0	1	(1) <1%
Seizure	0	0	0	1	0	0	0	0	(1) <1%
Sports related	0	2	0	1	1	0	0	0	(4) 2%
Unknown	1	0	0	1	1	1	0	1	(5) 2%
TOTAL By Age	16	53	49	34	29	13	3	9	206

* Did not occur in the United States

B. Family Members

Data was collected from family members through community forums, BIAC support groups meetings, and via mailed questionnaires.

This group of respondents suggested the following:

- Increased opportunities for recreation and socialization for people with brain injuries
- More services in general for persons with TBI
- Closer examination of provider qualifications
- Increased competency of direct service providers
- Simplification of the ABI Waiver application process
- Community education about traumatic brain injury - the silent disability

C. State Agencies

Formal interviews were conducted with designated staff in twelve State agencies or agency divisions that provide services, funding, or administration and oversight of services accessed by individuals with TBI. The agencies were Department of Social Services, Bureau of Rehabilitation Services, Department of Mental Retardation, Birth to Three, State Department of Education, Department of Mental Health and Addiction Services, Department of Public Health, Office of Policy and Management, Department of Children and Families, Department of Corrections, Department of Labor, and Department of Transportation. The state agency assessment included questions about services and resources available through the agency, populations served, tracking (if any) of persons with TBI, trainings offered or received about TBI by the agency and its staff, and the existence of current interagency agreements. In addition, respondents were also asked to identify gaps in services within their agencies and statewide for persons with brain injury.

An analysis of the completed State agencies assessments yielded the following:

- Connecticut has deficits in areas of education and training about brain injury within both the lay and professional communities
- There is a lack of services for underserved populations including incarcerated individuals
- There is a need for seamless coordinated collaboration between agencies
- There is a lack of employment related services for people with TBI
- The age restrictions of ABI waiver services limit clients' participation and access to services
- Connecticut needs increased funding for community based services, especially direct care services

D.. Services Providers - Agencies

Forty-six agencies, certified as acquired brain injury service providers by Allied Community Resources (through contractual arrangements with the Department of Social Services), were contacted by the Project Coordinator. A total of twenty- five agencies responded to the request for interviews. The assessment tool used with service providers was similar to the assessment tool used to interview State agencies staff. However, providers were asked about their accreditation status, client demographics and number of staff designated to work specifically to work with clients with brain injuries. These respondents were also asked to identify gaps and deficits in services within their own agencies, as well as statewide, for persons with brain injury.

Service providers identified several gaps, deficits, and/or impediments in the existing service delivery system. Among them were;

- Concern about ABI waiver administrative issues
- Gaps in support services for those with brain injury
- Lack of affordable, accessible housing

- Limited or lack of rehabilitation services
- Lack of transportation
- Little or no training for providers
- Limited or lack of transition services
- Limited recreation opportunities
- Inadequate services for clients with dual diagnosis
- Limited or lack of access to cognitive therapy
- Lack of education for families
- Lack of day programs
- Limited or lack of vocational support
- Concern about State government issues such as a designated agency for this population, deactivation of the brain injury committee that reviewed difficult cases, etc.
- Concern about private insurance issues such as funding for assistive technology, durable medical equipment, provider reimbursements, etc.
- Concern about the lack of training and education that addresses under diagnosis or misdiagnosis of brain injury

E. Services Providers- Direct Service

Project staff mailed over 450 direct service provider surveys* to the Directors/ CEOs of the major TBI service providing agencies asking the Director/ CEO to pass them on to their employees. Seventy- two surveys (15%) of these surveys were returned. Respondents were queried about TBI training, received and needed, pay, benefits, programs/ services, and the needs of persons with traumatic brain injury. The chart below juxtaposes job function with educational levels of direct care staff.

*A self addressed stamped envelope was included for the return of the survey to DSS

Highest Education Level Attained

Primary Job Function	< High School	High School	Associate's	BA/BS	Master's	PhD	MD	Total
Case Manager	-	2	-	8	3	-	-	13
Respite Care	-	2	-	-	-	-	-	2
Personal care Assistant	2	9	2	2	-	-	1	16
Family Training	-	2	-	1	1	-	-	4
Substance Abuse Counseling	-	-	-	1	1	-	-	2
Community Living Support	1	9	6	7	2	-	-	25
Supported Employment	1	4	-	12	4	-	-	21
Independent Living Skills Trainer	1	13	6	13	5	-	-	38
Cognitive Behavioral Therapy	-	1	-	5	-	1	-	7
Home Maker	-	5	3	1	-	-	-	9
Chore Services	1	2	1	2	-	-	1	6
Pre-Vocational Services	1	2	1	9	4	-	-	17
Transportation	2	11	3	6	2	-	-	24
Companion	3	10	4	4	4	-	1	26
Social Worker	-	1	-	1	1	-	-	3
Care Plan Preparation	-	2	2	5	1	-	-	10
Transitional Living Services	-	3	-	1	1	-	-	5
Assisted Living Services	-	-	-	1	-	-	-	1
Day Service Coordinator	-	-	-	1	-	-	-	1
Behavior Analyst	-	-	-	1	1	-	-	2
Recreation	-	1	-	-	-	-	-	1

It is important to note that according to the surveys forty six percent (46%) of respondents reported more than one primary job function and of the ninety three percent (93%) of employees who work full time, all are offered benefits such as medical insurance, sick and vacation time, etc.

The following are specific skills and qualities that these respondents think contribute to effectiveness in working with individuals with traumatic brain injury (presented in decreasing order)

- Patience (42%)
- Understanding and knowledge of brain injury/ brain function (39%)
- Empathy (21%)
- Consistency/Repetition (15%)
- Ability to communicate clearly (8%)
- Knowledge of client's medical history background (7%)
- Diplomacy, conflict resolution (6%)
- Mentoring skills (4%)
- Humor (4%)
- Willingness to learn (4%)
- Knowledge of behavior modification (3%)
- Creativity (1%)
- Organization (1%)

- Separating self from the situation (1%)
- Understanding clients' right to self determination (1%)
- Personal care (1%)
- Independent living skills (1%)
- People skills (1%)
- Cuing skills (1%)
- Dedication (1%)
- Cultural competence (1%)

F. *Homeless*

Project staff created the survey instrument used to conduct interviews with homeless men and women. At the times of the interviews, respondents resided in four shelters: two located in Hartford, one located in Manchester, and one located in Stamford. Sixty-nine people were interviewed. Thirteen percent (13%) of these respondents had been diagnosed with a brain injury; of the remaining respondents, forty three percent (43%) reported an incident in which they received a blow to the head or a medical condition that resulted in an altered state of consciousness accompanied by ongoing symptoms synonymous with brain injury, at least some of the time.

Underserved and Unserved Communities

Although small in size, population-wise, Connecticut is ethnically and culturally diverse. In the decade between 1990 and 2000, the state experienced unprecedented growth in most of its communities of color and in the influx of non-English speaking immigrants. Like most other states, Connecticut's services for people with brain injury tend to be based on a traditional service delivery model that does not consider the impact of cultural diversity on service delivery. An approach not entirely unexpected in that more than seventy-five percent (75%) of waiver service recipients are Caucasian. Therefore, in its application submitted to HRSA for the planning grant, the Department of Social Services' project narrative clearly articulated the Department's plan to increase outreach and service participation of members of the Asian, Latino, and African descent communities. In addition, people subjected to battery in domestic violence situations and members of rural communities were also identified as underserved. Project staff sought to answer this question: If, based on national data, there appears to be greater incidence of brain injury in certain minority communities, why is this not reflected in service participation rates? To address this question and others, project staff brought in experts from targeted communities to educate the TBI Advisory Committee. Presenters, following established guidelines, educated committee members about their specific community's general demographics, family dynamics, help seeking/help acceptance behaviors, view of brain injury in their communities, the role of religion or spirituality, and changes and/or modifications necessary to facilitate participation in existing or planned programs and services within their communities (A copy of the guideline is in Appendix 10).

