

Submission Date: Feb 12, 2008

Priority: 1 of 3



Ted Stevens

United States Senator for Alaska

Please Note:

- Fill out one request form for each request
- This form (and any attachments) can be returned via:

Fax - (202) 224-2354
 Mail - The Honorable Ted Stevens
 United States Senate
 522 Hart Senate Office Bldg.
 Washington, D.C. 20510

Requests are due by February 15, 2008.

FISCAL YEAR 2009 PROJECT REQUEST FORM

Project Name: Traumatic Brain Injury Prevention and Awareness Project

Project Location: Statewide Alaska

Project Description (please attach additional pages as required):

This is a prevention program focused on brain injury in rural Alaska. Brain Injury is a silent epidemic that is only cured through prevention. Alaska's rural communities are 3 times the brain injury incidence rates; in addition the brain injury services in these regions are minimal. Most of these brain injuries are preventable.

Related Appropriations Bill: _____

Amount of federal funding requested for FY09: \$200,000

Total funding to complete this project: \$200,000

Number of years to fund this project: 1

Matching funds from the State of Alaska: _____

Matching funds from local and private entities: _____

If this project was funded in prior appropriations bills (within the last five years), list each bill and the amount funded:

Amount included in the President's FY09 Budget: _____

Amount included in the State of Alaska FY09 Budget: 0

Check this box if state funding was sought but not provided.

List legislation that authorizes this project:

Check all that apply:

- A change in the current law is necessary in order to proceed with the project. (If so, attach language and a list of laws that need to be amended)
- Bill or report language is needed. (If so, attach requested language)

The Comprehensive Integrated Mental Health Plan for FY09 has identified a lack of early-intervention services to be a gap. Contributing factors include: prevention and early intervention programs not available/affordable, lack of skills, and lack of awareness of problems.

It is estimated that over a lifetime, it can cost between \$600,000 and \$1,875,000 to care for a survivor of severe TBI. Direct medical costs and indirect costs of TBI such as lost productivity totaled an estimated 60 billion dollars in the United States in 2000. (Centers for Disease Control and Prevention). We do not have Alaska specific information on the life time costs of a brain injury (Cost-Study for Brain Injury in FY09 Capital Request); however, the Alaska Trauma Registry states, the average hospital charge for patients with traumatic brain injury in Alaska was \$17,179 per patient in 1997. The total charges for hospitalized traumatic brain injury patients were estimated at \$10,530,663 for that year (Section of Community Health and Emergency Medical Services, Division of Public Health, Department of Health and Social Services, Juneau, Alaska). One prevented brain injury would have cost-saving in the millions over a lifetime. Most brain injuries are preventable. The leading causes of brain injury differ among regions and age groups. Statewide, primary brain injuries leading to hospitalization are caused by motor vehicle accidents (27.7%), falls (23.6%), assault (12.5%), and off-road vehicle crashes (9.7%). The highest incidence rates of brain injury statewide are the 75+ age group (184/100,000) and the 15-24 age group (138.0/100,000) (Center for Disease Control 2003). Rates for males are higher than those for females. The incidence rates are even higher in rural areas (223.0/100,000 Northwest, Interior). The Alaska incidence rate overall is 93.9/100,000 (2003). Targeted age groups and regions for this program have brain injury incidence rates that are nearly or more than double the Alaska incidence rate.

There are helmet safety and car seat safety programs in Alaska currently: Safe Kids (funded by Providence Hospital), AK Injury Prevention (funded through Department of Transportation), North America Outdoor Institute (funded by Alaska Division of Parks), and the Division of Injury Prevention and Emergency Medical Systems; however, they are directed toward Anchorage and road system communities. The Alaska Native Tribal Health Consortium works directly with rural Alaska and supports the recommendation for more specific, intensive prevention. Brain Injury awareness is more than a helmet campaign. For example, it will require focus groups with youth regarding helmet use; when would you use it, what style, limiting factors of use. It will then take working with manufactures to develop helmets unique to the needs of young, rural Alaskans. Overall, the program will implement ongoing education focused toward the youth, health and social service agencies, elders, first-responders, and community leaders. Prevention Program Priorities have been identified, Elder Falls; ATV, motorcycle, snowmachine, and bicycle safety/helmet use; Helmet incentive program; safe driving and importance of seat belt use, and importance of immediate medical care for prevention of further injury to the brain after initial contact.

