A LOOK AT
TBI TRUST FUND PROGRAMS

Possible Funding Sources for Helping Individuals and Their Families Cope with Traumatic Brain Injury

Updated, January 2012

U.S. Department of Health and Human Services
HRSA
Health Resources and Services Administration

"This publication lists non-federal resources in order to provide additional information to consumers. The views and content in these resources have not been formally approved by the U.S. Department of Health and Human Services (HHS) or the Health Resources and Services Administration (HRSA). Listing these resources is not an endorsement by HHS or HRSA."

For more information on this publication and other technical assistance, visit the TBI Collaboration Space at https://tbitac.norc.org/

HRSA Federal TBI Program Website:
http://www.hrsa.gov/gethealthcare/conditions/traumaticbraininjury/

Table of Contents

A Look at TBI Trust Fund Programs

What are TBI Trust Funds?

Trust funds are accounts established by law and earmarked for specific purposes. As State revenue sources become more difficult to obtain, TBI trust funds offer an additional way to serve individuals who have sustained a traumatic brain injury.

The earliest TBI trust fund legislation occurred in 1985 in Pennsylvania. Today, twenty-two states have trust funds, ten of which also benefit individuals with spinal cord injuries.

While all the programs are not specifically called "trust funds," they do share these similarities:

- They are established by legislation and dedicated for activities benefiting individuals with brain injury.
- They are supported by revenues from a fee, fine, or surcharge.
- Revenue is placed in an interest-bearing, non-reverting account.

How do they work?

Despite the fact that a trust fund is an account dedicated for a specific purpose, many States require legislative approval to use TBI funds. Gaining this approval involves establishing an annual budget and presenting it before a budget or finance committee in the General Assembly.

Estimated revenue varies widely for established programs, from less than $1 million to $22 million. The average is between $1 million and $4 million annually.

The sources of revenue are most often tied to traffic-related issues or offenses. Here are some examples:

- Penalty assessments on infractions such as DUI, speeding, reckless driving, accidents causing bodily injury or death
- Assessments on violations of child safety restraint laws, helmet laws
- Surcharges on motorcycle or motor vehicle license tag fees
- Surcharges on vehicle registration fees, driver's license reinstatement fees
- Penalty assessments on criminal or civil infractions

Just as revenue for trust funds varies, so do their uses. Many programs provide funding for individual consumer needs while others devote funds to projects selected through a request for proposal (RFP) process. Some combine trust fund monies with general revenue or other sources to expand their capacity to provide services. The following list demonstrates the diversity in uses of trust funds:

- Acute care
- Inpatient, outpatient, and post-acute rehabilitation
- Community-based services
- Case management
- Resource facilitation
- Information and Referral

- Registry
- Research
- Education and Training
- Public Awareness
- Prevention
- Medicaid match
- Funds to match the HRSA federal TBI grants
- Support to the advisory council
- Grants for demonstration projects

While there may be no direct relationship between the HRSA Federal TBI Grant Program and the evolution of TBI trust fund programs, the increase in exchange of information between States has most likely stimulated interest in their development. For some States, the Federal program also provides for the continued presence of an individual or advisory body able to initiate development of such a fund when the time is right.

What are the Challenges in Establishing a Trust Fund?
Development of a TBI trust fund is one avenue for States to explore as they work towards expanding resources and achieving comprehensive systems of services and supports. But getting a trust fund established is not without challenges. Some have experienced difficulty in getting legislative support for a trust fund because their legislators view any fee, fine, or surcharge as a tax, with the legislature being committed to no new taxes. In one State, a change in its Constitution is required in order to share revenues from fees, fines, or surcharges with public education initiatives. A *Compilation of TBI Trust Fund Legislation* is included at the end of this document and is also available from the Traumatic Brain Injury Collaboration Space at http://www.tbitac.norc.org/tbics).

Common Insights
Because political climates and priorities differ from State to State, there is no "one size fits all" strategy for establishing and operating a trust fund. However, some common insights have emerged:

1. A strong, statewide grassroots advocacy effort typically led by the Brain Injury Association of America's chartered State affiliate, Brain Injury Alliance, or comparable grassroots advocacy group is critical in laying the groundwork for legislation. This includes getting buy-in not only from legislators but also from stakeholders, such as 1) agencies that will be facilitating revenue collections, and 2) top management at the agency that will administer the program.

2. One or more powerful legislators are needed to champion the bill.

3. Judges, court clerks, department of motor vehicles, or whoever is critical to the revenue collection process, must be educated about the legislation and its importance so that they will willingly fulfill their collection obligation.

4. Expect the start-up process to take one to two years. The start-up process often includes time for the collections process to begin generating sufficient monies; setting up an advisory board if one does not already exist; finalizing priorities and operating procedures; promulgating administrative rules; and allowing contract bids or placing additional staff as needed.

5. Make sure the rules are clear so they are not misinterpreted by individuals who stand to benefit from the program nor those who administer it. Keep them flexible enough to allow for the unexpected.

6. Anticipate as much as possible, but expect change. Only through experience will a State know what works and what does not work.

Changes Since 2006

Revenue: Expansion of revenue sources and surcharge increases have occurred as follows since the first Trust Fund document was published in 2006.

- **Colorado** – passage of a motorcycle helmet law with a $10 fine for failure to comply (2007); surcharges on all convictions increased by $5 (2009); percentage of funds dedicated for specific uses changed (2009)
- **Georgia** – can now engage in public fundraising for the Trust Fund
- **Tennessee** – two new infractions were added to list of traffic violations: accidents involving death ($15) and drag racing ($25)
- **Texas** – percent of surcharges on misdemeanors and felonies directed to the Trust Fund increased from 5.3218% to 9.8218% in 2011.

A chart comparing revenue projections from data published in 2006 against projections made in 2011 can be found on page 10. The chart does not reveal a complete picture of all that has happened with revenues over the past few years, however. Minnesota reports that its Trust Fund revenue soared following a legislative change in 2004, only to begin a steady decline shortly thereafter. Florida and Tennessee show net increases since 2005, yet both states have actually experienced declines following a period of increase. The timing of decreased revenues seems to be consistent with the economic downturn, but the reasons are not clear. Are courts more lenient in imposing fines if they are not required to do so because of the number of jobless individuals? Are fewer individuals owning and registering a vehicle because they are jobless? Are fewer individuals re-instating their licenses following a conviction and loss of license because they are jobless and cannot afford the fees?

In Arizona, Trust Fund revenue has been cut from the excess balance by the Legislature. In 2005 – even before the worst recession hit – general revenue was cut from the TBI program in Missouri and was supplanted by the trust fund thwarting efforts to create new initiatives with trust fund monies.

Administrative Oversight:
The agency responsible for administering the Trust Fund Program has changed in several states: The state of **New Mexico** reports that its Trust Fund Program has moved from the Department of Aging and Long Term Services to the Department of Human Services, Medical Assistance Division; in **Kentucky,** from the Department for Mental Health to the Department for Aging and Independent Living; in **California**, from the Department of Mental Health to the Department of Rehabilitation; and in **Louisiana** from the Department of Social Services to the Department of Health and Hospitals, Office of Aging and Adult Services. In 2005, management of the Trust Fund in **Missouri** was changed from the Advisory Council under the Department of Administration to the Department of Health and Senior Services. The change was made permanent via statute in 2011.

Evaluating State Traumatic Brain Injury Trust Fund Legislation:
Some Questions to Consider

A number of important issues should be considered before committing to the establishment of a traumatic brain injury (TBI) trust fund. Particularly important is an awareness of potential negative consequences that might arise. For example, would a TBI-only trust fund alienate key stakeholders (e.g., cross-disability coalitions) whose support will be needed for other initiatives or would a TBI trust fund limit State appropriations to programs that serve individuals with TBI and their families?

This document presents questions TBI stakeholders should address when considering whether to establish a TBI trust fund. Questions have been organized into five categories: 1) Decision Process; 2) Financing; 3) Administration; 4) Functions; and 5) Oversight. Decision Process includes questions related to organization, coalitions, priorities, and responsibility. The section on Financing addresses matters related to securing and sustaining financial support. Administration addresses issues associated with establishing and operating a program that will ensure excellent customer service and efficient use of resources. The fourth section, Functions, should help identify the kinds of services and supports a fund might finance. The final section, Oversight, raises the important issue of what mechanisms should be established to ensure solvency and how to ensure that resources are used to meet the needs of individuals with TBI and their families.

