# **Project Narrative**

## Abstract

The California Department of Rehabilitation (“Department”), in partnership with its Traumatic Brain Injury (TBI) Advisory Board and community stakeholders will, over the term of this five-year grant, strengthen California’s system of services and supports for people with TBI. The Department’s goal is to improve the delivery and quality of person-centered services available to TBI survivors, their families, and caregivers by fostering partnerships, providing public education about TBI, and informing culturally competent policies statewide.

The objectives are to: 1) expand the TBI Advisory Board to include a TBI Survivor Committee; 2) provide culturally competent resources to entities that intersect with homeless and domestic violence populations; 3) identify options for long term funding; and 4) utilize the TBI Needs Assessment and Registry data to inform policy, education, and training statewide.

The anticipated outcomes are to: 1) establish and promote plain language materials about TBI for public education through the TBI Survivor Committee; 2) expand systems to support early identification, intervention, resource facilitation, and coordination for people with TBI; 3) identify sustainable funding mechanisms to support locally based TBI services; and 4) create data informed education and training leading to expanded services and supports for TBI survivors.

The expected products include education and training materials for medical, rehabilitation, and community support professionals about the needs of TBI survivors and their families; a funding model proposal for TBI survivors to receive locally based services through the Department’s TBI sites; and culturally competent and evidenced-based policies, education, and training informed by data gathered in the Needs Assessment and Registry.

## Statement of Need

In California, there are more than 200,000 incidents each year of non-fatal TBI injuries, effecting populations that are culturally and linguistically diverse and those that live in both rural and urban communities.[[1]](#endnote-1) In 2015, the most recent year of statewide data collected, there were 32,627 non-fatal hospitalizations and 210,910 non-fatal emergency department visits in California with a diagnosis of TBI. According to a 2019 retrospective analysis on healthcare resource utilization and costs within the first year following a mild TBI, the mean follow-up healthcare costs were $13,564, with a standard deviation (SD) of $41,071, primarily from inpatient ($4,675, SD of $29,982) and non-emergency department outpatient/physician office visits ($4,207, SD of $12,697).[[2]](#endnote-2) A systematic review and quality assessment of in-hospital costs after severe TBI reported costs within the US between $258,790 to $401,808.[[3]](#endnote-3) In short, culturally and linguistically diverse populations throughout California, both in rural and urban communities, are impacted by TBI, and while some have access to services, the cost of care is a barrier for many, highlighting a crucial gap in the availability of post-acute care services and supports for many Californians living with TBI.

The California TBI program consists of state funding for six nonprofit organizations that use three different system models – independent living, medical, and social-behavioral – to provide services in 27 of the 58 counties in California. Historically, the Department has had seven TBI sites with each TBI site receiving $150,000 annually to provide five mandated services: community reintegration, supported living services, vocational supportive services, information and referral, and public and professional education. Although there were seven TBI sites, in 2020 one site closed, causing the Department to redistribute grant funding across the remaining six TBI sites. The Department is in the process of re-competing the grants and, due to limited funding, has decided to maintain the number of sites at six.

The TBI program had been funded through a 0.66% allocation of California’s Seatbelt Penalty Fund (SPF). The SPF experienced a steady decline of more than $50 million from state fiscal year 2006-07 to the present, resulting in a loss of over $300,000 per year for the TBI Fund that supports the TBI sites. California’s Governor and Legislature have augmented the funding source through the State General Fund to maintain services at the existing TBI sites, but stakeholders report that even if the services can be maintained, more TBI sites and services are needed, especially in rural areas of California. Due to socioeconomic and distance barriers to regional medical centers, in addition to decreased access to neuroimaging and consultants, and an increased risk of vehicular injuries, California needs funding to expand its services to reach all populations within the state.[[4]](#endnote-4)

In summation, Californians with TBI need more services and the funding and infrastructure does not currently support the maintenance or expansion of the program to also include the unserved counties in California. Being awarded this grant funding will provide California much-needed tools, such as the TBI Advisory Board’s collective knowledge to work with the Department to identify the systems to create a better coordinated public investment in effective, high-quality, equitable, evidence-based services and supports for all individuals with TBI, their families, and their support networks that results in fewer people with TBI encountering barriers to needed services and supports. It will also provide usable resources to propose sustainable funding for the TBI Program to increase collaboration and coordination of state level activities across systems and supports and to ensure all people with TBI, including those from diverse and underserved populations, and other stakeholders are provided ample opportunity to contribute meaningfully to needs assessments and state plans that will drive improvement of TBI services and supports.