The Brain Injury Prevention program would fund prevention devices such as helmets, ice grippers, assistive walkers, etc. The helmet incentive component would be a community collaborative effort between local agencies and the injury prevention specialist. In addition the brain injury prevention specialists would provide technical assistance to other regions working collaboratively with Alaska Native Tribal Health Consortium.

Project Goal Statement

Target populations in the Northern, Northwestern and Interior regions will know what a traumatic brain injury is, how it is caused, the effects, and most importantly how to prevent this life changing injury by FY10. Behavior changes will be long term, but achievable with ongoing education and enforcement of preventative behavior.

The number of beneficiaries served is unknown. It is estimated that the prevention program would reach 6000 targeted people. There will be an emphasis on preventing Alaskans from becoming Trust beneficiaries. The prevention program will increase awareness of primary, secondary, and reoccurring brain injury for beneficiaries, potential beneficiaries, and providers of Trust beneficiaries; mental health clinicians, substance abuse counselors, senior service providers, and developmental disability providers. Individuals with history of significant substance abuse are a high-risk population for TBI. Alcohol is a major factor in many TBI's and are often associated with the leading causes of TBI. Other High-Risk populations include Antisocial Personality Disorder, Individuals with previous TBI, and cognitively impaired individuals. People with moderate/severe brain injuries often have psychiatric sequelae including personality changes, mania, paranoia, psychosis with predominantly negative symptoms, and depression with or without anxiety. Mild, moderate, and severe brain injury may be followed with a long-term disability, physical or cognitive.

Many States are implementing a Helmet Safety Reward Program based on positive performance evaluations and increase in helmet use. More research into prevention effectiveness is underway. Quality of life will be improved through preventing the challenging sequelae that accompanies mild, moderate, and severe brain injuries.

It will take focused, collaborative effort to develop prevention messages and protective equipment specific to the community and the lifestyles within that region. Focus groups and meetings with prevention equipment manufacturers will be conducted. Prevention messages, PSA's, workshops, presentations, and educational materials will be developed in the first six months, beginning distribution and implementation over the next year. This position would require a 3-5 year presence in the community with outcomes measured after the first two years. Improvement in community awareness of brain injury, # of youth wearing helmets, and other identified measures depending on the prevention message.

Geographic Area Served - choose all that apply

Rural

The targeted regions include Northern, Northwest, and the Interior. Census areas are all rural regions: North Slope Borough (6608 persons in 2006), Northwest Arctic (7511 in 2006) and Yukon-Koyukuk (5884 in 2000), (total 19,963 Alaskans) Currently each Tribal Health Organization (THO) funds injury prevention programs in their regions, it is the role of the Alaska Native Tribal Health Consortium Injury Prevention Program to provide technical assistance to the THO's. ANTHC has highlighted the need for brain injury programs to be specific to each region. Also, Alaska Native Tribal Health Consortium shares there are NO prevention programs of any kind in Barrow, Tanana Chiefs or the Aleutian Chain. Highest regions of brain injury are in the Yukon Kuskoswim Delta. There needs to be a broad awareness of all brain injury causes and prevention programs to lower all fatal and non-fatal accidental injuries causing brain injury.

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Priority: 2 of 3



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FISCAL YEAR 2009 PROJECT REQUEST FORM

Project Name: Traumatic Brain Injury Resource Navigation and Outreach

Project Location: Statewide Alaska

Project Description (please attach additional pages as required):

Brief Project Summary

Resource Navigation is essential to increasing the services accessible to people with brain injuries. Brain Injury survivors often know they need assistance; however, they do not always have the cognitive ability to pursue those services, as well as continue to access a continuum of services needed throughout post-acute rehabilitation and beyond.