Decision Process

1. What stakeholders (e.g., government, cross-disability coalitions, individuals, and service providers) would be involved in evaluating the feasibility of a trust fund?
2. How and by whom would these stakeholders be identified?
3. How would decisions be reached (e.g., consensus agreement)?
4. To whom would the stakeholders report or provide recommendations?
5. How would the public policy objectives of a trust fund be identified and prioritized?
6. What information/data would be used to evaluate the feasibility of developing a trust fund?
7. Would a TBI trust fund alienate some stakeholders that may be helpful in pursuing other systems improvement? If yes, how would this issue be addressed? If no, how could broader stakeholders help advance a trust fund proposal?

Financing

1. What would be the source of revenue (e.g., traffic fines, driving under the influence, State income tax, vehicle license fee) for the trust fund?
2. Would the trust fund be able to accept private contributions?
3. Would the funding source(s) be sufficient to meet needs?
4. How stable/predictable are the funding sources (i.e., are they tied to a sector of the economy that is subject to fluctuation)?
5. Would contributions to the trust fund be time limited?
6. Would the trust fund require periodic reauthorization by the State legislature?
7. How would trust fund solvency be reviewed/addressed to ensure services and supports are not cut and that individual and/or family needs continue to be met?

8. Would a trust fund overtly or covertly divert resources from other TBI/disability programs?

Administration

1. If funded from fines, how would these fines be assessed and collected? Would the contribution to the trust fund be a required percentage of a certain class of fines or would it be at a court's discretion? If the latter, how would court officers be trained/educated about their role in assessing/collecting penalties for the trust fund?
2. How would the trust fund allocate resources or fund services? Would the trust fund make an annual contribution to a given State agency or would individuals apply directly to the trust fund for assistance? Would the trust fund reimburse approved service providers for costs? How would the reimbursement schedule be determined and adjusted?
3. How would eligibility be determined?
4. Would the fund be restricted to a specific age or disability group?
5. Would the application process be cumbersome?
6. What appeals mechanism would be available to adjudicate disputed claims?
7. What would be the annual administrative costs and would the costs be paid by the fund?
8. Would the trust fund be administered through an existing program or a new program?
9. What training, technical assistance, education, and outreach would be available to individuals, families, advocates, service providers, and other stakeholders who would seek to access the trust fund?
10. Would the trust fund operate in a person-centered or person-directed fashion?
11. Would the fund meet the individual needs of diverse populations?
12. Could the trust fund be reprogrammed to provide/finance other State services? If yes, what authority (e.g., approval of the Governor, agency administrator, trust fund advisory board, or State legislature) is required?

Functions

1. Would the trust fund support only TBI services and supports, or any services and supports needed by individuals with TBI?
2. What is the purpose of the proposed State trust fund? For example, would the trust fund cover hospital expenses for the uninsured, medical rehabilitation, durable medical equipment, cognitive rehabilitation, employment services, housing assistance, transportation assistance, assistive technology, respite care, personal attendant services, an array of services that individuals and families could choose from depending upon need, support of a State surveillance system, or prevention and public awareness?
3. Would the trust fund finance the necessary services, as identified by individuals with TBI, families, and service providers?
4. What percentage of the State's population of individuals with TBI and their families would receive assistance from the trust fund? How would those not eligible for trust fund assistance access/finance services?

Oversight

1. Would the trust fund have an independent advisory board that includes TBI stakeholders, including individuals with TBI, families, advocacy organizations and service providers?

2. What would be the relationship between the trust fund advisory board and the trust fund administrator? Would the trust fund's administrator be obligated to listen to/implement the recommendations of the advisory board?
3. How would board members be selected/appointed, and for what length of service?
4. What entity will be responsible for auditing the trust fund?
5. What mechanism will be established to evaluate the effectiveness of the trust fund in meeting the needs of individuals with TBI and their families?

Advice from States

While committing to a TBI trust fund may be beneficial as it brings much-needed revenue to implement services and supports for the TBI program, establishing one may not be so easy. And States have learned that constant vigilance over Trust Fund dollars is required once the program is established in order to keep TBI as a priority and protect resources from budget cuts during challenging economic times. Stakeholders should consider the areas of (1) Advocacy; (2) Decision Process; (3) Financing; and (4) Functions, if contemplating the establishment of a TBI trust fund because potential problems may arise if these areas are not given sufficient attention.

The State agencies that have successfully established TBI trust funds have not done so without hurdles. As a result, they have thought of ingenious ways to overcome obstacles through their years of experience and/or problem-solving techniques. They have graciously handed over much-needed advice on how to facilitate the process of establishing a trust fund. Listed below are various helpful tips many State agencies have implemented and are eager to share. Each suggestion is grouped into one of the categories listed above and is tagged by the State that submitted it. Note that the "Advocacy" category is not listed in the "Questions to Consider" section, but appears here first.

Advocacy

- The front end of developing the Trust Fund is extremely critical. Ensure buy-in from key people within state government, private partners and the legislators. (CO)
- A strong grassroots effort is critical. (GA)
- Use the Brain Injury Association (BIA) and Spinal Cord Injury Association to develop a strong grassroots effort and locate legislators who are amenable to sponsoring legislation. (LA)
- Develop a plan that includes input from the advocacy community. (MA)
- Do not give up on getting legislation passed. It may not happen this year, but there is always next year. Persistence counts, and on-going education of policy and decision makers never stops. (NM)
- Find and use a high profile case of a person with brain injury. The Mayor of Albuquerque took an interest in the case of a police officer who was shot by a person with brain injury. (NM)

- Make sure the Cabinet Secretaries know about brain injury. Ask them to speak at brain injury functions. Include them in leadership training as much as they will participate. Show them how important brain injury is to the people. (NM)
- Do not forget the Governor. Meet with his health advisors and teach them about brain injury. (NM)
- Build grassroots support within the community, the legislature, and State government programs. (TN)
- Get as much press coverage as possible. Run campaigns. Use the *face of brain injury* post cards. Give them to legislators with a hand written note. Send them to the media. (NM)
- Collaborate with a broad base of people. (TX)
- Do not leave out consumers or their families. (TX)

Decision Process

- The language of the statute is critical. Be sure there is little room for misinterpretation in terms of the intent of the statute. (CO)
- Consumer groups should be actively involved in the process of identifying and prioritizing types of services needed from the trust fund. The legislative language should clearly reflect the intent. (FL)
- A trust fund is not a reliable source of funding and should be considered a supplement – not the exclusive operating resource since available monies depend on limits imposed by citations. Other factors in collections include successful prevention initiatives and the economic climate (fewer people working equals fewer people on the roads, and police reluctant to penalize people already under stress). (MA)
- Consider whether a trust fund should rely on people's 'bad behavior' or if a more equitable and consistent source of revenue might be more effective (such as a nominal fee on all car registrations). (MA)
- Be very upfront and transparent about what the state/administering agency is trying to do. (MN)
- Develop clear trust fund priorities and procedures, accounting systems, and program evaluation. (MO)
- Be realistic about what can be provided with dollars available. (MO)
- Start work long before planning to take enabling legislation to the legislature. Plan at least a year in advance. Train and use advocates to tell their stories one-on-one to legislators and committee members. Gather statistics, but don't wait on statistics if they are not available. Stories sway more hearts than money. (NM)
- Be clear about the population to be served.
- Determine what services/supports to provide and then allow for the likelihood of new technologies. (PA)
- Know the intended uses of the funding up front rather than waiting until after the money becomes available. (TN)
- Pick key supportive legislators. Utilize "big names" to bring weight to the process. (TX)
- Find consensus and a win/win scenario. (TX)