## Goals and Objectives

The Department’s goal is to improve the delivery and quality of person-centered services available to TBI survivors, their families, and caregivers by fostering partnerships, providing public education about TBI, and informing culturally competent policies statewide. The Department will expand upon the foundation of the work completed under the 2018 TBI State Partnership Program (SPP) grant to strengthen services and supports for people with TBI through new and innovative approaches, increase collaboration and coordination of state level activities across systems and supports, and ensure all people with TBI, including those from diverse and underserved populations, and other stakeholders are provided ample opportunity to contribute meaningfully to needs assessments and state plans that will drive improvement of TBI policy, education, and services.

The Department’s first objective is to expand its existing TBI Advisory Board to include a TBI Survivor Committee to engage as active and meaningful key decision makers with the Department on all grant funded activities. The TBI Survivor Committee will assist in establishing and promoting plain language materials and definitions about TBI regarding signs, symptoms, recovery, and self-advocacy in order to inform educational materials for the public and TBI survivors. This committee will help the Department to identify the needs of people living with TBI, their families, and their support networks, barriers to services and supports, and needed outreach and education within the community. Additionally, they will ensure that all work produced by the TBI Advisory Board and the Department’s TBI Program is person-centered, culturally and linguistically competent, and responsive to the needs of individuals with TBI, their families, and their support systems. This committee will provide first-person insight into culturally and linguistically diverse survivor experiences with healthcare professionals, availability of information to all survivors regardless of location, and barriers to services and supports. Transcripts from these meetings will be used to assist in developing plain language for public resources and education to describe survivorship, recovery, advocacy, and ways to obtain services and support.

The Department’s second objective is to provide culturally competent resources, education, and outreach to entities that intersect with populations with higher prevalence of TBI, such as people experiencing domestic violence or homelessness. The Department will expand existing systems to support early identification, intervention, resource facilitation, and coordination for people with TBI. In partnership with the Survivor Committee, the TBI Advisory Board will establish and promote plain language surrounding TBI in order to improve education and awareness about recognition of a TBI, immediate treatment of suspected TBI, recognition of a TBI survivor, and communication strategies in assisting individuals with TBI at various levels of severity. This information will be disseminated to law enforcement, agencies centered around homelessness and housing disparities, agencies and networks centered around domestic violence, and medical practitioners, including urgent care and free clinics, to better serve TBI survivors.

The Department’s third objective is to identify options for long term funding to support locally based services for individuals with TBI in addition to sustainable funding for California’s TBI program. To identify funding mechanisms to support locally based TBI services, the Department will identify coverage barriers and actively participate in solutions including California Advancing and Innovating Medi-Cal (CalAIM), which provides funding for In Lieu of Services: medically appropriate and cost-effective alternatives to services across Medi-Cal, California’s Medicaid program. While short-term funding options are more readily recognizable, the TBI Advisory Board’s objective will be to identify and make sustainable funding option proposals to the Department for TBI Advisory Board activities, Home and Community-Based Services (HCBS) programs, and the expansion of the state’s TBI sites to further provide no-cost programs to TBI survivors including physical therapy, occupational therapy, speech therapy, neuropsychology services, and other services related to TBI.