Related Appropriations Bill:

Amount of federal funding requested for FY09: 100,000

Total funding to complete this project: \$250,000

Number of years to fund this project: 3

Matching funds from the State of Alaska: \$25,000

Matching funds from local and private entities:

Alaska Mental Health Trust Authority FY09 \$125,000 FY08 \$136,000

If this project was funded in prior appropriations bills (within the last five years), list each bill and the amount funded:

[Empty box for listing prior appropriations bills]

Amount included in the President's FY09 Budget:

Amount included in the State of Alaska FY09 Budget:

Check this box if state funding was sought but not provided.

List legislation that authorizes this project:

This pilot project is funded through the Alaska Mental Health Trust Authority and the Div. of Behavioral Health

Check all that apply:

- A change in the current law is necessary in order to proceed with the project. (If so, attach language and a list of laws that need to be amended)
- Bill or report language is needed. (If so, attach requested language)

The Comprehensive Integrated Mental Health Plan for FY09 has identified lack of early-intervention services to be a gap. Contributing factors include: prevention and early intervention programs not available/affordable, lack of needed skills, and lack of awareness of problems.

The Resource Navigator program works with survivors, family members and providers of brain injury to assist them in accessing services statewide. The pilot project has been ongoing for 5 months, 54 survivors statewide have received information/referral and advocacy through this program. Because of this resource many of them were referred to existing services that are appropriate for their need. While assisting these survivors, the Resource Navigator has been compiling ongoing needs and resource information as well as developing a resource directory for brain injury services statewide. There has been 400 services identified thus far; services are currently being researched for appropriateness and quality for serving those with brain injury.

By continuing to provide Brain Injury Resource Navigation, Alaskans who have experienced a brain injury have an enhanced opportunity to access the services that exist in the state. If the situation demands ongoing support, the Resource Navigator is able to follow up with the individual until he/she is supported by a permanent service with case management opportunities. All other calls are followed up as needed or within the next 6 months. In addition, the resource navigator plays a planning role, by learning first hand the needs of Alaskans with brain injury and where the System is serving or not serving these individuals.

Project Goal Statement

Alaskans affected by brain injury will have access to information and referral for their specific needs. Every year, 90% of those requiring services (that are accurate for the individual and available) will now have the information needed to access those services.

It is estimated that in FY09 there will be at least 200 consumers utilizing brain injury resource navigation. The number is expected to grow as the public becomes more aware of this program.

Of the 54 persons accessing brain injury resource navigation in the first 5 months of the current program, 23 are Trust beneficiaries currently accessing in-state, mental health, DD, substance abuse, and aging services. Four are in out of state treatment facilities. It is estimated that nearly 60% of the callers who were receiving zero services at the time of the call are now accessing community services (anecdotal data through follow up conversations).

The project is/will be evaluated based on the consumers' satisfaction of the resource navigator service. This will include a phone call survey six months from the initial call.

As for data development, the Resource Navigator will continue to track how many people are being assisted, in what areas of the state, mechanism of injury, demographics, work status before/after injury, number currently in services, number not in services, % of services appropriate/ok/not available, and other data for planning purposes. The success of this program will increase access to needed brain injury services, peer-to-peer support, mentoring, and more education on expectation and timeline of recovery.

Tell us about your strategy for sustainability. Discuss the appropriateness and reasonability of the strategy to the project and include a basic estimated timeline for implementation.

Last September the Trust approved \$136.0 (FY08 MHTAAR) and \$125.0 (FY09 MHTAAR) and recommended \$25.0 for FY09 GF/MH. Currently this project is funded through MHTAAR funds. It is the anticipation that GF/MH money will enhance this project and build towards implementing targeted case management for persons with brain injury. We are working with the Division of Behavioral Health to recognize the important role of targeted case management for those with brain injury and the responsibility to TBI survivors to institute Targeted Case Management.

Geographic Area Served:
Rural, Urban, Statewide

The entire state is being served through Brain Injury Resource Navigation. Of those who have contacted the Resource Navigator, the majority (41%) are from Anchorage, 14% from Mat-Su, 10% from Kenai, 9% from Southeast, 8% Kodiak, 7% Fairbanks, Yukon-Kuskokwim and Barrow each 3%, Dillingham and Nome each 2%, and Valdez 1%. (Currently most callers have heard of the resource navigation program through conferences, presentations, word of mouth, public testimony advertising, and the You Know Me campaign.)