Financing

- Make sure there is a secure funding stream that cannot be altered. (AL)
- Maintain a constant vigilance over the dollars. (AL)
- Seek funding from multiple sources or infractions. (AL)
- Do everything possible to protect the funding from legislative action. (AZ)
- Leverage resources to make the most available for the most people. (AZ)
- Make sure the source of revenue is a stable one. (CA)
- If the fund will be built through surcharges on county and municipal violations, it is imperative to have buy-in and support from county and municipal leagues. (CO)
- Always be watchful and do not take for granted that the money is secure. (CT)
- Determine in advance how the funds will be used in order to justify them in the legislative process. (CT)
- Utilize the easiest-to-access revenue source for the State. (CT)
- Link and generate funding from sources that contribute to the incidence of the injuries. (FL)
- Be sure that a statute guarantees a funding source that cannot be tampered with during an economic downturn or that does not provide automatic annual appropriation of the dedicated funding (GA)
- Do not rely on only one funding source. If a DUI fine surcharge is selected as a mode of funding, be sure to include a Reckless Driving fine surcharge since DUIs are frequently reduced to a reckless charge by law enforcement or the courts. (GA)
- Capping expenditures limits a State's ability to truly address the life-long needs of people with TBI. (MA)
- Ensure appropriate accounting practices are in place to track the money assessed/collected, actually transferred into the trust fund, and regular reporting of balances. (MA)
- If States choose the same funding mechanism as Montana's, it would be wise to figure out, in advance, a way to establish the voluntary contribution from year to year in the form of automatically adding the dollar with the option of removing it. (MT)
- Having the surcharge on motor vehicle registrations has worked well for the administering agency. Dealing with court imposed fines can be problematic because judges will reduce fines or they are otherwise hard to collect. The agency has created a public awareness flyer that accompanies vehicle registrations stating the purpose of the 50 cent surcharge. (NJ)
- Find creative sources of revenue to build infrastructure. (PA)
- Be aware that revenues from traffic violations are not necessarily consistent. (TN)
- Utilize a funding source that is somehow tied to causes of TBI. (TX)
- It is a good idea to tie the fund to a revenue generation source that is not economically sensitive. (WA)

Administration

- Think evaluation from the beginning. From the outset, get input from others in designing the program. (AZ)
- Balance passion with strategic planning. (AZ)
- Understand the fragility of the work that program administrators do. Partnerships with other state agencies and other agencies are susceptible to changes in administration, staff, and/or priorities – even if you are providing funding. Sustainability can be challenging. (AZ)
- The systems development approach has worked well for us. (AZ)

- Find and cultivate a relationship with a strong legislator. (CT)
- Project how much funding will be collected and have a clear plan on how to use it. (FL)
- The State agency responsible for administering the trust fund must be committed to developing the program to address the unmet needs of individuals with traumatic brain injuries. (FL)
- Keep the focus on consumer independence. (GA)
- Do not try to turn it into a Medicaid or treatment program. Focus on helping individuals direct their own lives and live as independently as possible. Average allocations are low—less than $3,000 per person—and most are not related to treatment or therapies. Staying client-centered as opposed to program-centered will also reduce administrative costs. (KY)
- A trust fund should be managed by a State agency in order to assure accountability. (MA)
- Work in partnership with stakeholders and other agencies. (MN)
- Most of all, understand the niche trust fund dollars can fill and structure all policies and procedures to be consistent. (MO)
- Be very clear in law and in policy what can and cannot be provided. (MS)
- Do your homework. (NM)
- Write contracts very concretely. Be sure to include detailed language saying what is needed and expected from service providers. Put in reporting, satisfaction surveys and monthly billing requirements. The program, not the service providers, should drive services. (NM)
- Win the support of executive staff. Educate them every chance you get. Make sure they understand the needs of persons with brain injury. (NM)
- Monitor the contractors early and often. Create department forms for assessment, Independent Living Plans, and processing money if you can. (NM)
- Contemplate all possibilities regarding the use of trust fund monies and in establishing administrative rules. (PA)
- Establish a set of regulations that help eliminate ambiguities. (PA)
- Pay attention to what families and consumers have to say about what they want and how the program should be administered. (PA)
- Establish a process that can be sustained. Change will be needed. (TX)
- Operating a trust fund using a grant dissemination mechanism works well for research projects that a) use State dollars for lab techs and seed projects, and b) can ultimately attract Federal funding. Funding of community-based, rehabilitation programs has been more challenging because the need for direct services is so great. Once programs are up and running successfully, it has been difficult for them to face the reality of grant funds coming to an end. Many grant-funded programs approached the legislature for permanent funding and were awarded $825,000 in FY 2005 and $1,075,000 in FY 2006, keeping doors open for six, brain injury services programs. (VA)

Functions

- Teach consumers how to "fish." Do not do it for them. (AL)
- Build trust and commitment. (AZ)
- Work for the long-haul, not the short-run. (AZ)
- Having a statewide referendum has been very beneficial because its passage acknowledges broad program support and puts safeguards in place with the trust fund in the constitution. (GA)

- Research a variety of State trust fund models to see which one best matches the state/ administering agency's intentions. (GA)
- A trust fund should be considered a supplement – not the exclusive operating resource since available monies depend on limits imposed by citations. (MA)
- Consider the fund as a resource for augmenting or improving your system. (MN)
- Be prepared to deliver what your law and policy says can be delivered. (MS)
- Be cautious about using Federal waiver guidelines. This is an opportunity to get services for persons with brain injury that they cannot get anywhere else. (NM)
- Do not provide services that participants can get from another payer source. This will make the money go farther. (NM)
- Decide what the client needs and what the quality assurance needs are up front. (NM)
- Become aware of what is needed in both the urban and rural parts of the state. TBI is everywhere, so serve everyone. (NM)

TBI Trust Fund Programs at a Glance

Table 1: Legislative Authority

Year Ratified	State	Establishment and Administration	Revenue Code
1985	PA	28 Pa. Code § 4.1	35 P.S. § 6934
1988	CA	Cal Wel & Inst Code § 4358; AB 398, Chpt. 439	California Penal Code § 1492, Chpt. 1023
1988	FL	Fla. Stat. § 381.79	Fla. Stat. § 320.131(2) Fla. Stat. § 381.21(2)(d); Fla. Stat. § 938.07
1991	MA	ALM GL ch. 10, § 59	ALM GL ch. 90, § 20 and ALM GL ch. 90, § 24
1991	MN	Minn. Stat. § 144.661 to 665	Minn. Stat. § 171.29(Subd. 2)(c)
1991	TX	Tex. Hum. Res. Code § 111.060	Tex. Local Gov't Code § 133.102 (e) (6)
1992	AZ	A.R.S. § 41-3203	A.R.S. § 12-116.02; A.R.S. § 36-2219.01
1993	AL	Code of Ala. § 32-5A-191.2	Code of Ala. § 32-5A-191
1993	LA	La. R.S. 46:2631- La. R.S. 46:2635	La. R.S. 46:2633
1993	TN	Tenn. Code Ann. § 68-55-401	Tenn. Code Ann. § 68-55-301 to 306
1996	MS	Miss. Code Ann. § 37-33-261	Miss. Code Ann. § 99-19-73
1997	NM	N.M. Stat. Ann. § 24-1-24	N.M. Stat. Ann. § 66-8-116.3(E) and N.M. Stat. Ann. § 66-8-119(B)(5)
1997	VA	Va. Code Ann. § 51.5-12.2	Va. Code Ann. § 46.2-411©
1998	GA	O.C.G.A. § 15-21-148	O.C.G.A. § 15-21-149
1998	KY	KRS § 211.470 to 211.478	KRS § 42.320(2)(c-d)
2002	CO	C.R.S. 26-1-301 to 311	C.R.S. 42-4-1301(7) (d) (III); C.R.S. 42-4-1701(4) (e) (I&II); C.R.S. 30-15-402(3)
2002	HI	HRS § 321H-4	HRS § 291-11.5(e) ; HRS § 291-11.6(e) ; HRS § 291C-12(d); HRS § 291C-12.5c ; HRS § 291C-12.6c; HRS § 291C-102©; HRS § 291E-61©
2002	MO	§ 304.028 R.S.Mo.	§ 304.028 R.S.Mo.
2002	NJ	N.J. Stat. § 30:6F-5; N.J. Stat. § 30:6F-4	N.J. Stat. § 39:3-8.2(1.b.)
2003	MT	Mont. Code Anno., § 2-15-2218	Mont. Code Anno., § 61-3-303
2004	CT	Conn. Gen. Stat. 14-295b	Conn. Gen. Stat. 14-295a
2007	WA	RCW 74.31.060	RCW 46.63.110 (7) c