Armed with this basic information about the targeted groups, the next step in this process is to secure active participation of these communities. Project staff and Advisory Committee members will need to continue to pursue answers to a number of questions such as: Do these communities *want or need* the services that are being offered? Within existing resources, is there a way to create programs and services that are culturally inclusive staffed by culturally competent professionals? How can a culturally inclusive

outreach and public education campaign be waged that not only reaches the dominant culture but that also engages ethnic/cultural communities?

SECTION IV

Based on the results presented in sections I-III, Committee education, analysis of assessments, public forums, personal and professional experiences, and awareness of programs and services, Advisory Committee members identified the following priority areas.

Priority Areas

Priority 1: Excellent services will be provided to persons with traumatic brain injuries in Connecticut

Action Steps:

- 1.1 Recommend minimum standards for training for employees working with individuals with TBI, utilizing adult learning principals, including the development of a minimum standard for CEUs, to be updated annually
- 1.2 The Provider Directory should be updated annually, provisions will be made for access to the provider data base by appropriate agencies including BIAC

- 1.3 Research and best practices should be incorporated in the service delivery system, accompanied by appropriate allocations
- 1.4 Collaborate with the State University system and/or Community Colleges to create a Traumatic Brain Injury course of study, certificate or degree
- 1.5 Have ABI Waiver plans managed by a certified TBI Case manager

Priority 2: Disparities in Brain Injury Service will be eliminated

Action Steps:

- 2.1 Develop relationships with unserved and underserved communities; identify indigenous leaders to assist State agencies and providers in outreach and service provision
- 2.2 Recruit and train people, in underserved/unserved communities, to be TBI program-service providers
- 2.3 Explore ways to address identification, and service/care needs of people with TBI among prison populations and among victims of domestic violence

Priority 3: Coordination and Integration must take place among State Agencies

Action Steps:

- 3.1 Screening for Traumatic Brain Injury must occur across State agencies

- 3.2 Creation of a mechanism for cross agency communication must occur
- 3.3 Identification of a TBI contact person or TBI liaison in each agency
- 3.4 Creation of a smoother transition, for clients, between agencies when someone with TBI specific services age out of those services or agencies (DCF or SDE, for example)

Priority 4: Multi-cultural Public Awareness, Education, Prevention, and Outreach will be available

Action Steps:

- 4.1 Create take home information for people discharged from emergency departments with concussions or any type of brain injury. This information should include but not be limited to: general information about brain injury including prevalence etc., common symptoms, what services are available, how to keep medical records (documentation); who to contact for help, etc.
- 4.2 Create a public awareness and prevention campaign using different types of media such as print ads, billboards, radio, PSAs, websites, newspapers, etc.
- 4.3 Use the Organization of State Trainers, the Brain Injury Association of Connecticut, and other specialists to educate state agency direct service providers about TBI
- 4.4 Create more legislative awareness
- 4.5 Team with other foundations/ coalitions to strengthen the message
- 4.6 All materials should be culturally competent, available in alternate formats, and at an appropriate reading level
- 4.7 Develop a comprehensive evaluation of the change in awareness created by public education

Priority 5: Affordable, accessible housing will be available to persons with TBI

Action Steps:

- 5.1 Work with appropriate entities to create affordable, accessible housing units
- 5.2 Create an online resource directory of accessible housing in the state

Priority 6: Services will be available to non-waiver eligible persons with TBI

Action Steps:

- 6.1 Create a purchase option at the same rate as the ABI Waiver for TBI services for those who can afford but are not ABI waiver eligible
- 6.2 Create services to address the needs of persons who do not meet the 2 ADL requirement (Medicaid Home and Community Based Waiver)

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APPENDIX 1 STATE AGENCIES PROVIDING SERVICES TO PEOPLE WITH TBI

AGENCY	DIVISION	NUMBER SERVED	DIRECT SERVICES
Department of Mental Retardation (DMR)	Birth to Three	14	Yes
Department of Mental Retardation (DMR)	Family and Community Services	*Does not look at etiology	Yes Non-TBI specific
Department of Mental Health and Addiction Services (DMHAS)	ABI Services	327	Yes Inpatient with referral to ABI Community based services
Department of Corrections (DOC)	Health Services	Unknown	Yes Non-TBI specific
Department of Children and Families (DCF)	Behavioral Health	Unknown	Funds necessary services
Office of Protection and Advocacy (P &A)		60	Yes Advocacy
State Department of Education (SDE)	Special Education	107	Funds local school systems
Bureau of Rehabilitation Services (BRS)		334	Yes Job/ Employment related
Department of Social Services (DSS)	Social Work Services	237	ABI Waiver funds services
Department of Labor (DOL)	Employment Security Division	Unknown	Yes Non-TBI specific

APPENDIX 2

REHABILITATION SERVICES BEING OFFERED BY STATE AGENCIES

	Inpatient	Outpatient	Community Based	Residential
Acute Rehabilitation				
Advocacy Training			BRS	
Assistive Technology		Birth to 3	BRS	
Case Management		DMHAS Birth to 3	DSS/ Waiver	
Cognitive Therapy	DMHAS		BRS DSS/ Waiver	
Community/ Agency Referral	DMHAS	DMHAS	BRS DSS	DMHAS
Driver Education			BRS	
Education/ Special Education	DMHAS	Birth to 3		
Family Education/ Training/ Counseling	DMHAS	DMHAS Birth to 3	BRS DSS/ Waiver	DMHAS
Independent Living Skills	DMHAS	DMHAS	DSS/ Waiver	DMHAS
Neurobehavioral Treatment	DMHAS	DMHAS	BRS DSS/ Waiver	DMHAS
Neuropsychology	DMHAS	DMHAS	BRS	DMHAS
Nursing	DMHAS	DMHAS Birth to 3	DSS/ Medicaid	DMHAS
Occupational Therapy	DMHAS	Birth to 3		DMHAS

Orthotics/ Prosthetics	DMHAS	Birth to 3		DMHAS
Physical Therapy	DMHAS	Birth to 3		DMHAS
Pre-Vocational Services	DMHAS		DSS/ Waiver	DMHAS
Psychiatry	DMHAS	DMHAS		DMHAS
Psychology	DMHAS	DMHAS		DMHAS
Social Work	DHMAS	DHMAS Birth to 3	DSS/ Waiver	DHMAS
Speech and Language Therapy	DHMAS	Birth to 3		DHMAS
Substance Abuse Evaluation and Treatment	DMHAS	DMHAS	DSS/ Medicaid	
Swallowing	DMHAS	DMHAS		DMHAS
Therapeutic Recreation	DMHAS			DMHAS
Vocational Services			BRS DSS/ Waiver	

- Department of Children and Families, Department of Corrections, and Department of Social Services will fund services as needed
- State Department of Education will fund services to provide appropriate education services, through local school districts

APPENDIX 3

LONG TERM SUPPORTS OFFERED BY STATE AGENCIES

Support Service	Agency	Support Service	Agency
Advocacy (self and Community)	DMHAS	Housing (modifications)	DMHAS, DSS
Assistive Technology	DSS	Housing (supervised)	DMHAS
Case management/ Service Coordination	DMHAS, DSS	Independent Living Services	DMHAS, DSS
Chores	DSS	Information/ Resources	DMHAS, DSS
Chronic Neurobehavioral Treatment	DMHAS, DSS	Interpretation Services	DSS
Clubhouse	DMHAS	Mental Health Services	DMHAS
Coma care		Nursing Care	DSS/ Medicaid
Community Living Support Services	DSS	Peer Support	DMHAS
Companion Services	DSS	Personal Assistance Services	DSS
Day Program		Primary Care Medical Services	DSS/ Medicaid
Durable Medical Equipment	DMHAS, DSS	Recreational/ Social Programs	DMHAS, DSS
Family Support, Education, and Training	DMHAS, DSS	Respite Care	DSS
Home Care/ Support	DSS	Skilled Nursing Facilities	DSS/ Medicaid
Home Delivered Meals	DSS	Substance Abuse Treatment	DMHAS, DSS
Homemaker	DSS	Transitional Living Services	DMHAS
Housing (accessible/ affordable)	DMHAS	Transportation	DMHAS, DSS