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FISCAL YEAR 2009 PROJECT REQUEST FORM

Project Name: Traumatic Brain Injury Training for Providers

Project Location: Statewide Alaska

Project Description (please attach additional pages as required):

Brain Injury training for Trust beneficiary providers, State grantees, medical professionals, educators, vocational specialists and caretakers.

Brief Project Summary

All Trust beneficiary providers and Department of Health and Social Service grantees serving people with brain injuries will have access to appropriate brain injury training. Traumatic brain injury training materials and modalities successfully utilized in other States will be adapted for Alaskan Vocational Rehabilitation Counselors, Substance Abuse Treatment Professionals, Mental Health Professionals, Case Managers, Direct Caregivers, Educators, Senior Center staff, and Police. (see attachment)

Related Appropriations Bill:

Amount of federal funding requested for FY09: 100,000

Total funding to complete this project: 200,000

Number of years to fund this project: 3

Matching funds from the State of Alaska: 100,000

Matching funds from local and private entities:

[Empty box for matching funds from local and private entities]

List legislation that authorizes this project:

This project is currently in the Governor's FY09 Budget. It was also supported by the MH Trust Authority

Check all that apply:

- A change in the current law is necessary in order to proceed with the project. (If so, attach language and a list of laws that need to be amended)
- Bill or report language is needed. (If so, attach requested language)

If this project was funded in prior appropriations bills (within the last five years), list each bill and the amount funded:

[Empty box for listing prior appropriations bills]

Amount included in the President's FY09 Budget:

Amount included in the State of Alaska FY09 Budget: 100,000

Check this box if state funding was sought but not provided.

The Alaska Comprehensive Integrated Mental Health Plan for FY09 has identified a lack of early-intervention services to be a gap. Contributing factors include: prevention and early intervention programs not available/affordable, workers lack needed skills, and lack of awareness of problems.

Prevention is the only cure for brain injury; once a brain injury has occurred, early intervention and appropriate treatment, and skilled professionals are factors in the expected course of recovery for mild, moderate, and severe brain injury. Many states have already addressed the lack of needed brain injury skills. There are 27 states and 7 national organizations that have developed traumatic brain injury education and training tools for many different types of professionals (National Association of Head Injury Administrators TBI101Packet). In addition several states, such as Idaho and New Hampshire have developed neurobehavioral Grand Rounds. Alaska is in need of the same programs that many states have successfully implemented. It is estimated that there are more than 10,000 Alaskans living with a brain injury. In 2006, 800 Alaskans were hospitalized with a moderate to severe brain injury. There is little data showing the prevalence of mild TBI. In general, most mild TBI individuals recover completely within several months, nonetheless, a subset of patients do not return to their pre-injury level of functioning and are highly symptomatic. Nearly 15% of patients with mild brain injury continue to complain of symptoms 1 year after injury. Research indicates these patients will likely not get better. These survivors are being found in Trust beneficiary provider agencies, Division of Behavioral Health and Senior/Disabilities Services grantees, as well as Department of Corrections, the School Systems, Division of Vocational Rehabilitation, and the Veterans Administration.

Many Alaskans who have non-fatal accidents with potential TBI are seeking services, for example, in 2006, 33% of the clients who visited a community mental health center screened positive for traumatic brain injury. We do not have solid data for other beneficiary providers; however, anecdotal evidence that brain injury training is needed is heard through public and provider testimony as well as the Trust Workforce Development Training Survey (May 2007). Managing challenging and disruptive behaviors and cognitive impairments were the two highest training needs in the Northern region and South Central region. Vocational specialists are desperate for assessment options. Mental health clinicians are asking, so we screened for TBI, now what? Pioneer homes are housing older Alaskans with brain injury that are behaviorally difficult to manage. Arc of Anchorage and Alzheimer agencies are providing services to people with brain injuries because many have the same physical and cognitive challenges of their primary clients. All provider groups will benefit from brain injury education and training for the cognitive, behavioral, and emotional challenges, assessment tools and resources, and community services available to the individual.