Table 2: Revenue

State	Revenue Source	Administrative Overhead	Estimated Revenue 2005	Estimated Revenue 2011
AL	$100 for each DUI conviction	$900,000 is set aside for salaries in the Resource Coordination program and 15% for administrative overhead.	$1.5 million	$1.5 million
AZ	13% penalty assessment on every fine, penalty, and forfeiture related to criminal offenses and traffic,fish, and game law violations. Trust Fund receives 22% of amount collected.	Legislation allows the trust fund to cover administrative costs incurred by the Advisory Council and the Dept. of Economic Security	$2.0 million	$1.8 million

CA	Assessments on vehicle code, criminal and civil infractions are deposited in the State Penalty Fund. .66% of these revenues are provided to the Trust Fund.	An average of 5 – 10% is spent on operating expenses per contract.	$1.0 million	$1.0 million
CO	$15 assessment on speeding convictions; $20 assessment on DUI convictions; $15 assessment on motorcycle helmet violations	No more than 5% of the trust fund budget is used for administration costs.	$1.5 million	$2.7 million
CT	$5 assessment for each speeding, DUI, and reckless driving infraction	Funds are allocated to BIA-CT, some of which are used for administrative overhead	$200,000	$175,000
FL	$60 (of $135) surcharges on fines for DUI and BUI; fines for moving violations; specialty motorcycle tag fees; and $1 (of $2) surcharges on temporary license tags.	There is an 8% administrative handling fee imposed by the State for distributing money to the trust fund	$17 million	$22 million
GA	10% surcharge on fines for DUI or drug convictions	Administrative costs are approximately 25% of the total budget	$2.3 million	$1.95 million
HI	$10 surcharge for violation of child safety restraint; $10 surcharge on seat belt violation; $10 surcharge for speeding; $25 for DUI; $100 surcharge for accidents causing bodily injury; $250 for substantial bodily injury; $500 for accidents causing deaths.	No more than 2% of the annual revenue may be used for administrative purposes	Approx. $600,000	$795,000 - $906,000
KY	5.5% of each court cost to be deposited in Trust fund – not to exceed $2,750,000; 8% of DUI service fees ($375) after first $50.	Administration of the program is limited to 3%	$3.3 million	Figure not provided
LA	$5 surcharge on fines for speeding or reckless operation; $25 surcharge on fine for first offense DUI, $50 – 2nd offense, $100 – 3rd offense, $250 – 4th offense	Legislation allows the trust fund to pay for administrative costs of the program and reimbursement of travel for Advisory Board members. The program currently supports 3 FTE staff members.	$1.5 million	$1.6 million
MA	$250 assessment for DUI and driving to endanger and $50 assessment for speeding	The bulk of administrative expenses are paid for from the general revenue fund. Only 2 – 3% of trust fund monies are used for administration.	$6.6 - $6.8 million	$6.6 million
MN	$50 surcharge on each DUI conviction	83% of trust fund revenues is available to BIA. Of that amount, 3% is spent on administration.	$1.6 million	$1 million
MO	$2 surcharge on court costs related to violations of County ordinances, criminal or traffic laws	25% is available for administration	$800,000	$750,000
MS	$25 surcharge for violation of DUI law; $6 from all moving vehicle violations	1% is set aside for administration	$3.5 million	$3.5 million
MT	$1 voluntary donation through motor vehicle registration	Trust Fund monies may be used for Advisory Council expenses, service planning	$8,117	$9,821
NJ	$.50 surcharge on vehicle registration fees	Less than 10% is spent on	$3.8	$3.4

		administration	million	million
NM	$5 surcharge on all moving vehicle violations	Operation and administration expenses are paid from state general revenue.	$1.5 million	$1.74 million
PA	25% of amount collected in surcharges on traffic violation fines ($10 each) and fees in lieu of jail time ($25 each)	Operation and administration expenses are paid from state general revenue	$3 million	$5 million ($3 million plus unspent balance)
TN	Variable surcharges on 6 traffic violations: speeding, reckless driving, DUI, revoked license, drag racing, accidents resulting in death	About $200,000 is used for administrative purposes.	$750,000	$1.0 million
TX	$133 surcharge on felony convictions; $83 on Class A & B misdemeanors, $40 on convictions punishable by fines only (9.8218% of all fines collected)	Less than 5% is used for administrative purposes.	$10.5 million	$17.123 million
VA	Trust Fund receives $25 of the Driver's license reinstatement fee ($30) levied on individuals whose license has been revoked or suspended.	5% is set aside for program administration.	$1.2 million	$1.02 million
WA	TBI Account receives $2 of each penalty fee imposed for violation of traffic laws	Funding is available to pay for the cost of required department staff who provide support for the Council.	N/A	$1.86 million

Table 3: Focus and Services

(Note: More than half of the states that have a trust fund contract with their state brain injury advocacy agency for one or more services or functions. In the following table, absence of information in the third column indicates that a contract with the advocacy agency does not exist. If no information is provided in the fourth column, the information was not available to or not provided by the state agency.)

State	**Program Focus**	**Brain Injury Association, Brain Injury Alliance (or comparable advocacy group) Contract Services**	**Most Requested Services/Supports**
AL	Resource Coordination, Care Coordination, Attendant Care, Extended Support in Supported Employment	Resource Coordination	Care Coordination
AZ	Neurorehabilitation, IL Rehab, Resource Facilitation, Education & Training	Resource Facilitation, Education & Training, Support Groups	Varies by agency
CA	7 regionally based projects addressing community re- integration, supported living, vocational supports, I&R, public & professional education		Community re-integration, supported living, vocational supports

CO	Care coordination, services, research, education, systems navigation	Intake, Eligibility, Outreach	Care Coordination, Assistive Technology
CT	Help Line, Resource Facilitation, Community Outreach, Training, Prevention, Assistance to Support Groups	All services provided under contract with BIA-CT	
FL	Acute care, rehabilitation, community integration, nursing home transition, case management, Medicaid match, prevention, registry, special project grants		Assistive Devices, Therapies, Medications, Med Supplies, DME, Home Modifications
GA	Post-acute care and rehabilitation, Registry		Transportation; Home Modifications
HI	Service coordination, education, public awareness, registry	BIA annual conference	Housing
KY	Community-based services and supports, surveillance registry		Respite
LA	Community-based services and supports, case management	Information Resource Center	Medications or Medical Supplies
MA	Non-recurring short-term community support services	Prevention, education, I & R	Case Management, Life Skills, Recreation, Respite, Dental
MN	Registry, resource and service coordination	Resource Facilitation	Employment assistance, interpersonal skills training, support groups
MO	Service coordination, purchased services		Transitional Home and Community Support
MS	Registry, waiver match,, IL services, transitional living, recreation, annual nursing survey		Personal Care Attendants
MT	Advisory Council, grants for public awareness, prevention education		
NJ	Community-based services and supports, public awareness, education	Public Awareness and Education	Cognitive Therapy, Case Management, Physical Therapy, Assistive Technology, Home Modifications
NM	Service coordination, life skills coaching, crisis interim services, systems navigation (BIA), alternative therapies	Outreach, I&R, Education, Self-advocacy Training, Systems Navigation	Alternative therapies, medical transportation, homecare services
PA	Assessment, short-term community-based rehabilitation services, transition case management	Program Pre-enrollment Assistance, Assistance in Applying for Services	Life Skills Training, Therapies
TN	Registry, Supported Living, Service Coordination (via grants for community-based projects)		
TX	Inpatient, outpatient, and post-acute rehabilitation services, case management, services for contractures and behavior issues		Post Acute Rehabilitation

VA	Grants for community-based rehabilitation projects, applied research projects		
WA	Resource facilitation, support groups, staff Support to Advisory Council, Public Awareness campaign	Resource facilitation, helpline	Resource line

STATE and TBI Trust Fund Legislation Profiles

Alabama TBI Trust Fund Profile

Background: Up until the 1990s**,** there was no funding specific to TBI in Alabama. The Alabama Department of Rehabilitation Services needed revenue to fill in gaps in services. A task force researched funding possibilities and decided to pursue a trust fund. Observing Florida's program, they decided to model their own revenue source*,* DUI, after what Florida was doing. Alabama's Commissioner of Rehabilitation Services, Lamona Lucas, had previously worked at a rehabilitation hospital and was familiar with the needs of persons with brain injury. She helped champion the cause. There was also a legislator who had a family member with a brain injury. Charlie Priest, Executive Director of the Head Injury Foundation, served as chair of the task force's legislative subcommittee and was a strong advocate. Each of these individuals worked with other members of the legislature to rally support.