APPENDIX 4

EMPLOYMENT SERVICES OFFERED BY STATE AGENCIES

Employment Services	State Agencies
Advocacy (self, family)	BRS
Assistive Technology	BRS, DSS
Career Counseling/ Guidance	DMHAS, BRS
Job Accommodations	DMHAS, BRS
Job Coaching	DMHAS, BRS, DSS
Job Development	DMHAS, BRS, DSS
Job Placement	DMHAS, BRS, DSS
Pre-Vocational Services	DMHAS, DSS
Special Skills Training	BRS
Supported Employment	BRS, DSS
Vocational Evaluation	DMHAS, BRS

APPENDIX 5 EDUCATION SERVICES OFFERED BY STATE AGENCIES

Education Activities	State Agencies
Advocacy (family/ child)	DCF
Charter/ Private Schools	
Early Intervention/ Preschool	Birth to 3
Kindergarten- 12 th grade	DMHAS, DCF
Health Related Services (i.e. OT, PT)	DMHAS, DCF
Higher Education	BRS
Special Education (all services outlined in IDEA)	DCF
Transitional Services	BRS, DCF

APPENDIX 6 FINANCIAL RESOURCES OFFERED BY STATE AGENCIES

Shelter Costs (food, rent, mortgage, etc.)	DCF, DHMAS
Assistive Technology	DSS, DCF, BRS, Birth to 3,
Home Care/ Home Support	DSS, DCF, DHMAS
Personal Attendant Services	DSS, DCF, BRS, DMHAS
Medical Supplies/ Equipment	DSS, DCF, BRS, DMHAS
Transportation	DSS, DCF, BRS, DMHAS

- The Dept. of Mental Retardation has little if any information available that allows them to determine the number of individuals clients of DMR, who have as a primary diagnosis, Traumatic Brain Injury. However, if an individual is a client of DMR some of the services may be provided under either contracted services or by DMR staff.
- State Department of Education allocates resources to local schools to fund Special Education that school districts are required to provide.

APPENDIX 7 REHABILITATION SERVICES OFFERED BY PRIVATE AGENCIES

	Inpatient	Day Treatment	Outpatient	Community based (home)	Community based (residential)	Skilled Nursing
Acute Rehabilitation	Gaylord Rehab Hospital* CNS	Gaylord CNS	ABD* Gaylord CNS Sage Rehab	ABD CNS	Gaylord CNS	Riverside
Advocacy Training	CNS	Goodwill CNS Easter Seals	CNS Easter Seals	The Kennedy Center BIAC Goodwill ECHO Khmer Health CNS Project Genesis	Goodwill CNS	
Assistive Technology	Gaylord Rehab Hospital VA Hospital	St. Vincent's Easter Seals	Gaylord Rehab Hospital Sage Rehab Easter Seals	The Kennedy Center ECHO Khmer Health Project Genesis Sage Rehab Community Enterprise	VA Hospital	
Case Management	Gaylord Rehab Hospital CNS VA Hospital	Goodwill CNS St. Vincent's Easter Seals	Gaylord Rehab Hospital CNS Easter Seals	ABD Vista The Kennedy Center Goodwill Family Care VNA	ABD Goodwill Employment Option Gaylord CNS	Riverside

				Employment Option ECHO Khmer Health CNS Project Genesis Community Enterprise	VA Hospital	
Cognitive Therapy	Gaylord Rehab Hospital CNS VA Hospital	Gaylord CNS St. Vincent's Easter Seals	ABD Gaylord Rehab Hospital CNS Sage Rehab Easter Seals	ABD ECHO Khmer Health CNS Sage Rehab	Gaylord CNS VA Hospital	
Community Agency Referral	Gaylord Rehab Hospital CNS VA Hospital	Goodwill Gaylord CNS Easter Seals	Gaylord Rehab Hospital CNS Sage Rehab Easter Seals	Goodwill BIAC Family Care VNA ECHO Khmer Health CNS Project Genesis Sage Rehab Community Enterprise	Goodwill Gaylord CNS VA Hospital	Riverside
Driver Education				Rehab Hospital		
Education / Special Education		St. Vincent's		Options Emp. & Ed Rehab Hospital Community Enterprise		
Family Education/ Training/	Gaylord Rehab Hospital	Goodwill Gaylord	ABD Gaylord	Vista The Kennedy Center	Goodwill Gaylord	Riverside

Counseling	VA Hospital	Easter Seals	Rehab Hospital Sage Rehab Easter Seals	BIAC Goodwill ECHO Khmer Health Project Genesis Sage Rehab	VA Hospital	
Independent Life Skills Training	Gaylord Rehab Hospital CNS VA Hospital	Goodwill Gaylord CNS St. Vincent's Easter Seals	ABD Gaylord Rehab Hospital CNS CW Resources Sage Rehab Easter Seals	ABD Vista The Kennedy Center Goodwill Recovery Resources Family Care VNA Employment Option ECHO CNS Project Genesis CW Resources Sage Rehab	ABD Goodwill Employment Option Gaylord CNS VA Hospital	
Neurobehavioral Treatment	Gaylord CNS	Gaylord CNS Easter Seals	ABD CNS Sage Rehab Easter Seals	Riverside CNS Sage Rehab	Gaylord CNS	
Neuropsychology	Gaylord Rehab Hospital CNS	Gaylord CNS Easter Seals	ABD Gaylord Rehab Hospital CNS Assoc.	Riverside CNS Sage Rehab	ABD Gaylord CNS	

			Neuropsych Sage Rehab Easter Seals			
Nursing	Gaylord Rehab Hospital VA Hospital	Goodwill St. Vincent's Easter Seals	Gaylord St. Vincent's Easter Seals	Goodwill ECHO Khmer Health	ABD Goodwill Gaylord VA Hospital	Riverside
Occupational Therapy	Gaylord Rehab Hospital VA Hospital	Gaylord St. Vincent's Easter Seals	ABD Gaylord Rehab Hospital Sage Rehab St. Vincent's Easter Seals	ECHO Sage Rehab	ABD Gaylord VA Hospital	Riverside
Orthotics/ Prosthetics	Gaylord Rehab Hospital	Gaylord Easter Seals	Gaylord Rehab Hospital Sage Rehab Easter Seals		Gaylord	Riverside
Physical Therapy	Gaylord Rehab Hospital VA Hospital	Gaylord St. Vincent's Easter Seals	ABD Gaylord Rehab Hospital Sage Rehab St. Vincent's Easter Seals	Sage Rehab	ABD Gaylord VA Hospital	Riverside
Pre-vocational Services	VA Hospital	Family Care VNA CW Resources St. Vincent's	Sage Rehab Easter Seals	Vista The Kennedy Center Options Emp. & Ed Employment Option	Employment Option VA Hospital	

		Easter Seals		ECHO Project Genesis CW Resources Sage Rehab Community Enterprise		
Psychiatry	Gaylord Rehab Hospital VA Hospital	Gaylord	ABD Gaylord	Khmer Health	ABD Gaylord VA Hospital	Riverside
Psychology	Gaylord Rehab Hospital CNS	Gaylord CNS Easter Seals	ABD Gaylord Rehab Hospital CNS Sage Rehab Easter Seals	CNS Sage Rehab	ABD Gaylord CNS	Riverside
Social Work	Gaylord Rehab Hospital VA Hospital	Gaylord Easter Seals	Gaylord Easter Seals		ABD Gaylord VA Hospital	Riverside
Speech and Language	Gaylord Rehab Hospital VA Hospital	Gaylord Easter Seals	ABD Gaylord Rehab Hospital Sage Rehab St. Vincent's Easter Seals	Sage Rehab	ABD Gaylord VA Hospital	Riverside
Substance Abuse Evaluation and Treatment	Gaylord Rehab Hospital CNS	Gaylord CNS Easter Seals	Gaylord Rehab Hospital CNS	Khmer Health CNS	Gaylord CNS VA Hospital	