The traumatic brain injury training program includes three separate components:

Contracted Brain Injury Specialists utilizing Alaska Psychiatric Institutes Telebehavioral Health Project and other communication options for professionals who need case consultation for a client diagnoses with a brain injury

Regional workshops specific to needs of the area utilizing multidisciplinary hub and spoke model highlighting the needs across several life domains.

Develop training format (Supported through the Technology recommendation in GF/MH Capital budget requests) and materials. Develop self-study programs such as the independent study module developed by the US Department of Veteran Affairs and several other state examples. Professionals could increase their knowledge and skills by taking expanded training offered online through a developed website (Minnesota example www.mitbitraining.org). Or DVD training for specific provider groups (Alabama, Rhode Island example). Or Virtual Program Centers utilizing telehealth (Idaho example); content is already being developed by the Alaska Interagency TBI Training Committee.

Project Goal Statement:

Every provider serving Alaskans with brain injury will have access to brain injury specialists for consultation, will have a road map on how to address the screening, assessment, referral, and treatment planning, and will feel confident in their service capabilities.

If we measured the number of mental health and substance abuse beneficiaries only that this program would benefit, it would include 52 behavioral health agencies, serving 6263 new beneficiaries each year. Estimating that 33% of those utilizing a mental health center screened positive for TBI, over 2000 beneficiaries each year would have access to treatment plans appropriate for their emotional, behavioral, and cognitive needs in addition to their mental health or substance abuse issue.

Training components and modalities are based on evaluations/successes in other states (the National Association of Head Injury Administration Traumatic Brain Injury Technical Assistance center has gathered all training tools utilized in all the states identifying target audience, funding source, training format, evaluation tool, and CEU?), TBI training pilots in Alaska, and evaluation tools from both

sources. Dillingham providers received training via API's Telebehavioral Health Technology from Dr. Tamara Russell in spring 2007. The training was delivered over 5 weeks, 1.5 hours/week, building on concepts each week. The second training was a multidisciplinary approach, utilizing 4 professionals of various life domains that are affected throughout a TBI survivor's continuum of care. It was a one day, 8 hour workshop. Presenters donated their time. Both trainings were developed utilizing focus groups and evaluated utilizing feedback surveys.

Tell us about your strategy for sustainability. Discuss the appropriateness and reasonability of the strategy to the project and include a basic estimated timeline for implementation.

Identification of training format and content development will be accomplished in FY08. Developing the format with Alaska specific content will be accomplished in FY09. Regional workshops will need ongoing funding. Contracted Brain Injury Specialists will be funded for 1 year and then evaluated. Of the TBI training materials developed by the 27 States and various national organizations funding sources include: 14 State Departments, 6 National Organizations, 5 Brain Injury Association State Affiliates, 4 Universities, 2 Statutory Advisory Boards, and 2 both Department and Brain Injury Association (separate materials).

The TBI Interagency Committee will consist of members from Trust Workforce Training Cooperatives, Alaska Psychiatric Institute, Providence Neuropsychological Services, Veteran Affairs, Stone Soup Group, Special Education Services Association, DBH and DSDS Training coordinator and trainer, Alaska Brain Injury Network. This committee will not only provide useful information on how to incorporate brain injury trainings in already established training infrastructures, but it will develop needed relationship and collaboration building. Solving the issues of brain injury takes participation from many departments, divisions, organizations, professionals, and community members.

Geographic Area Served – choose all that apply

Rural, Urban, Statewide

Provide specifics on which geographic areas will be served under this project. If possible, break out by census area and (within that census area) whether the location(s) are rural or urban. In addition, provide data regarding the geographic distribution of existing related services and how this project will bring services to non-served or under-served locations.

Once the self-study module is developed it will be piloted among Anchorage providers for direct feedback. Dillingham and Nome providers will be asked to take the training and provide feedback. When it is ready for distribution, it will be accessible to all providers.

There is currently not a system wide plan for traumatic brain injury training. Trainings have been sporadic and on demand. This brain injury training program will impact all providers who serve people with brain injuries statewide. It will also provide complimentary information in treating Alaskans with other neurobehavioral disorders.