The Department’s fourth objective is to use its Needs Assessment and Registry generated from the 2018 TBI SPP grant to inform TBI policy, education, and training statewide. Through thoughtful examination of data, in addition to information gathered through partnerships with sister agencies, Independent Living Centers, Aging and Disability Resource Connections, and the State-funded TBI sites, the Department and TBI Advisory Board will create data informed education and training to break down barriers and expand services and supports for TBI survivors. Additionally, data gathered will help inform initiatives and drive policy that may lead to sustainable funding options.

## Proposed Approach

### *Advisory Board and Statewide Collaboration*

Since its foundation through the 2018 TBI SPP grant, the California TBI Advisory Board has generated a Registry Committee to help establish a TBI Registry, a Needs Assessment Committee to identify gaps in service and the needs of Californians with TBI, a State Plan Committee to capture the goals and trajectory of California’s TBI Program, and a Sustainable Funding Committee to identify additional resources to fund the TBI Program and provide services to consumers, as identified in the Advisory Board Roster.

Upon receiving the grant, the Project Director and Project Manager, in partnership with the TBI Advisory Board, will begin stakeholder engagement to identify participants for its TBI Survivor Committee, which will be comprised solely of TBI survivors, not only ensuring a majority representation of TBI survivors on the board, but for the purpose of ensuring that all TBI Advisory Board actions and projects are aligned with the person-centered approach and maintain a focus on individuals with TBI, their families, and their caregivers. The Project Director, who is a TBI survivor, will ensure that a variety of survivors are represented in terms of severity of TBI, life experience, cultural and linguistic diversity, comorbidities, and the many other factors that makes each TBI survivor unique. While obtaining and maintaining committee engagement may be difficult through the course of the five-year period, one lesson learned from the 2018 TBI SPP grant was the importance of the survivor perspective in the work generated by the TBI Advisory Board in order to ensure projects do not shift from person-center to provider-centered. As such, the TBI Survivor Committee will peer review all work produced under this grant and will create resources and materials focused on public education regarding TBI. It is imperative that the TBI Survivor Committee maintains meaningful involvement as consumer leaders in the work produced under this grant. In order to create person-centered planning practices, the Department needs authentic and significant input from survivors throughout California, including unserved and underserved communities.

### *Annual TBI State Plan*

The TBI State Plan Committee will partner with the TBI Survivor Committee to review California’s TBI State Plan and revise its goals to reflect the service needs identified by the California TBI Needs Assessment and Registry. The committees will outline a plan for coordination of state systems and supports to define a pathway to support economic recovery for California communities by identifying barriers to services and exploring funding solutions through state partnerships, HCBS programs, and the establishment of special revenue funds to generate revenue from taxes, fees, fines, and penalties related to TBI.

As health disparities continue to exist for racial and ethnic minorities, the Department will work towards racial equity and addressing the impact of systemic racism by ensuring cultural and linguistic needs are considered in all facets of the work produced under this grant. The State Plan, with input from the TBI Survivor Committee, will be revised to define culturally competent care that meets the social, cultural, and linguistic needs of TBI survivors throughout California, and maintains the principles of person-centered planning. This must first be done by recognizing that racial and ethnic minorities have a higher morbidity and mortality rate from chronic diseases, which cause greater financial burdens and decreased quality of life.[[5]](#endnote-5)

In order to contribute to the elimination of racial and ethnic health disparities, the TBI Advisory Board and its committees will outline strategies to provide relevant training on cultural competence and cross-cultural issues related to TBI for health professionals. These will include linguistic competencies, such as providing readily available, culturally appropriate oral and written language services to limited English proficiency TBI survivors, cultural competence through policies that enable cross-cultural framework, and information to understand and respond effectively to the cultural and linguistic needs as encountered.

Moreover, recognition will be paid to geographical disparities, including barriers to access to services and supports for individuals in rural communities, and the racial and ethnic disparities for American Indian children and adults, who have a higher rate of TBI-related hospitalizations and deaths than any other racial or ethnic group.[[6]](#endnote-6) In order to address these disparities, the State Plan will include examples of policies that reduce administrative and linguistic barriers to patient care and integrated care pathways for all persons with TBI.