	VA Hospital		Easter Seals			
Swallowing	Gaylord Rehab Hospital VA Hospital	Gaylord Easter Seals	ABD Gaylord Rehab Hospital Sage Rehab St. Vincent's Easter Seals		ABD Gaylord VA Hospital	Riverside
Therapeutic Recreation	Gaylord Rehab Hospital VA Hospital	Goodwill Gaylord	Gaylord	ABD Goodwill Family Care VNA ECHO	Goodwill Gaylord VA Hospital	
Physiatry	Gaylord	Gaylord	Gaylord		Gaylord	
Respiratory Services	Gaylord	Gaylord	Gaylord		Gaylord	

ABD refers to Ability Beyond Disability

Rehab Hospital refers to Rehabilitation Hospital of CT

CNS refers to Comprehensive Neuropsychological Services

BIAC refers to the Brain injury Association of Connecticut

APPENDIX 8

EDUCATION SERVICES OFFERED BY PRIVATE AGENCIES

Advocacy (Child and Family)	Brain Injury Association of Connecticut , CT Coalition Against Domestic Violence Comprehensive Neuropsychological Services
Charter/ Private Schools	Comprehensive Neuropsychological Services, Directions, Inc.
Early Intervention/ Preschool	St. Vincent's
Education (K-12)	Options Employment and Educational Services LLC, BIAC, Comprehensive Neuropsychological Services, Directions, Inc.
Health Related Services	Riverside HCC, Gaylord, Rehabilitation Hospital of CT, Comprehensive Neuropsychological Services Directions, Inc., Sage Rehabilitation
Higher Education	Comprehensive Neuropsychological Services, Directions, Inc.
Special Education	Options Employment and Educational Services LLC, Directions, Inc., St. Vincent's
Transitional Services	Riverside HCC, Vista, Employment Options, Directions, Inc., Sage Rehabilitation
School System Evaluations	Comprehensive Neuropsychological Services, Directions, Inc.
Mentoring Program	Project Genesis, Brain Injury Association of Connecticut
Resource facilitation	Brain Injury Association of Connecticut

APPENDIX 9 TRAUMATIC BRAIN INJURY (TBI) PRESENTATION GUIDELINES

The following are guidelines for the ethnic/cultural presentation. The purpose of the presentation is to educate and sensitize members of the TBI (Traumatic Brain Injury) Advisory Committee about diverse cultures and ethnicities in order to ensure the creation of a TBI Action Plan for the State of Connecticut that is ethnically and culturally inclusive. Please contact us at 860.424.5058 or 860.424.5668 if you have questions about relevance or “fit” of the guidelines for your particular presentation.

- **General overview** including demographics related to this particular ethnic/cultural group (ages, sex distribution, geographical distribution in CT, income, major religion(s), family size, lines of authority within families, usual family type (nuclear, extended, etc.) with particular attention to socio-economic and historical determinants, nature of immigration to the U.S. and its impact, etc.
- In general, who is in charge of the family – socially and economically?
- Specific aspects of the culture that influence people’s behaviors (values, beliefs, family situation) within the culture/ethnic group and the impact of those factors on members’ interactions in the larger society or dominant culture.
- Nature of brain injuries (Generally, among members of your ethnic/cultural group, what is the leading cause of brain injury?)
- How do people in your community view people who have sustained a brain injury that has resulted in observable changes in the person’s affect, temperament, mental status, and/or behavior?
- Within the home/community how are people with a traumatic brain injury treated (general responses to the challenges of the injury)? How are they generally cared for and by whom?
- How does the brain-injured person view her/his injury?
- How do members of this particular ethnic/cultural population engage in help seeking, from whom, and under what circumstances?
- How do members of this ethnic/cultural group accept help, from whom, and under what circumstances? What ethnic/cultural factors influence their preference or choice(s) of “helpers”?
- What is the perception of the nature and role of formal social welfare services in your community both in Connecticut and your country of origin? If there is a lack of fit between the two, how are these differences reconciled?
- What, if any, role does religion or spirituality play in help seeking and acknowledgement of ailments or injuries?
- For members of your particular ethnic/cultural group, what changes or modification in outreach, awareness education, services, providers, provider staff, etc. will facilitate an increase in their participation in TBI services in Connecticut?

APPENDIX 10

TBI ADVISORY COMMITTEE

Mission of the TBI Advisory Committee:

- Ensure that the needs of individuals with traumatic brain injury and their families are met and addressed. Programs and services support optimal growth or the potential for growth
- Monitor the progress made towards the development of an integrated, coordinated service delivery system
- Provide oversight of the implementation of the Action Plan and suggest changes, when necessary, to the plan based on the needs of people with brain injuries

TBI Advisory Committee Composition

The TBI Advisory Committee shall be comprised of:

One representative from the Department of Mental Retardation

One representative from the Department of Children and Families

One representative from the Department of Mental Health and Addiction Services

One representative from the Department of Corrections

One representative from the State Department of Education

One representative from the Office of Protection and Advocacy for persons with Disabilities

Two representatives from the Department of Social Services (One Waiver representative and One BRS representative)

Two representatives from the Department of Public Health (MCHB Director and Trauma Registry Unit representative)

Two representatives from the Brain Injury Association of Connecticut

Five Representatives from the professional TBI service provider community

Two representatives from the Legislature

Three persons with traumatic brain injuries

Three family members of persons with traumatic brain injuries

Two persons chosen by the Commissioner of the Department of Social Services

APPENDIX 11

TBI/ ABI Direct Service Provider Questionnaire

1. **Age** Under 20 21-25 26-30 31-35 36-40
 41-45 46-50 51-55 56-60 Over 60
2. **Sex** Male Female
3. **Ethnicity** African decent Caucasian Native American
 Asian decent Latina/o Other _____
4. **Highest Educational Level attained** (specify degree)
 Less than high school Associate's _____ Masters _____ MD _____
 High school diploma BA/ BS _____ PhD _____ Other _____
5. **How many years have you provided services to people with Traumatic Brain Injury (TBI) or Acquired Brain Injury (ABI)?** _____
6. **What is you primary job function?** (Please check all that apply to your work with ABI clients)
- | | |
|---|---|
| <input type="checkbox"/> Case manager | <input type="checkbox"/> Homemaker |
| <input type="checkbox"/> Respite care | <input type="checkbox"/> Chore services |
| <input type="checkbox"/> Personal Care Assistance | <input type="checkbox"/> Pre-vocational services |
| <input type="checkbox"/> Family training | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Substance Abuse Counseling | <input type="checkbox"/> Companion |
| <input type="checkbox"/> Community Living Support Services | <input type="checkbox"/> Social worker |
| <input type="checkbox"/> Supported employment | <input type="checkbox"/> Care plan preparation |
| <input type="checkbox"/> Independent Living Skills Training | <input type="checkbox"/> Transitional living services |
| <input type="checkbox"/> Cognitive behavioral therapy/ counseling | <input type="checkbox"/> Other _____ |

7. What specific training and/ or education have you received that prepared you to work with people with TBI or ABI?

- TBI 101 (Allied training) College course (specify)_____
- Certified Brain Injury Specialist Other (specify)_____

8. Based on your experiences, what specific skills and knowledge are required to work effectively with a person with a brain injury?

9. In the past two years, how many TBI/ ABI training sessions or conferences have you attended?

(Please circle) 1 2 3 4 5 6 7 8 9 10+

10. What specific trainings or conferences have you attended? _____

11. What training, education and/ or workshops would you like to receive that will help you better serve/ work with ABI/ TBI clients?

12. Based on your experiences as a direct service provider, what specific services are needed by people with TBI/ ABI that are not currently being provided by existing state or community based programs?

- Recreational activities Employment services Club Houses
- Assistance for higher education Housing assistance search Memory training
- Awareness education about TBI Vision training Other _____

13. Based on your experiences, what community, interpersonal, and family challenges are unique to the ABI/ TBI clientele?