Legislative Authority: Acts 1993, No. 93-323, Section 32-5A-191.2, ratified in 1993.

Revenue Source and Collections Process: The program receives $100 for each Driving under the Influence (DUI) conviction. The task force collects information on the number of DUI convictions each year and estimates revenue. County/municipal clerks collect the money and deposit it into the State Treasury. The amount is included in the department's annual budget which must be appropriated by the legislature. This requires the current Commissioner to justify the amount at legislative budget hearings every year.

There were difficulties in fine collections in different municipalities. Some judges were prone to reducing convictions for DUI to reckless driving, which carried a lesser penalty and generated no money for the program. However, during the most recent legislative session, a bill was passed that prevents judges from reducing convictions.

If the department was able to collect the actual amount estimated, it would total $2.5 million. With compliance problems, it has been closer to $1.5 million. The legislative subcommittee worked on educating judges over the past year. The Trust Fund Advisory Board, Legislative Subcommittee, and Lead Agency have all conducted periodic trainings.

Alabama's DUI fees vary depending on such things as a) whether it is the first, second, or third offense, and b) whether the offense is appealed or upheld. Some trust funds receive an increase in money if there is an increase in fines. In Alabama, DUI fines start at $600. The program receives $100, following court costs and a $100 allocation to the Chemical Defense Trust Fund. Starting at the bottom in priority for collections, the program benefited from an amendment in 1997 which moved it up in priority but collections have always been lower than projected.

Startup: The startup process took about 1 year. Collection of funds began while program specifics were still being decided.

Advisory Board: The task force referred to the Alabama Head Injury Task Force, which serves as the programmatic oversight for brain injury services. The Impaired Drivers Trust Fund Advisory Board provides fiscal management of Trust Fund revenue. It consists of top management from various State departments, the hospital association, and Governor's Office. Meeting twice a year, it approves the budget before it is presented at budget hearings. Various service providers and consumers from each funded program attend and speak about the program's benefits to the Board. The Advisory Board also sets policy which must then be approved at a public hearing and entered into the Alabama code. An attorney from the Alabama Department of Rehabilitation Services handles this function.

Program Administration: The trust fund program is administered by the Alabama Department of Rehabilitation Services, lead agency in Alabama for TBI services.

Funding Priorities: Programs were established based on needs assessment. Most of the dollars are directed towards salaries in the various program components. Priorities include:

- Resource Coordination through the Head Injury Foundation (AHIF) -$900,000 for salaries and support funds with 15 percent directed to administrative overhead. The sum of $15,000 was set aside for housing, but the AL Head Injury Foundation obtained funding from the U.S. Department of Housing and Urban Development (HUD) for two apartment complexes and redirected funds to resource coordinators.
- An Interactive Community Based Model (ICBM) - $460,000 for five care coordinators
- An Independent Living Program - $200,000 for attendant care client services
- Extended Support in Supported Employment -$10,000

Eligibility Criteria: Each program component has its own eligibility criteria:

- *AHIF Resource Coordination* – documented brain or spinal cord injury
- *ICBM* – TBI occurring within 2 years of applying for the program
- *Independent Living* – deficits in seven activities of daily living. Covers only new program applicants
- *Extended Support* – Anyone with TBI designated as a supported employment VR case.

Program Operation and Restrictions:

- The AHIF Resource Coordination Program utilizes eight coordinators to assist consumers in accessing necessary supports.
- ICBM has five adult care coordinators who help individuals acclimate to the community, work on pre-vocational goals, or prepare for educational opportunities.
- Independent Living assists consumers with certain services such as attendant care, home modifications or other adaptations.
- Extended Support provides long-term follow-up for individuals in the Supported Employment Program.

Emergency Requests: The program does not address emergency requests.

Most Requested Service or Support: Case management/service coordination.

Number of Individuals Served Annually – Information & Referral: 830; service coordination: 1,618, and direct services: 218

Average per person Expenditure: This is unknown and would be difficult to calculate, given the broad scope and diversity of the program.

Waiting List: A waiting list is not maintained.

Program Evaluation: All of the programs are evaluated once a year using satisfaction/quality of service surveys. Case managers also provide feedback. There have never been any complaints from the Governor's Office. The amount of money the AHIF has been able to leverage is a good indicator of the program's success.

Program Changes: The source of revenue or amount of fines has not changed. As previously discussed, the estimated revenue has changed as result of a) collection problems, and b) housing funds having been redirected to resource coordination. Staff would still like to see an evaluation process more specific to TBI, find another way to earn money, and address neurobehavioral issues. A subcommittee is currently addressing this last item.

Advice to Other States:

- Make sure there is a secure funding stream that cannot be altered.
- Maintain a constant vigilance over the dollars.
- Seek funding from multiple sources or infractions.
- Teach your consumers how to "fish", rather than merely giving them funds to purchase services and supports. Do not do it for them.

Additional Information: The trust fund is administered on the basis of legislation rather than policies but administrative rules are available to those interested. Contact Maria Crowley, State Head Injury Coordinator, at maria.crowley@rehab.alabama.gov. Also, see http://www.ahif.org/resource_coordination.htm.

Alabama TBI Trust Fund Legislation

Establishment & Administration: Code of Ala. § 32-5A-191.2

32-5A-191.2. Impaired drivers trust fund; distribution of money

(a) Beginning October 1, 1994, moneys in the Impaired Drivers Trust Fund shall be distributed to the Division of Rehabilitation Services in the State Department of Education for the following purposes:

(1) As a payer of last resort for the costs of care provided in this state for citizens of this state who have survived neuro-trauma with head or spinal cord injuries. Expenditures for spinal cord injury and head injury care shall be made by the Division of Rehabilitation Services according to criteria established by the Impaired Drivers Trust Fund Advisory Board. Expenditures may include but need not be limited to, post acute medical care, rehabilitation therapies, medication, attendant care, home accessibility modification, and equipment necessary for activities of daily living.

(2) Public information, prevention education, and research coordinated by the Alabama Head Injury Foundation.

(b) The Division of Rehabilitation Services shall issue a report to the Legislature on the first day of the Regular Session of each year, summarizing the activities supported by the moneys from the additional fines levied in this section and Section 32-5A-191.1.

Revenue Source: Code of Ala. § 32-5A-191

Section 32-5A-191 Driving while under influence of alcohol, controlled substances, etc.

(k) Except for fines collected for violations of this section charged pursuant to a municipal ordinance, fines collected for violations of this section shall be deposited to the State General Fund; however, beginning October 1, 1995, of any amount collected over two hundred fifty dollars ($ 250) for a first conviction, over five hundred dollars ($ 500) for a second conviction within five years, over one thousand dollars ($ 1,000) for a third conviction within five years, and over two thousand dollars ($ 2,000) for a fourth or subsequent conviction within five years, the first one hundred dollars ($ 100) of that additional amount shall be deposited to the Alabama Chemical Testing Training and Equipment Trust Fund, after three percent of the one hundred dollars ($ 100) is deducted for administrative costs, and beginning October 1, 1997, and thereafter, the second one hundred dollars ($ 100) of that additional amount shall be deposited in the Impaired Drivers Trust Fund after deducting five percent of the one hundred dollars ($ 100) for administrative costs and the remainder of the funds shall be deposited to the State General Fund. Fines collected for violations of this section charged pursuant to a municipal ordinance where the total fine is paid at one time shall be deposited as follows: The first three hundred fifty dollars ($ 350) collected for a first conviction, the first six hundred dollars ($ 600) collected for a second conviction within five years, the first one thousand one hundred dollars ($ 1,100) collected for a third conviction, and the first two thousand one hundred dollars ($ 2,100) collected for a fourth or subsequent conviction shall be deposited to the State Treasury with the first one hundred dollars ($ 100) collected for each conviction credited to the Alabama Chemical Testing Training and Equipment Trust Fund and the second one hundred dollars ($ 100) to the Impaired Drivers Trust Fund after deducting five percent of the one hundred dollars ($ 100) for administrative costs and depositing this amount in the general fund of the municipality, and the