As cultural competency is an ongoing process and commitment, rather than a discrete set of practices, culturally competent care in California will be an ongoing discussion and potentially everchanging portion of the California TBI State Plan.

### *Resource Facilitation*

California requires improved statewide data to paint a comprehensive picture of the depth and breadth of TBI incidents. Through this grant, California’s Registry and state-level partnerships with agencies and organizations that collect data on TBI incidents will create a statewide resource facilitation network to track incidents and identify gaps in services and supports, and connect people with TBI, their family members, and caregivers to existing support networks across the state.

The original intent of the Registry was to support individuals with TBI, their families, caregivers, and service providers to be better informed of TBI services within their area and across the state. As the Registry continues to expand with the addition of new and existing partnerships, including statewide health organizations and other open data portals, the Department will utilize the Registry to inform policy, including statewide funding, and create culturally competent care policies, best practices, and education throughout the state.

The Department will enhance its relationships with its sister Health and Human Services agencies to increase awareness of the need for information about TBI services at onset and throughout the lifespan of survivors with a focus on early detection of TBI and connection to community reintegration services and supports. Through data collected from the Needs Assessment, Registry, six TBI sites, partner agencies, and the collective experience and knowledge of the TBI Advisory Board and committees, the Department will create data driven education and information to identify effective, high-quality, equitable, and evidence-based resources, services, and supports that will result in fewer people with TBI encountering barriers to needed services.

The Department will provide this information to support group facilitators, medical, rehabilitation, and community support professionals about the needs of TBI survivors and their families including recognition, treatment, communication strategies, and knowledge of resources. By expanding the Administration of Community Living (ACL) No Wrong Door System to include TBI and person-centered independence by advocating for structured TBI supports throughout the System to promote resiliency and reduce isolation, the Department can increase utilization of services and supports that help individuals improve their quality of life and levels of independence including employment, housing, personal care, community involvement, transportation, and recreation.

### *TBI Grantee Workgroups*

The Department intends to continue its involvement in the Advisory Board and Survivor Engagement workgroup, the Waivers and Trust Funds workgroup, and the Underserved Populations workgroup. To support full engagement, the Department will identify its responsibilities and duties within each workgroup, complete allocated tasks as and when required, seek assistance when difficulties arise, ask active and effective questions, take time and resource constraints into account, and encourage, acknowledge, and act upon constructive feedback.

The Project Director and Project Manager are interested in exploring survivor-driven communication, which would include the identification and sharing of culturally competent best practices for communicating with individuals with TBI in various stages of recovery. Their interest includes the development of a workgroup with other TBI SSP grant recipients centered around effective communication strategies for use by first responders, law enforcement, medical providers, and businesses. This would include toolkits for high-stress situations, successful employment, and various stages of recovery or cognitive fatigue.

### *Program Sustainability Plan*

From 1988 to 2016, each California TBI site received $150,000 totaling a sum of $1.05 million per year from the SPF. However, the fund has been steadily declining as a sustainable revenue source as fewer drivers have been cited for violations, and in state fiscal year 2018-19 funding was reduced to $115,000 per TBI site. The Governor and legislature have augmented the Department’s budget to offset the declining funds but needs continue to exceed resources. In the past, the Department has explored many paths toward a stable funding source, but none have proven to be viable – cooperative contractual agreements using vocational rehabilitation funds; a TBI-specific home and community-based waiver, which could not meet the Medicaid cost neutrality requirement; and a Health Resources and Services Administration grant, for which California was not selected. Given the growing need and demand for services for people living with TBI and their families, it is critically important to stabilize TBI site funding and to begin expanding services to all Californians, including those living in unserved and underserved counties.

In order to sustain funding for the TBI Program, the Department, the six TBI sites, and the TBI Advisory Board intend to utilize data from the Needs Assessment and Registry to develop a strategic plan to identify base funding, taking into account population, geography, and service needs to support additional TBI sites to serve all Californians. They will also assist in identifying and accessing funding from multiple state-funded programs (e.g., Homeless, Mental Health, Health Care, Corrections, CalAIM, etc.). The plan will also seek to provide adequate funding to the TBI Advisory Board to compensate for the end of the TBI SSP grant funding.