14. As a direct service provider, what are the challenges of working with persons with TBI/ ABI?

15. What are the rewards of working with persons with TBI/ ABI?

16. On a typical day, with how many individuals with ABI/ TBI do you work? _____

17. How many months/ years have you worked for your current employer? _____

18. In a typical workweek, how many hours do you work? _____

19. Are you a salaried or hourly employee? Annual Salary _____ Hourly wage _____

20. What employer paid/ or cost shared benefits do you receive? (Please check all that apply)

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Medical insurance | <input type="checkbox"/> Sick time |
| <input type="checkbox"/> Disability insurance | <input type="checkbox"/> Vacation |
| <input type="checkbox"/> Dental insurance | <input type="checkbox"/> Retirement |
| <input type="checkbox"/> Other _____ | |

Thank you for your participation.

Please return this survey in the enclosed postage paid envelope.

APPENDIX 12 **Traumatic Brain Injury Needs Assessment--Individual with TBI**

1. City/Town where you live: _____

2. Date of Birth _____ Age when you were injured_____

3. How long has it been since your injury?

___ less than one year

___ 1-3 years

___ 3-5 years

___ 5-10 years

___ more than 10 years

4. How were you injured? *(Please check all that apply)*

___ Motor vehicle accident (car, boat, motorcycle, ATV

___ Bicycle

___ Pedestrian

___ Anoxia caused by near drowning or heart attack

___ Falls

___ Assault/Abuse

___ Combat injury or torture

___ Firearms (*gun shot*)

___ Sports related

___ Other *please describe:*_____

___ Don't know

5. Do you speak English?

___ Not at all

___ A little

___ I can make conversation

___ Fluently

6. Do you need an interpreter?

___ Yes

___ No

7. Do people in your family or support system speak English?

- ___ Yes
- ___ No

8. What services did you receive for your brain injury? *(Please check all that apply)*

- ___ None
- ___ Acute care (Hospital or Medical Center)
- ___ Rehabilitation (Inpatient/ Outpatient)
- ___ Non Hospital Based Residential Program
- ___ Nursing Home
- ___ Visiting Nurse Services
- ___ Other *please specify*_____

8a. If any of the above are yes, please check the type of facility and length of stay (LOS) for each:

Type of Service	Facility	Length of Stay
Acute Care		
Rehabilitation (Inpatient/Outpatient)		
Non-hospital based residential program		
Nursing Home		
Visiting Nurse Services		
Other		

8b. Have you heard of the following agencies and programs? (Check all that apply)

	Have you heard of?	Have you ever used?	Currently using?
Medicaid			
DSS (Department of Social Services			
BRS (Bureau of Rehabilitation Services)			
Food Stamps			

Independent Living Centers			
Brain Injury Association of CT.			
ABI (Acquired Brain Injury) Waiver			
Section 8 Housing			
SAGA (State Administered General Assistance)			
Protection and Advocacy			
Dept. of Mental Health & Addiction Services			

9a. If you received services, how did you learn about these services?

9b. If you did not receive services for your brain injury, please explain why not?

10. Who is responsible for managing and coordinating your care?

11. Do you have a conservator?

Yes Conservator of Estate Conservator of Person Both
 No

11a. If you do have a conservator, what does he/she do for you?

12. Were you attending school at the time of your injury?

___ Yes

___ No

12a. Following your injury did you attend school?

___ Yes

___ No

13. Are you currently in school?

___ Yes, if yes, what type of school _____

___ No

14. Were/ are school officials/ staff aware of your brain injury?

___ Yes

___ No

15. If yes, did you receive special services at school?

16. Were you working at the time of your injury?

___ Yes

___ No

16a. If yes, what kind of work did you do?

17. Are you currently working?

___ Yes, if yes, are you in the same position as you were before your injury?_____

___ No

17a. How long have you been employed in your current job?

- Less than 1 month
- 1–3 months
- 3–6 months
- 6–9 months
- 1 year
- 1–3 years
- More than 3 years

17b. What is the longest you have held a job since you were injured?

- Less than 1 month
- 1–3 months
- 3–6 months
- 6–9 months
- 1 year
- 1–3 years
- More than 3 years

17c. If you have changed jobs due to your injury, what were the reasons for making the changes?

- Inability to find work
- Inability to perform a previous job
- Inability to perform any job
- Other *please explain* _____

18. Where were you living prior to your injury?

- In a house or apartment by yourself
- In a house/apartment with spouse/live-in
- In house or apartment with a roommate
- With parents/family
- Homeless
- In a hospital
- In a rehabilitation facility
- In a nursing home
- In a non-hospital based residential facility
- Other *please specify* _____

18a. Where are you currently living? (Please check one)

- In a house or apartment by yourself
- In a house/ apartment with spouse/live-in relationship
- In a house or apartment with a roommate
- With parents/ family
- Homeless
- In a hospital
- In a rehabilitation facility
- In a nursing home
- In a non-hospital based residential facility
- Other *please specify* _____

19 How do you travel from place to place on a daily basis?(check all that apply)

- Drive myself
- Ride with friends/ family
- Public transportation (bus/ train)
- Taxi/ Cab
- Provider transports
- Wheel chair accessible lift transportation
- Other *please specify* _____

20. Before your injury did you attend a church, synagogue or other place of worship?

- Yes
- No

20a. Since your injury, do you attend a church, synagogue or other place of worship?

- Yes
- No

21. Have you had any involvement with the police since your injury and if so why?

- Yes _____
- No

22. Prior to your injury did you drink alcohol or take non-prescription drugs?

- Yes, if yes, what is your drug of choice? _____
- No

22a. Currently, do you drink alcohol or take non-prescription drugs?

- Yes, if yes, what is your drug of choice? _____
- No

22b. If yes, how frequently do you drink alcohol or take non-prescription drugs?

___ 3-5/ day (or more)

___ 3-5/ week

___ 1-2/ day

___ 1-2/ month

___ 0-3/ week

23. Has your injury changed any of the following areas of your life? *(Please check all that apply)*

___ marriage/ serious romantic

___ living situation

___ friendships

relationship

___ medical status

___ other

___ employment

___ psychological status

24. Currently, what services/supports are you receiving? *(Check all that apply)*

___ Housing with supports

___ Cognitive training

___ Community skills training

___ Physical therapy

___ Employment

___ Speech therapy

___ Money management

___ Counseling

___ Personal care

___ Nursing

___ Transportation

___ Support groups

___Chores

___ Recreation

___ Occupational therapy

___ Other _____

25. What other services or supports do you need?

26. If you could change anything about programs and services that you receive, what would you change?

Thank you for your participation.

Location:-----

1. Have you ever been diagnosed with a brain injury?

Yes

No

2. If yes, Have you been treated for brain injury? If no, continue to page 4

Yes

No

3. If so where, and for how long? -----

4. How did you become brain injured? -----

5. Have you ever received any services for your brain injury? such as...

Rehabilitation

Special education

Social security/ disability

Medicaid waiver services

Other -----

6. What is your source of income?

- SSD/ SSI TFA/TANF Family/ Friends
- Employment Other None

7. What effects from your brain injury do you still have?

- Trouble staying awake, falling asleep, or waking up
- Blacking out or having seizures
- Feeling clumsy, dizzy, or losing your balance
- Trouble hearing or ringing in your ears
- Double vision or blurred vision
- Eat too much or have little or no appetite
- Food not tasting right
- Difficulty smelling things
- Headaches
- Feeling tired

- Increased or decreased sexual interest or desire
- Friends or relatives seem unfamiliar or you become confused in familiar places
- Easily distracted or lose your train of thought
- Forget what you just said or fail to remember something that just happened
- Forget well known names, phone numbers, or addresses
- Losing track of time
- Difficulty planning for future events or setting priorities
- Difficulty following written or oral instructions
- Difficulty learning new skills or information or learning slowly
- Forget what you just read or have difficulty understanding
- Difficulty with reading, writing, or math
- Difficulty understanding jokes or humor
- Speaking in ways that does not make sense to others
- Moody, irritable, frustrated
- Behave dangerously i.e. driving recklessly