balance credited to the State General Fund. Any amounts collected over these amounts shall be deposited as otherwise provided by law. Fines collected for violations of this section charged pursuant to a municipal ordinance, where the fine is paid on a partial or installment basis, shall be deposited as follows: The first two hundred dollars ($ 200) of the fine collected for any conviction shall be deposited to the State Treasury with the first one hundred dollars ($ 100) collected for any conviction credited to the Alabama Chemical Testing Training and Equipment Trust Fund and the second one hundred dollars ($ 100) for any conviction credited to the Impaired Drivers Trust Fund after deducting five percent of the one hundred dollars ($ 100) for administrative costs and depositing this amount in the general fund of the municipality. The second three hundred dollars ($ 300) of the fine collected for a first conviction, the second eight hundred dollars ($ 800) collected for a second conviction, the second one thousand eight hundred dollars ($ 1,800) collected for a third conviction, and the second three thousand eight hundred dollars ($ 3,800) collected for a fourth conviction shall be divided with 50 percent of the funds collected to be deposited to the State Treasury to be credited to the State General Fund and 50 percent deposited as otherwise provided by law for municipal ordinance violations. Any amounts collected over these amounts shall be deposited as otherwise provided by law for municipal ordinance violations. Notwithstanding any provision of law to the contrary, 90 percent of any fine assessed and collected for any DUI offense charged by municipal ordinance violation in district or circuit court shall be computed only on the amount assessed over the minimum fine authorized, and upon collection shall be distributed to the municipal general fund with the remaining 10 percent distributed to the State General Fund.

Arizona TBI Trust Fund Profile

Background:
As a result of a grass roots effort in the TBI community, in September 1989, Governor Rose Mofford acknowledged traumatic brain injury (TBI) to be the leading cause of death and disability among Arizonans under the age of thirty-five (35) years. Recognizing traumatic head injury as a primary public health concern, Governor Mofford accordingly established a Task Force on Head Injury in Arizona in October 1989 through Executive Order 89-23.

Governor Mofford directed the Task Force to:

1. Establish a working definition of head injury;
2. Develop a statewide registry for individuals with head injury;
3. Develop demographic data for head injuries;
4. Identify and review the various programs and services currently directed to serving persons with head injuries and develop recommendations for improving coordination;
5. Develop a recommended legislative agenda to include specific legislation, budget data, etc.
6. Identify and review the existing elements of the states health care system, including long term care, and develop recommendations for coordination and improvements.
7. Review the present status of the insurance coverage for persons with head injuries and develop specific recommendations.
8. Review the status of vocational and independent living services and make specific recommendations.

The Task Force convened on November 8, 1989 and formed three committees to undertake the tasks directed by the Governor. Their report was submitted in February 1991. The overall findings included:

- The long term problems associated with this population were not being addressed. If the social, emotional, cognitive, and physical problems are not dealt with, the likelihood of successful return to work and independent living is poor.
- Services designed to assist individuals to live as independently as possible in the community are severely lacking.
- Return to employment after head injury requires a wide range of services to address the vast array of problems which persist following serious injury.
- Lack of long term supports system is a glaring gap. Day treatment, transitional living programs, respite care services for the family and group homes cited were cited as important needs.
- Lack of financial support for rehabilitation services. Need to bridge the gap between hospitalization and job re-entry.
- The consequences of the injury are a tremendous burden on families. Supports for families severely lacking as they struggle with the ongoing issues of head injury after medical care has been provided.
- The financial, emotional, and practical day-to-day care falls heavily on the family.
- Families not only require supportive services but must be adequately educated to the needs in order to properly advocate for their loved one.
- Accessibility to services is a major problem.
- Persons with head injuries and their families do not know what services are available or where to seek them.

Legislative Authority: Legislation was introduced and ratified in 1992, taking effect in 1993. It was championed by a legislator who had a family member with a TBI.
A.R.S. § 41-3201–3203 established: State definitions for traumatic brain injury and spinal cord injury; the Arizona Governor's Council on Spinal and Head Injuries; and the Spinal and Head Injuries Trust Fund. Through the statute, the Council became the government body with the lead responsibility to address the needs of citizens with TBI and SCI.
A.R.S § 12-116.02 established a mechanism for collecting funds from surcharges on fines. *(Note: Originally was on speeding fines but was later changed to surcharges on all fines.)*
A.R.S. § 36-2219-01 established a mechanism for distribution of funds to the Medical Services Enhancement Fund and from there to the Spinal and Head Injuries Trust Fund.

Revenue Source and Collections Process: Initially, there were varying surcharge rates depending on the infractions. Enforcement, collection, and distribution were complicated. In 1994 the Surcharge Consolidation Bill passed, creating a uniform surcharge system. All the surcharge revenues were combined with each entity receiving a specific percentage.

Early on, a mistake was made in calculating the share due the trust fund. Legislation was introduced in 1995 correcting the percentage. The Supreme Court administers the collection process and deposits monthly the appropriate share into a State Treasury Department account. The Department of Economic Security has a line item in its budget for the trust fund. The executive director of the Advisory Council on Spinal and Head Injuries receives a monthly statement. This is a mandatory process, established in statute, with computerized calculations.

Startup: During 1993, the newly appointed Advisory Council met monthly to begin planning how the Council would operate**.** The Executive Director was hired in 1993.

Advisory Board: The Governor's Advisory Council on Spinal and Head Injuries was created concurrently with the trust fund. The Advisory Council is housed within the Rehabilitation Services Administration (which is an agency within the Arizona Department of Economic Security) because there was existing infrastructure within RSA that could support the Council and because it was already providing some post-acute services to persons with brain and spinal cord injuries through their Vocational Rehabilitation (VR) and Independent Living Rehabilitation Program (ILRS). It also seemed to be a logical move because most survivors had some level of insurance that covered acute care and acute rehabilitation services but limited or no funding available for post- acute and transitional services and supports which RSA could provide.

The Arizona Department of Health Services was in the process of using Hospital Discharge Data to create a surveillance system for TBI and SCI in response to a CDC grant for injury and disability prevention. This was the first time the agency had used the Hospital Discharge DataBase to provide TBI data. This led to the inclusion of surveillance and prevention in the legislation and mission and the inclusion of a representative of ADHS as a permanent non-voting member of the Council.

The mission of the Council is to enhance health, safety, and quality of life for all persons with spinal cord and brain injuries, their families, and communities by: building comprehensive, coordinated, and inclusive systems; facilitating access to services and full community participation for all; promoting prevention of injuries and related subsequent conditions, in collaboration with persons with spinal cord and brain injuries, their families, government agencies, community organizations, and the business community.

Membership is in statute.

- Five people appointed by the Governor who are parents, spouses or guardians of persons afflicted with spinal or head injuries
- Four physicians appointed by the Governor who represent the professional community of spinal or head injury rehabilitation
- Four people appointed by the Governor who are allied health professionals or administrators of spinal or head injury programs
- Three individuals appointed by the Governor representing the general public
- The Director of the Department of Economic Security or the Director's designee
- The Director of the Department of Health Services or the Director's designee

Outlined in statute, duties are:
1) Advise appropriate State agencies, the Governor, and legislature on matters and issues relating to spinal and head injuries and rehabilitation.
2) Review and make recommendations, plans and strategies for meeting the needs of persons with spinal or head injuries on a statewide basis.
3) In cooperation with all related organizations, conduct a comprehensive program of professional and public education to heighten awareness of the capabilities, potential, and needs of persons with spinal or head injuries.
4) Serve as a repository of information on spinal or head injuries, referral procedures, and demographics of injury.
5) Monitor programs and services for persons with spinal or head injuries to encourage efficient, coordinated use of resources.
6) Develop plans for expenditure of the Spinal and Head Injuries Trust Fund, in accordance with guidelines established in Statutes 41-3203.

Program Administration: The Arizona Department of Economic Security is the agency that administers the trust fund and has a line item in its budget. The Council has a strategic plan and an annual budget for the annual appropriation that guides the Council staff in carrying out the day-to-day operations. The Executive Director is a state employee and the liaison between the Council and the state agency.