### *Grantee Meetings and Conference*

Resources will be allocated to support the Project Director and one member of the TBI Advisory Board to attend the National Association of State Head Injury Administrators (NASHIA) conference and one regional TBI-related conference convened by ACL or ACL partners.

### *Data Collection and Performance Reporting*

With the assistance of the TBI Advisory Board and the six TBI sites, the Department will conduct an internal evaluation of the 2018 TBI SPP grant’s goals, outcomes, and products to identify areas of improvement and provide insights on the program’s priorities. In addition to the Needs Assessment and Registry Data, the information gathered will be utilized as benchmark criteria for performance reporting.

Process outcomes will be monitored by the Project Coordinator who will continually update progress on specific tasks and objectives for the five years of the grant. Updates on project objectives will be provided to the public during the TBI Advisory Board meetings and posted on the Department’s website. Additionally, the Project Director will prepare an annual report on project objectives for the Department and the TBI Advisory Board. The following areas will be included in the performance report:

* Changes in capacity to provide access to comprehensive and coordinated services for individuals with TBI and their families
* System services and supports that maximize the independence, well-being, and health of persons with TBI across their lifespan
* National coordination and collaboration of TBI services and supports
* Establishment of innovative programs related to TBI
* Access to health and other services for individuals with TBI and their families
* Identification of gaps in systems of services and supports and solutions
* Overview of data collected through the Needs Assessment, Registry, and the six TBI sites for use under this grant

## Optional Activities

The Department intends to use any remaining funds to support TBI survivors through the work of the TBI Survivor Committee. This committee will create resources and materials about life after TBI from a survivor perspective including changes to family dynamics, ways in which to cope with loss of capacity and/or capabilities, and coping mechanisms for dealing with cognitive fatigue. The work produced by the committee will be shared on the Department’s website, and will be distributed to the TBI sites for other TBI survivors to read; all publications will include information on how consumers can contribute their own stories, tips, and experiences in order to build a living repository of supports for TBI survivors by TBI survivors.

## Special Target Populations

Based upon the current research, data, and issues facing persons with TBI in California, in addition to the long-standing historical and structural racism that disproportionately impact minority groups, the two underserved populations that this grant will focus on are TBI survivors experiencing domestic violence and homelessness.

### *Domestic Violence*

In 2019, 161,123 domestic violence-related calls were made in California to law enforcement for assistance. Of those, 8,552 involved strangulation and suffocation.[[7]](#endnote-7) In the absence of death, acquired and traumatic brain injuries are the most long-lasting consequences of intimate partner violence due to strangulation, blows to the head, and other assaults.[[8]](#endnote-8)

In July of 2019, researchers conducted a community-based study and identified a definitive link between domestic violence and TBI. The study found that one in three women in the United States has experienced intimate partner violence; 81 percent of those women who sought help had sustained a head injury and 83 percent had been strangled.[[9]](#endnote-9) Those who experience domestic violence often develop post-traumatic stress disorder (PTSD), and as a result, those with long-term neurological symptoms will often receive treatment for PTSD and other mental health problems without ever receiving diagnosis or treatment for their TBI.[[10]](#endnote-10) This is due, in part, to incomplete assessments as many clinicians fail to understand the repetitive nature of intimate partner abuse.

With the assistance of the TBI Advisory Board, California’s TBI Program will develop a strategy to address education and advocacy for individuals experiencing intimate partner violence. Through collaborative efforts with agencies and organizations centered around the protection and support of individuals who have experienced domestic violence, the TBI Advisory Board will assist in advocating for resources to expand the program to better support outreach, awareness, and services for TBI cases linked to domestic violence across California.