- Have outbursts such as, screaming, yelling or hitting
- Behave inappropriately or making inappropriate comments to and about others in their presence
- Difficulty getting started on things
- Feel sad or worthless
- Avoid family members or friends
- Feel unable to control your actions or thoughts

8. What services do you think would be helpful to you?

9. Where would you prefer to have these services provided to you?

10. Are you aware of the Acquired Brain Injury Waiver?

Thank you for your participation

3. Have you ever experienced a blow to the head in the following situations...

	Lost consciousness?	Felt dazed and confused?
Car, motorcycle, or ATV crash		
Pedestrian hit by a car		
Hit by a falling object or equipment		
Falling down the stairs		
A fainting spell		
During a drug or alcohol blackout		
While biking		
While rollerblading/ skateboarding etc.		
While horseback riding		
While skiing		
Participating in sports such as football, baseball, etc		
While on the playground		
While diving into water		
Being assaulted or mugged		
Being physically abused		
Other		

4. Have you ever been hospitalized for the following...

	Lost consciousness?	Felt dazed and confused?
Concussion		
Fracture of the head, neck or face		
Seizures		
High fever		
Near drowning		
Poisoning		
Hit by lightening		
Electrical power injury		
Gun shot to the head		
Stroke/ brain hemorrhage		
Brain infection		
Brain tumor		
Other hospitalization		

If there were no injuries or hospitalizations, the survey is over, Thank you for your participation.

If there were injuries or hospitalizations please continue.

5. How often has this been a problem in the past month?

Always	Often	Sometimes	Never	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trouble staying awake, falling asleep, or waking up
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blacking out or having seizures
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Feeling clumsy, dizzy, or losing your balance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trouble hearing or ringing in your ears
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Double vision or blurred vision
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eat too much or have little or no appetite
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food not tasting right
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Difficulty smelling things
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Headaches
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Feeling tired
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Increased or decreased sexual interest or desire
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Friends or relatives seem unfamiliar or you become confused in familiar places
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Easily distracted or lose your train of thought
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Forget what you just said or forget something that just happened
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Forget well known names, phone numbers, or addresses
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Losing track of time
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Difficulty planning for future events or setting priorities
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Difficulty following written or oral instructions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Difficulty learning new skills or information or learning slowly
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Forget what you just read or have difficulty understanding
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Difficulty with reading, writing, or math

Always	Often	Sometimes	Never	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Difficulty understanding jokes or humor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speaking in ways that does not make sense to others
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Moody, irritable, frustrated
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Behave dangerously i.e. driving recklessly
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have outbursts such as, screaming, yelling or hitting
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Behave inappropriately or making inappropriate comments to and about others in their presence
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Difficulty getting started on things
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Feel sad or worthless
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Avoid family members or friends
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Feeling unable to control your actions or thoughts

Thank you for your participation

APPENDIX 14

State Agency Assessment for TBI State Planning Grant Program

Name of Agency _____ Division _____

Date _____ Person Recording Information _____

Contact Person _____ Title _____

Mailing Address _____
(Include City, State Zip)

Street Address *(if different from above)* _____
(Include City, State Zip)

Phone _____ Fax _____
(Include toll free numbers)

E-mail _____ Home Page _____

(If your agency has relevant “printed” information, please attach it to this questionnaire.)

Section A. *We would like to begin by asking some background questions about your agency and the clients you serve. Please indicate your answer by placing a check or number in the space provided.*

1. Are individuals with traumatic brain injury (TBI) eligible for services in your agency?

___ YES *(Go to question #2.)*

___ NO *(State the eligibility exclusionary clause)* _____

If individuals with TBI are not eligible for services in your agency, this concludes the survey. Please return the survey in the postage-paid envelope provided. **Thank you.*

2. What was the total number of individuals served by your organization from January 1-December 31, 1998?

_____ TOTAL NUMBER OF INDIVIDUALS SERVED

3. What was the total number of individuals served by your organization from July 1, 2003- June 30, 2004 who had a primary diagnosis of brain injury?

_____ TOTAL NUMBER OF INDIVIDUALS WITH BRAIN INJURY SERVED

4. Using the following categories, please indicate the total number of individuals with brain injury served by your agency from July 1, 2003 – June 30, 2004.

- RACE: _____ AFRICAN AMERICAN
 _____ ASIAN
 _____ HISPANIC
 _____ NATIVE AMERICAN
 _____ WHITE
 _____ OTHER (*Please specify*) _____

- GENDER: _____ FEMALE
 _____ MALE

5. Indicate how referrals for services related to TBI are received in your program. (*check all that apply*)

_____ REFERRALS FROM COUNTY HEALTH DEPARTMENT

- REFERRALS FROM OFFICE OF VOCATIONAL REHABILITATION
- REFERRALS FROM OTHER STATE AGENCY (*not Vocational Rehabilitation*)
- SELF-REFERRALS BY SURVIVOR OR FAMILY MEMBER/CARE-GIVER
- WALK-INS
- PROFESSIONAL REFERRALS (*physician, counselor, etc.*)
- OTHER (*specify source*) _____

6. How soon after injuries are people typically referred for services?

- WITHIN 30 DAYS
- 1-6 MONTHS
- 7-12 MONTHS
- 1-3 YEARS
- 4-6 YEARS
- 6 YEARS OR MORE

7. Does your agency have designated staff specifically assigned to work on issues related to TBI?

- NO
- YES If yes, indicate all issues that are addressed. (*check all that apply*)

- ALCOHOL/DRUG ADDICTION
- MENTAL HEALTH COUNSELING (INDIVIDUAL AND FAMILY)
- FAMILY SUPPORT
- EMPLOYMENT
- HOUSING
- TRANSPORTATION

EDUCATION
 ASSISTIVE TECHNOLOGY
 OTHER (*please specify*) _____

8. Identify the total number of staff in your organization.

TOTAL NUMBER OF STAFF IN ORGANIZATION

9. Identify the total number of staff in your organization who works primarily with individuals with brain injury (*more than 50% of time*).

TOTAL NUMBER OF STAFF WHO WORK WITH TBI INDIVIDUALS

10. Estimate the number of hours spent per year in continuing education and training specific to TBI by staff who serve persons with brain injury (*e.g., conferences, workshops, etc.*).

HOURS (*per year*) of EDUCATION/TRAINING SPECIFIC TO BRAIN INJURY

Section B. *The following section concerns services that your agency provides. Please indicate your answer by placing a check by the correct answer.*

11. Does your agency have programs specifically developed for historically underserved populations (*e.g., geriatrics, Native Americans, Hispanics, African Americans, and Asians*)?

NO

YES

12. Does your agency provide direct services (e.g., treatment, therapy, transportation, housing, etc.) for individuals with traumatic brain injury?

- NO (go to question 20)
- YES

13. Does your agency provide Prevention Services?

- NO
- YES If yes, which services does it provide? (check all that apply)
 - PRIMARY PREVENTION OF INTENTIONAL INJURIES (*Shaken Baby Syndrome, violence, etc*)
 - PRIMARY PREVENTION OF UNINTENTIONAL INJURIES (*falls, occupant protection, etc.*)
 - SECONDARY PREVENTION (*of disabling conditions*)
 - TERTIARY PEVENTION
 - OTHER (*please specify*)

14. Does your agency provide Acute Medical Services?

- NO
- YES If yes, which services does it provide? (check all that apply)
 - ACUTE MEDICAL CARE
 - DISCHARGE PLANNING/SERVICE COORDINATION
 - EMERGENCY MEDICAL CARE
 - FAMILY EDUCATION, INFORMATION AND TRAINING
 - FAMILY MENTORING
 - PRE-HOSPITAL TRANSPORT AND TREATMENT

	in patient	out patient	day treatment	home based	community re-entry	community based	residential	Skilled Nursing	other
Therapeutic Recreation									
Other (please specify)									

* May be provided by the Rehabilitation Services or LEA as part of IEP/504 Plan

16. Does your agency provide Education Services?

NO

YES If yes, which services does it provide? (check all that apply)

ADVOCACY (Family/Child)

CHARTER/PRIVATE SCHOOLS

EARLY INTERVENTION/PRESCHOOL

EDUCATION (Kindergarten -12th grade)

HEALTH RELATED SERVICES (i.e., OT, PT, Speech, etc.,)

HIGHER EDUCATION

SPECIAL EDUCATION (including all services outlined in IDEA)

TRANSITIONAL SERVICES (Refer to State Transitional Services/Plans--PL 105-17)

OTHER (please specify) _____

17. Does your agency provide long-term Community Support services?

NO

YES If yes, which services does it provide? (check all that apply.)