Funding Priorities: Funding priorities are established by the Council and reviewed annually through the strategic planning process and budget preparation. Currently the Council provides funding to the following:

Vocational Rehabilitation TBI Specialist Program: $204,700 of the Council's appropriation is appropriated to Vocational Rehabilitation to be matched with federal VR funding for the VR TBI

Specialist Program. The funding allows the TBI Specialist to meet the complex needs of eligible VR clients with TBI through comprehensive rehabilitation services.
Independent Living Rehabilitation Services (ILRS) Program: The Council also provides funding to the Independent Living Rehabilitation Services programs for its counselors to provide services to persons with TBI or SCI.
Brain Injury Association of Arizona (BIAAZ) and Arizona Spinal Cord Injury Association (AzSCIA): Through an RFP process, RSA entered into contracts with the Brain Injury Association of Arizona and the Arizona Spinal Cord Injury Association both of which provide, support groups, resource facilitation, education and training.

Eligibility Criteria: Any individuals benefitting from the Trust Fund must meet the state definition of TBI or SCI as well as any additional eligibility criteria imposed by the administering agency/association (VR, ILRS, BIAAZ, ASCIA). Any program**,** agency, association receiving funding from the Trust Fund must be approved by the Council and have a mission that is in alignment with the mission/strategic plan of the Council, and go through the appropriate state procurement process.

Program Operation and Restrictions: The Advisory Council does not provide direct services.

Emergency Requests: N/A

Most Requested Service or Support: This varies by program or association funded by the Council.

# of Individuals Served Annually: This varies by program or association funded by the Council.

Average Per Person Expenditure: This varies by program or association funded by the Council.

Waiting List: This varies by program funded by the Council.

Program Evaluation: There are program evaluation requirements in the contracts with the Associations. Annual evaluations of the VR TBI Specialist Program and ILRS Program are conducted when human and financial resources are available**.**

Program Changes: Since 1999 the legislature has appropriated a certain amount of the Trust Fund to the Department of Economic Security (the state agency where RSA is housed). Any amount accumulated above the appropriation was regarded as excess balance and vulnerable to legislative sweeps. While annual appropriations to the state agency were typically about $2.5 million, it was not unusual for the Trust Fund to accumulate between $2.5 and $3 million per year based on income and interest**.** In SFY 2008, the legislature swept $1 million dollars from the excess balance in the Trust Fund. In SFYs 2009 and 2010, there were additional sweeps of the excess balance ($395,000 in SFY 2009, $694,300 in SFY 2010) and budget reductions. In SFY 2008, the Trust Fund earned approximately $122,500 in interest. Due to the legislative sweeps, the Trust Fund earned approximately $19,500 in SFY 2009 and $3,296 in SFY 2010. In

SFY 2009 the revenues collected were insufficient to meet the demands on the Trust Fund creating a shortfall. Level of funding to the associations and the ILRS program had to be decreased at the fourth quarter of that state fiscal year. The ILRS Program continues to operate at a reduced level. Two staff positions at the Council officer were not filled following resignations; the Business Manager position is now a shared position. In SFYs 2010 and 2011, the appropriation to the Council has been approximately $1.8 million, down from the previous level of $2.5 million.

Advice to Other States:

- Do everything possible to protect the funding from legislative action.
- Understand the fragility of the work that program administrators do. Partnerships with other state agencies and other agencies are susceptible to changes in administration, staff, and/or priorities – even if you are providing funding. Sustainability can be challenging.
- The systems development approach has worked well for us.
- Leverage your resources to make the most available for the most people.
- Think evaluation from the beginning. From the outset, get input from others in designing the program.
- Balance passion with strategic planning.
- Build trust and commitment.
- Work for the long-haul, not the short-run. You are running a marathon not sprinting.

Additional Information: The current strategic plan is on the Council website - http://www.azheadspine.org. Ann Tarpy, Education, Prevention, and Training Officer may be reached at atarpy@azdes.gov for additional information.

Arizona TBI Trust Fund Legislation

Establishment & Administration: A.R.S. § 41-3203

41-3203. Spinal and head injuries trust fund; purpose

A. The spinal and head injuries trust fund is established. The trust fund shall be administered by the director of the department of economic security, subject to legislative appropriation. The spinal and head injuries trust fund shall consist of revenues derived from assessments imposed pursuant to section 12-116.02 and distributed pursuant to section 36-2219.01, subsection B, paragraph 3.

B. On notice from the department of economic security, the state treasurer shall invest and divest monies in the fund as provided by section 35-313, and monies earned from investment shall be credited to the trust fund. Monies in the fund do not revert to the state general fund.

C. Trust fund monies shall be spent on approval of the department of economic security's rehabilitation services administration only if comparable resources are not available or are not able to be delivered in a timely manner and in accordance with guidelines for the following purposes:

1. Public information, prevention and education of the general public and professionals.

2. Rehabilitation, transitional living and equipment necessary for activities of daily living.

3. A portion of the disease surveillance system and statewide referral services for those with head and spinal injuries.

4. Costs incurred by the advisory council on spinal and head injuries established pursuant to section 41-3201.

5. Administrative costs incurred by the department of economic security to administer the provisions of this article.

Revenue Source: A.R.S. § 12-116.02

12-116.02. Penalty assessments; fund deposits

A. In addition to any other penalty assessment provided by law, there shall be levied a penalty assessment in an amount of thirteen per cent on every fine, penalty and forfeiture imposed and collected by the courts for criminal offenses and civil penalties imposed and collected for a civil traffic violation and fine, penalty or forfeiture for a violation of the motor vehicle statutes, for a violation of any local ordinance relating to the stopping, standing or operation of a vehicle or for a violation of the game and fish statutes in title 17.

B. If any deposit of bail or bond or deposit for an alleged civil traffic violation is to be made for a violation, the court shall require a sufficient amount to include the penalty assessment prescribed in this section for forfeited bail, bond or deposit. If bail, bond or deposit is forfeited, the amount of such penalty assessment shall be transmitted by the court pursuant to subsection E of this section. If bail, bond or deposit is returned, the penalty assessment made pursuant to this article shall also be returned.

C. After addition of the penalty assessment, the courts may round the total amount due to the nearest one-quarter dollar.

D. The judge may waive all or part of the civil penalty, fine, forfeiture and penalty assessment, except for civil penalties and fines that are mandatory, the payment of which would work a hardship on the persons convicted or adjudicated or on their immediate families. If a fine or civil penalty is mandatory, the judge may waive only all or part of the penalty assessments prescribed by subsection A of this section and section 12-116.01. If a fine or civil penalty is not mandatory and if a portion of the civil penalty, fine, forfeiture and penalty assessment is waived or suspended, the amount assessed must be divided according to the proportion that the civil penalty, fine, bail or bond, and the penalty assessment represent of the total amount due.

E. After a determination by the court of the amount due, the court shall transmit, on the last day of each month, the assessments collected pursuant to subsections A and B of this section and a remittance report of the fines, civil penalties and assessments collected pursuant to subsections A and B of this section to the county treasurer, except that municipal courts shall transmit the assessments and the remittance report of the fines, civil penalties and assessments to the city treasurer.

F. The thirteen per cent penalty assessment as required in subsection A of this section shall be transmitted by the appropriate authorities prescribed in subsection E of this section to the state treasurer on or before the fifteenth day of each month, for deposit in the medical services enhancement fund, established pursuant to section 36-2219.01.

G. Partial payments of the amount due shall be transmitted as required in subsections E and F of this section and shall be divided according to the proportion that the civil penalty, fine, bail or bond, and the penalty assessment, represent of the total amount due.

Revenue Source: A.R.S. § 36-2219.01

36-2219.01. Medical services enhancement fund

A. A medical services enhancement fund is established consisting of monies collected pursuant to section 12-116.02. The state treasurer shall administer the fund.

B. On the first day of each month, the state treasurer shall distribute or deposit:

1. Fourteen and two-tenths per cent in the substance abuse services fund established pursuant to section 36-2005.

2. Forty-eight and nine-tenths per cent in the emergency medical services operating fund established pursuant to section 36-2218 of which at least eight per cent shall be used for personnel expenses, education, training and equipment purchases in cities or towns with a population of less than ninety thousand persons according to the most recent United States decennial census.

3. Twenty-two per cent in the spinal and head injuries trust fund established pursuant to section 41-3203.

4. Nine and four-tenths per cent in a separate account of the substance abuse services fund established by section 36-2005 for use in administering the provisions of section 36-141.