### *Homeless Population*

As of January 2019, 27 percent of people experiencing homelessness in the entire United States are in California.[[11]](#endnote-11) California also has the highest rate of unsheltered homeless individuals in the nation, with 33,000 individuals experiencing chronic homelessness, and costs to shelter all homeless individuals estimated to be between $2 billion and $3 billion annually.[[12]](#endnote-12) Studies have shown co-occurring conditions between TBI and homelessness, and that homelessness is disproportionately a byproduct of systemic inequality: the lingering effects of racism continue to perpetuate disparities in critical areas that impact rates of homelessness.[[13]](#endnote-13) Approximately 53 percent of homeless individuals and others living in unstable housing have had at least one TBI, and the lifetime prevalence of obtaining either a moderate or severe TBI was 22.5 percent.[[14]](#endnote-14) Comparatively, the Centers for Disease Control estimate the lifetime prevalence of TBI for the general population to be 21.7 percent, with a lifetime prevalence of moderate or severe TBI at 2.6 percent.[[15]](#endnote-15)

The TBI Project Manager with the support of the TBI Advisory Board will identify and outreach to organizations that provide services to underserved and unserved populations with TBI who experience a higher prevalence of homelessness. This grant would give California the preliminary tools to be able to identify key partnerships and work with entities who intersect with those populations to provide training on behavioral indicators to help identify a person who may have a brain injury. State agencies centered around homelessness and housing disparities could assist with best practices on this training, cross-systems collaboration, and development of confidentiality agreements between collaborating organizations and agencies.

## Outcomes

Several studies mentioned in our Person-Centered Planning and Underserved Population section have shown co-occurring conditions between TBI, homelessness, and domestic violence. To increase collaboration and coordination of state level activities across systems and supports, and to ensure all people with TBI, including those from these underserved populations, are provided ample opportunity to contribute meaningfully to needs assessments and state plans that will drive improvement of TBI services and supports, as well as cost-effectiveness across the service delivery system of care, the Project Manager will work with the TBI Advisory Board to identify training resources, develop best practices for professional development metrics to effectively measure knowledge of TBI and TBI services, and appropriate mechanisms to protect confidentiality when working across systems in California.

Through collaboration with the TBI Advisory Board and the data from the Needs Assessment Survey, measurable outcomes from these activities include the identification of:

1. Plain language and definitions about TBI with input from TBI survivors.
2. The infrastructure to support early identification, intervention, resource facilitation, and coordination for people with TBI.
3. Funding mechanisms to support locally based TBI services including Home and Community-Based Services.
4. Data informed education and training leading to expanded services and supports for TBI survivors.

The expected products include education and training materials for support group facilitators and medical, rehabilitation, and community support professionals about the needs of TBI survivors and their families including recognition, treatment, communication strategies, and knowledge of resources; collaborative relationships with state and federal entities to provide funding for TBI survivors to receive post-acute services; and the examination of qualitative and quantitative statewide data to triangulate efforts, identify gaps in service, and inform statewide education and training as outlined in the attached Work Plan.

## Project Management

This grant will fund the Project Coordinator who will be responsible for board and committee activities, meetings, capturing their progress, and measuring performance towards their objectives. The Project Coordinator will work with the board and committees to initiate projects, assist in defining the scope of each deliverable and its correlating schedule, and develop a communication plan to ensure that all resources are shared appropriately and within the confines of the project timeline. The Project Manager will lead the efforts in developing and enhancing statewide relationships, generating reports, increasing utilization of services and supports that help individuals improve their quality of life and levels of independence, and support the TBI Advisory Board in data interpretation for the development of trainings and materials. The Project Director will provide oversight, guidance, and management of the Program staff, activities, goals, and objectives. Additionally, the Project Director will foster relationships to inform policy statewide.

## Evaluation

The Department will begin with a formative evaluation of the 2018 TBI SPP grant’s goals, outcomes, and products to identify areas of improvement, including lessons learned, and provide insights on the program’s priorities. This will allow the Department and its partners to determine the baseline of relevant indicators, which demonstrate the impact of the work performed towards this grant’s outcomes and allow for early improvements of the program. The Department conducts evaluations through surveys, focus groups, collaborations, and discussions with a variety of individuals and entities in order to fully understand what exists, what is needed, and what can be improved.