- CLUBHOUSE
- COMA CARE
- DAY PROGRAM
- DURABLE MEDICAL SUPPLIES/EQUIPMENT
- FAMILY SUPPORT, EDUCATION AND TRAINING
- HOME CARE/HOME SUPPORT
- HOUSING (*Accessible/ Affordable*)
- HOUSING (*Modifications*)
- HOUSING (*Supervised*)
- INDEPENDENT LIVING SERVICES
- INFORMATION/RESOURCES
- LEGAL SERVICES
- MENTAL HEALTH SERVICES
- NURSING CARE
- PEER SUPPORT
- PERSONAL ASSISTANCE/ATTENDANT SERVICES
- PRIMARY CARE MEDICAL SERVICES
- RECREATION/SOCIAL PROGRAMS
- RESPITE CARE
- SKILLED NURSING FACILITIES
- SUBSTANCE ABUSE TREATMENT
- TRANSITIONAL LIVING SERVICES
- TRANSPORTATION
- INTERPRETATION SERVICES (*for clients with limited english*)

18. Does your agency provide Employment Services?

NO

- ___ YES If yes, which services does it provide? (*check all that apply.*)
- ___ ADVOCACY (*Self-family*)
 - ___ ASSISTIVE TECHNOLOGY
 - ___ CAREER COUNSELING/GUIDANCE
 - ___ JOB ACCOMMODATIONS
 - ___ JOB COACHING
 - ___ JOB DEVELOPMENT
 - ___ JOB PLACEMENT
 - ___ PRE-VOCATIONAL SERVICES
 - ___ SPECIAL SKILLS Training (*Computer, Data Processing, etc.*)
 - ___ SUPPORTED EMPLOYMENT
 - ___ VOCATIONAL EVALUATION
 - ___ WORK ADJUSTMENT
 - ___ WORK SUPPORT
 - ___ OTHER (*please specify*) _____

19. Does your agency provide Interpreter Services for clients with limited English?

- ___ NO
- ___ YES (*if so, how?*) _____

20. Please indicate by age group how many individuals with TBI received the following services. Include only those served from July 1, 2003- June 30, 2004.

	Infants (0-3)	Children (4-12)	Adolescents (3-17)	Adults (18-64)	Geriatrics (65+)
PREVENTION					
ACUTE MEDICAL SERVICES					
REHABILITATION SERVICES					
EDUCATION SERVICES					
EMPLOYMENT SERVICES					
LONG TERM COMMUNITY SUPPORTS					
OTHER					

21. Does your agency offer educational and/or training programs on traumatic brain injury?

NO

YES If yes, for which groups are education/training available?(*check all that apply*)

INDIVIDUALS WITH TBI

FAMILIES/SIGNIFICANT OTHERS

- HEALTH PROFESSIONALS/REHABILITATION PROVIDERS
- LAW ENFORCEMENT
- EDUCATORS/TEACHERS
- OTHER *(please specify)* _____

22. Does your agency provide financial resources for individuals with TBI?

- NO
- YES If yes, in what areas is financial assistance available? *(check all that apply)*

- SHELTER COSTS *(food, mortgage, rent, utilities, etc.)*
- ASSISTIVE TECHNOLOGY
- HOME CARE/HOME SUPPORT
- PERSONAL ATTENDANT SERVICES
- MEDICAL SUPPLIES/EQUIPMENT
- TRANSPORTATION
- OTHER *(please specify)* _____

Section C. *We would like to now ask you some questions concerning inter-agency participation among agencies that provide services related to TBI. Please indicate your answer by placing a check in the space provided.*

23. Does your agency have any interagency agreements with other agencies that provide services related to TBI?

- NO
- YES If yes, what agencies are included? _____

24. Does a representative from your agency/program participate on the TBI Advisory Board or Task Force?

- NO
- YES

25. Is there TBI representation on any of your agency's task forces or advisory boards?

- NO
- YES
- Not Applicable (*our agency does not have task forces/advisory boards*)

Section D. *The final section asks you about needs or gaps in services as they are related to TBI. If needed, please use extra paper to provide additional information.*

26. Are there gaps in services for individuals with TBI in your agency? If yes, please describe.

27. Are there existing TBI services that need to be expanded in your agency? If yes, please describe.

28. Are there other significant gaps in TBI services in the State? If yes, please describe.

REMINDER: PLEASE ATTACH ANY RELEVANT PRINTED INFORMATION TO THIS SURVEY.

THANK YOU FOR YOUR PARTICIPATION.

APPENDIX 15

PROVIDER ASSESSMENT FOR TBI STATE PLANNING GRANT PROGRAM

Date _____ Name of Organization _____

Person Recording Information _____

CEO/Director _____ Contact Person _____

Mailing Address _____

(Include City, County, State and Zip)

Street Address (if different from above) _____

(Include City, County, State and Zip)

Organization type:

___ Public

___ Private

___ Not For Profit

Phone _____ Fax _____

E-mail _____ Home Page _____

What year was your business started? _____

(If your organization has relevant “printed” information, please attach it to this questionnaire.)

Section A. We would like to begin with some background questions about your organization and the clients you serve. Please indicate your answer by placing a check or number in the space provided.

1. Does your organization provide services for individuals or families who have experienced traumatic brain injury (TBI)?

NO *This concludes the survey. Please return this questionnaire in the postage-paid envelope provided. **THANK YOU.***

YES *(go to question 2)*

2. Through which agency is your organization accredited?

COMMISSION ON ACCREDITATION OF REHABILITATION FACILITIES

JOINT COMMISSION ON ACCREDITATION OF HOSPITAL ORGANIZATIONS

AMERICAN COLLEGE OF SURGEONS-TRAUMA CENTER: LEVEL_____

NONE

OTHER *(please specify)*_____

3. In what county((s)) does your organization offer services for individuals with TBI?_____

4. Estimate what percentage of your payment from clients comes from each of the following sources:

% MEDICAID

% MEDICARE

____ % PRIVATE INSURANCE

____ % OTHER (*please specify source*)_____

5. What was the total number of individuals served by your organization from July 1, 2003 – June 30, 2004?

____ TOTAL NUMBER OF INDIVIDUALS SERVED

6. What was the total number of individuals served by your organization from July 1, 2003 – June 30, 2004 who had a primary diagnosis of brain injury?