The TBI Advisory Board, along with program staff, will develop SMART targets: specific, measurable, attainable, relevant, and timely goals-based evaluation measures in the TBI State Plan. These will be used as the metrics through which the Department measures its progress, determines if outcomes and objectives are being met, and clearly defines benchmarks. The project outcomes and measurements used to evaluate progress include the following:

1. Establish and promote plain language and definitions about TBI with input from TBI survivors by expanding the TBI Advisory Board to include a survivor committee.
2. The TBI Survivor Committee will produce educational materials to inform the general public about TBI utilizing their own life experiences to discuss the many facets of TBI including recovery, barriers to healthcare, changes in relationships, and comorbidities in language that is easy to understand.
3. The TBI Survivor Committee will ensure that all work generated by the board and committees maintains a person-centered focus, is racially and ethnically inclusive, is easily understood, and is culturally and linguistically competent.

Methods to Determine Success

* 1. The State Plan is revised to reflect the survivor perspective and will include plain language descriptions and definitions about TBI, services, and supports.
	2. Information and survivor resources are developed and disseminated per the Work Plan schedule.
	3. The TBI Survivor Committee maintains meaningful involvement as consumer leaders in the work produced under this grant and finds the service delivery system to be a satisfactory representation of person-centered planning practices.
	4. Document lessons learned, both positive and negative.
1. Expand systems to support early identification, intervention, resource facilitation, and coordination for people with TBI by providing culturally competent resources to entities that intersect with homeless and domestic violence populations.
	1. Identify community support professionals for each target population and provide education and training materials regarding identification, intervention, and resources available for post-acute services.
	2. Provide education and awareness regarding the correlation between homelessness, domestic violence, and TBI, and make public information and resources more readily available.

Methods to Determine Success

* + 1. Using data collected from Needs Assessment and Registry, the Department will evaluate the quality of the infrastructure in the key areas of identification, intervention, resource facilitation, and coordination.
		2. Quarterly reviews of committee work, distribution, utilization, and progress. Reviews will include committee reports of outreach and education and updates regarding progress on changes to policies and initiatives to support identified populations.
		3. Objective is included in the State Plan and progress towards completion will be monitored through quarterly State Plan Committee review.
		4. Document lessons learned, both positive and negative.
1. Identify funding mechanisms to support locally based TBI services.
	1. Identify options for long term funding to provide services to TBI survivors through the TBI sites.
	2. Identify options for long term sustainable funding for the TBI Program through specialty funds and additional partnership opportunities.

Methods to Determine Success

* + 1. Progress towards the outcome will be evaluated through development of creative alternatives for funding or service options for TBI survivors who would otherwise require care in a nursing facilities or hospitals.
		2. Object-based evaluations will be conducted to identify completion of short-term and long-term goals for funding and partnership opportunities as outlined in the Work Plan.
		3. Objective is included in the State Plan and progress towards completion will be monitored through quarterly State Plan Committee review.
		4. Document lessons learned, both positive and negative.
1. Create data informed education and training leading to expanded services and supports for TBI survivors.
	1. Utilize Needs Assessment and Registry data to inform TBI policy, education, and training statewide.
	2. Utilize race, ethnicity, socioeconomic, and other key indicators to inform culturally and linguistically competent and evidence-based policies, education, and training that removes barriers to TBI services and supports.

Methods to Determine Success

* + 1. Comparative data analysis from Needs Assessment and Registry to evaluate effectiveness of training and policies, as well as the expansion of services.
		2. Objective is included in the State Plan and progress towards completion will be monitored through quarterly State Plan Committee review.
		3. Recommendations of culturally competent changes to existing policies and standards for communities of practice.
		4. Document lessons learned, both positive and negative.