____ TOTAL NUMBER OF INDIVIDUALS WITH BRAIN INJURY SERVED

7. Indicate how referrals for services related to TBI are received in your organization (*check all that apply*)

____ REFERRALS FROM COUNTY HEALTH DEPARTMENT

____ REFERRALS FROM OFFICE OF VOCATIONAL REHABILITATION

____ REFERRALS FROM OTHER STATE AGENCY (*not Vocational Rehabilitation*)

____ SELF-REFERRALS BY SURVIVOR OR FAMILY MEMBER/CARE-GIVER

____ WALK-INS

____ PROFESSIONAL REFERRALS (*physician, counselor, etc.*)

____ OTHER (*specify source*)_____

7. Using the following categories, indicate the total number of individuals with traumatic brain injury served by your organization from July 1-June 30, 2004:

RACE: ___ AFRICAN AMERICAN
 ___ ASIAN
 ___ HISPANIC
 ___ NATIVE AMERICAN
 ___ WHITE
 ___ OTHER (*please specify*)_____

GENDER: ___ FEMALE
 ___ MALE

9. How soon after injuries are people typically referred for services:

___ WITHIN 30 DAYS
___ 1-6 MONTHS
___ 7-12 MONTHS
___ 1-3 YEARS
___ 4-6 YEARS
___ 6 YEARS OR MORE

10. Does your organization have designated staff specifically assigned to work on issues related to TBI?

___ NO

___ YES → If yes, please indicate all issues that are addressed. (*check all that apply*)

___ ALCOHOL/DRUG ADDICTION

___ MENTAL HEALTH COUNSELING (INDIVIDUAL AND FAMILY)

___ FAMILY SUPPORT

___ EMPLOYMENT

___ HOUSING

___ TRANSPORTATION

___ EDUCATION

___ ASSISTIVE TECHNOLOGY

___ OTHER (*please specify*) _____

11. Identify the total number of staff in your organization.

___ TOTAL NUMBER OF STAFF IN ORGANIZATION

12. Identify the total number of staff in your organization who works primarily with individuals with brain injury (*more than 50% of time*).

___ TOTAL NUMBER OF STAFF WHO WORK WITH TBI INDIVIDUALS

13. Estimate the number of hours spent per year in continuing education and training specific to TBI by staff who serve persons with brain injury (e.g., conferences, workshops, etc.).

___ HOURS (*per year*) of EDUCATION/TRAINING SPECIFIC TO BRAIN INJURY

Section B. *The following section concerns services that your organization provides. Please indicate your answer by placing a check or number in the space provided.*

14. Does your organization have programs *specifically developed* for historically under-served populations (e.g., pediatrics, geriatrics, Native Americans, Hispanics, African Americans, and Asians).

___ NO

___ YES

15. Does your organization provide direct services (e.g., treatment, therapy, transportation, housing, etc.) for individuals with traumatic brain injury?

___ NO (go to question 23,)

___ YES

16. Does your organization provide Prevention Services?

___ NO

___ YES If yes, which services does it provide? (check all that apply)

___ PRIMARY PREVENTION OF INTENTIONAL INJURIES (*Shaken Baby Syndrome, violence, etc*)

___ PRIMARY PREVENTION OF UNINTENTIONAL INJURIES (*falls, occupant protection, etc.*)

___ SECONDARY PREVENTION (*of disabling conditions*)

___ TERTIARY PREVENTION

___ OTHER (*please specify*) _____

	in patient	out patient	day treatment	home-based	community re-entry	community based	residential	Skilled Nursing	other
Psychology									
Social Work									
Speech and Language Therapy									
Substance Abuse Evaluation and Treatment									
Swallowing									
Therapeutic Recreation									
Other (please specify)									

19. Does your organization provide Education Services?

NO

YES If yes, which services does it provide? (*check all that apply*)

ADVOCACY (FAMILY/CHILD)

CHARTER/PRIVATE SCHOOL

EARLY INTERVENTION/PRESCHOOL

EDUCATION (*Kindergarten -12th grade*)

HEALTH RELATED SERVICES (*i.e., OT, PT, Speech, etc.,*)

HIGHER EDUCATION

- SPECIAL EDUCATION (*including all services outlined in IDEA*)
- TRANSITIONAL SERVICES
- OTHER (*please specify*) _____

20. Does your organization provide Employment Services?

- NO
- YES If yes, which services does it provide? (*check all that apply.*)
 - ADVOCACY (SELF-FAMILY)
 - ASSISTIVE TECHNOLOGY
 - CAREER COUNSELING/GUIDANCE
 - JOB ACCOMMODATIONS
 - JOB COACHING
 - JOB DEVELOPMENT
 - JOB PLACEMENT
 - PRE-VOCATIONAL SERVICES
 - SPECIAL SKILLS TRAINING (*Computer, Data Processing, Etc.*)
 - SUPPORTED EMPLOYMENT
 - VOCATIONAL EVALUATION
 - WORK ADJUSTMENT, WORK SUPPORT
 - OTHER (*please specify*) _____

21. Does your organization provide long-term Community Support services?

NO

YES If yes, which services does it provide? (*check all that apply.*)

ADVOCACY (SELF AND COMMUNITY)

ASSISTIVE TECHNOLOGY

CASE MANAGEMENT/SERVICE COORDINATION

CHRONIC NEUROBEHAVIORAL TREATMENT

CLUBHOUSE

COMA CARE

DAY PROGRAM

DURABLE MEDICAL SUPPLIES/EQUIPMENT

FAMILY SUPPORT, EDUCATION AND TRAINING

HOME CARE/HOME SUPPORT

HOUSING (ACCESSIBLE/ AFFORDABLE)

HOUSING (MODIFICATIONS)

HOUSING (SUPERVISED)

INDEPENDENT LIVING SERVICES

INFORMATION/RESOURCES

INTERPRETOR SERVICES

LEGAL SERVICES

MENTAL HEALTH SERVICES

NURSING CARE

- _____ PEER SUPPORT
- _____ PERSONAL ASSISTANCE/ATTENDANT SERVICES
- _____ PRIMARY CARE MEDICAL SERVICES
- _____ RECREATION/SOCIAL PROGRAMS
- _____ RESPITE CARE
- _____ SKILLED NURSING FACILITIES
- _____ SUBSTANCE ABUSE TREATMENT
- _____ TRANSITIONAL LIVING SERVICES
- _____ TRANSPORTATION

22. Please indicate by age group how many individuals with TBI received the following services. Include only those served from July 1, 2003 – June 30, 2004.

	Infants (0-3)	Children (4-12)	Adolescents (3-17)	Adults (18-64)	Geriatrics (65+)
PREVENTION					
ACUTE MEDICAL SERVICES					
REHABILITATION SERVICES					
EDUCATION SERVICES					
EMPLOYMENT					

	Infants (0-3)	Children (4-12)	Adolescents (3-17)	Adults (18-64)	Geriatrics (65+)
SERVICES					
LONG TERM COMMUNITY SUPPORTS					
OTHER					

23. Does your organization provide financial resources for individuals with TBI?

NO

YES → If yes, in what areas is financial assistance available? (*check all that apply*)

SHELTER COSTS (*food, mortgage, rent, utilities, etc.*)

ASSISTIVE TECHNOLOGY

HOME CARE/HOME SUPPORT

PERSONAL ATTENDANT SERVICES

MEDICAL SUPPLIES/EQUIPMENT

TRANSPORTATION

OTHER (*please specify*) _____

24. Does your organization offer educational and/or training programs on traumatic brain injury?

NO

YES If yes, for which groups is education/training available.*(check all that apply)*

INDIVIDUALS WITH TBI

FAMILIES/SIGNIFICANT OTHERS

HEALTH PROFESSIONALS/REHABILITATION PROVIDERS

LAW ENFORCEMENT

EDUCATORS/TEACHERS

OTHER *(please specify)* _____

Section C. *This section asks about needs or gaps in services as they relate to TBI.*

If needed, please use extra paper to provide additional information.

25. Does a representative from your organization participate on the TBI Advisory Board or Task Force?

NO

YES

26. Is there TBI representation on any of your organization's task forces or advisory boards?

NO

YES

NOT APPLICABLE *(our organization does not have task forces/advisory boards)*

27. Does your organization have any formal inter-agency agreements with another agency or organization that serves individuals with brain injury?

NO

YES If yes, please list organizations. _____

28. Are there gaps in TBI related services in your organization? If yes, please describe.

29. Are there existing TBI services that need to be expanded in your organization? If yes, please describe.

30. Are there other significant gaps in TBI services our State?

*REMINDER: PLEASE ATTACH COPY OF ANY RELEVANT PRINTED INFORMATION TO THIS SURVEY.
THANK YOU FOR YOUR PARTICIPATION*