Throughout the grant, there will be continual evaluation of program objectives and outcomes. The Project Manager will be responsible for ensuring the TBI Advisory Board continually meets Work Plan goals set to ensure that any problems are identified early on. The Project Manager will monitor whether the program is reaching its target populations and seek feedback regarding how well it is working. There will be quarterly reviews of committee reports and updates regarding progress on changes to policies and initiatives to support underserved and unserved communities.

## Dissemination

The TBI Advisory Board intends to expand upon the work completed in its 2018 TBI SPP grant in order to generate on-demand informational and educational materials to post on its website in order to provide insight to those unfamiliar with TBI. Existing relationships with sister agencies, Independent Living Centers, Aging and Disability Resource Connections, and the State-funded TBI sites will be leveraged to disseminate materials and create awareness of the Department’s TBI website. The Department intends to provide resources and information on TBI, including guidance and resources, in order to foster relationships to inform culturally competent policies statewide. Topics may include types and symptoms of TBI, treatment and recovery, and helpful insights about the potential long-term effects of brain injury. The TBI sites and the Survivor Committee will be contributors in sharing their own stories, experiences, and providing a unique perspective about life with a TBI.

The Department intends to distribute information, education, and intervention materials to public health agencies and other practitioners and programs related to TBI. The Department will do so through its existing networks, grant workgroups, TBI organizations, and public forums. The Department will assist clinical and community-based organizations to adopt and integrate the culturally and linguistically competent health interventions in order to change the current practice patterns surrounding TBI services and supports.

In addition to the project’s results and findings, the Department will document the administrative process throughout the grant in order to enable others to examine the work performed to replicate and/or inform and improve future studies, needs assessments, and policies, with all project artifacts accessible and public under the California Open Meeting Acts and the Public Records Act. The Department intends to document all processes, decisions, and changes, including those made during committee and board meetings. All committee and board meetings will be publicly noticed, recorded, and posted on the Department’s website with meeting minutes and related documents for public review and input.

## Organizational Capability

The Department’s mission is to work in partnership with consumers and other stakeholders to provide services and advocacy resulting in employment, independent living, and equality for individuals with disabilities. The Department is a designated State unit to administer funding for programs supporting vocational rehabilitation and independent living services, including person-centered planning, and carries out its mission by providing vocational rehabilitation and other vital services that provide access and independence to eligible Californians with disabilities. The Independent Living and Community Access Division, where the TBI Program is housed, includes the Independent Living and Assistive Technology Section (ILATS) that administers funding for independent living services and works jointly with the State Independent Living Council (SILC) to fulfill priorities in support of an Independent Living Network.

The Department has long been a proponent of a person-centered approach to vocational rehabilitation services through the collaborative creation of an Individualized Plan for Employment for every consumer. This person-centered expectation also extends to its Independent Living Program, including the Older Individuals who are Blind Independent Living Program, that provides services to assist Californians with disabilities to live in the community of their choice with purpose and dignity.

Given the great diversity in California, the Department is also focused on ensuring culturally and linguistically competent services organization-wide. The Department works with a variety of culturally and linguistically competent community-based organizations and public and private providers to serve individuals with disabilities, helping them to achieve independence and employment.

Internally, the Department has a Bilingual Services Program (BSP) that is administered by its Office of Civil Rights (OCR), in accordance with State law. The BSP ensures the Department provides bilingual services and resources to meet the needs of non-English speaking public contacts (including consumers). The Department also employs a diversity officer who is responsible for workforce and succession planning and diversity training to ensure Department staff are sensitive to, and aware of, various competencies necessary to promote a diverse and inclusive workforce and to effectively serve consumers and public contacts who come from diverse communities. Subject matter expertise in the needs of deaf and hard of hearing individuals as well as individuals with speech disabilities are available, respectively, through the Department’s Deaf and Hard of Hearing Services section and the Voice Options Program that issues free speech-generating devices. These resources are available to support the Project Manager, Project Coordinator, and TBI Advisory Board as needed.

**Endnotes for Project Narrative: Department of Rehabilitation**

1. California Department of Public Health, EpiCenter database [↑](#endnote-ref-1)
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