5. Five and five-tenths per cent in the state general fund.

C. Monies distributed pursuant to subsection B of this section constitute a continuing appropriation.

California TBI Trust Fund Profile

Background*:* Members of the California Rehabilitation Association, consisting primarily of hospitals, were frustrated by the number of individuals with TBI who had no source of income to pay for post-acute services. They advocated legislatively for a trust fund. It took three attempts to get the legislation passed.

Legislative Authority: Senate Bill 2232, Chapter 1292 of the California Code, ratified in 1988 was the initial piece of legislation that initiated the TBI project. Over the following 20 years various pieces of legislation amended and extended the project funding. Assembly Bill 398, Chapter 439 of the California Code, which was ratified in 2009 currently guides the program. Funding for the TBI Fund is now found in the Penal Code, 1999 amendments (AB 1492 Chapter 1023). The program description is found in the Welfare and Institutions (W&I) Code 4353-4352.5.

Revenue Source and Collections Process: Initially, $7 out of every $10 in fines for vehicle code violations, and criminal and civil infractions, was deposited into an Assessment Fund. An additional $2 surcharge or penalty assessment on first offenses and $5 surcharge on subsequent offenses were transferred to the trust fund not to exceed $500,000 annually. This legislation was amended in 1999. The Assessment Fund is now known as the State Penalty Fund. County clerks collect fines and retain 30 percent for deposit into the county general fund and transmit 70 percent to the State Treasury for deposit in the State Penalty Fund. Fines are set and non-negotiable, so non-compliance by judges is a moot point. If there are additional fines over and above those that are set legislatively/administratively, the Judge can ask that those amounts be designated for specific purposes. The trust fund program is trying to get on this "preferred list."

The trust fund receives 0.66 percent of revenues of the State Penalty Fund. The $500,000 cap was removed. The State Treasurer allocates the proper amount into the State Department of Rehabilitation Trust Fund account on a monthly basis. The Governor must include appropriation for the trust fund in his budget to the legislature each year. The fund can receive Federal dollars including matching funds from Federal, vocational, rehabilitation services funds, or endowments.

Estimated revenue is now at $1,000,000. However, the actual amount collected has gradually decreased over the past years. Reasons for the decline are unknown and under review.

Startup: Startup took about 2 years**.** Once the legislation was passed, the administering agency had to draw up requests for proposals and review the bids. The first four contracts were awarded in 1990. In 2002 two additional centers began to receive funding. One of the centers withdrew from the program 3 years later. In 2006 two more centers came on board for a total of seven centers. The TBI program is situated in a variety of different organizational settings that range from an outpatient hospital clinic, a community services organization tied to a hospital, an independent living center, two organizations that primarily serve individuals with developmental disabilities, and two organizations that only serve individuals with acquired and traumatic brain injuries.

In 2009, with the passage of AB 398, the administration of the TBI program moved from the Department of Mental Health to the Department of Rehabilitation (DOR). It was felt that the TBI program goals and objectives were more closely aligned with the DOR under the Independent Living and Assistive Technology Section. The core services of the TBI program continue under AB 398 and include Community Re-Integration, Supportive Living, Vocational Supports, Information and Referral, and Public and Professional Education. Under this legislation the DOR must submit to the federal Centers for Medicare and Medicaid Services a home and community-base services waiver in support of Community Re-Integration, Supportive Living and Vocational services. It also requires that the department re-assess the provision of services, uniform data collection, general administration, and that the TBI program be re-solicited.

Advisory Board: Legislation (AB 398) passed in 2009 did not specifically require that the DOR convene a "TBI Advisory Board". However, in line with the DOR's mission and values, the DOR continues to seek community input and support from interested stakeholders including TBI Advisory Committee members comprised of:

1. A survivor currently using program services
2. Family members
3. California Brain Injury Association (CABIA)
4. Staff or individuals with TBI from TBI sites
5. Caregiver Resource Centers
6. California Foundation for Independent Living Centers
7. Public Interest Center for Long-term Care
8. California Rehabilitation Association
9. Members from survivor's organization
10. Staff from the Department of Rehabilitation, Department of Health Services, and other State agencies as needed.
11. Grassroots and other Community Base organizations serving individuals with TBI.

Program Administration: The Department of Rehabilitation (DOR)

Funding Priorities: The law states that funds will be dispersed to vendors who can provide necessary services through a request for proposal (RFP) and competitive bidding process. Initial legislation called for the development of four, 3-year demonstration projects to address supported employment, day treatment, and supported living needs of adults with acquired brain injury. At that time, there was a $500,000 cap on available funds. Legislation was amended in 1999, increasing the proportion of the fines available to the trust fund by removing the cap. Legislation also called for ongoing commitment to the four original sites through a competitive bidding process, and selection and development of four additional sites contingent upon funds. Legislative language was changed to focus activities on vocational supportive services, community reintegration services, supported living services, information and referral, and public and professional education. There are now seven contractors who benefit from the trust fund. Each contractor gets a $150,000 award which is renewed yearly.

Eligibility Criteria: Recipients must be at least 18-years-old, have a documented traumatic brain injury, appear to benefit from services, and be willing to participate in the development of goals and receipt of services.

Program Operation and Restrictions: Seven contract agencies provide services and service coordination to recipients. Service coordinators help the consumers assess their service needs and develop a plan for addressing them. There is not a budget breakdown for service coordination as all consumers benefiting from the program receive it. The trust fund has a core set of services it must offer eligible adults: supported living; community reintegration; vocational support; information and referral, service coordination, and; public and professional education. These are either provided by or arranged by the contractors. Each site is required to provide 20 percent cash or in-kind match for the program. At least 51 percent of consumers accessing the program must be Medi-Cal eligible or have no other identified third-party funding source.

Emergency Requests: There is no procedure for processing emergency requests.

Most Requested Service or Support: Community Re- Integration, Supportive Living, and Vocational Supports.

Number of Individuals Served Annually: Services coordination 193 , I&R over 4300 and training and education 5400

Average per Person Expenditure: Unknown

Waiting List:. Most program sites do not have a waiting list. However, two currently have a waiting list. Individuals come off the waiting list on a first come first serve basis.

Program Evaluation: The administering agency is required by statute to collect data that will enable it to properly evaluate the program and consumer outcomes. The evaluation includes program efficacy in the following areas: 1) degree of community integration achieved by individuals with TBI, 2) improvement in consumer's pre-vocational and vocational abilities, educational attainment, and job placements, 3) consumer and family satisfaction with services, 4) and number of consumers, families, and professionals who have received TBI education/training and documented outcome. The department is working on uniform data collection and outcome measurements.

Program Changes: Revenue sources have not changed. The amount of revenue deposited into the trust fund varies, as previously discussed. As California's population continues to grow, so will the need to generate increased revenue into the account. Contractors are seeking endowments and holding fund raisers to increase their budgets.

Advice to Other States: Make sure the source of revenue is a stable one.

Additional Information: Contact Ana Acton, Chief, Independent Living and Assistive Technology Section, Department of Rehabilitation, aacton@dor.ca.gov.

California TBI Trust Fund Legislation

Establishment & Administration: Cal Wel & Inst Code § 4358

4358. Traumatic Brain Injury Fund

There is hereby created in the State Treasury the Traumatic Brain Injury Fund, the moneys in which may, upon appropriation by the Legislature, be expended for the purposes of this chapter. 4358.5 (a) Funds deposited into the Traumatic Brain Injury Fund pursuant to paragraph (8) of subdivision (f) of Section 1464 of the Penal Code shall be matched by federal vocational rehabilitation services funds for implementation of the Traumatic Brain Injury program pursuant to this chapter. However, this matching of funds shall be required only to the extent it is required by other state and federal law, and to the extent the matching of funds would be consistent with the policies and priorities of the State Department of Rehabilitation regarding funding.

Transfer of Authority: California Welfare and Institutions Code (2009)

AB 398, Monning. Acquired brain trauma: administration.

Existing law establishes the State Department of Mental Health and sets forth its powers and duties relating to the administration of programs for the delivery of mental health services, including, but not limited to, establishing the department as the agency responsible for administering a program of services for persons with acquired traumatic brain injury, as defined. This program provides for a demonstration project for postacute care for adults 18 years of age and older with an acquired traumatic brain injury, including the funding of demonstration project sites, as specified.

Existing law establishes the Department of Rehabilitation and sets forth its powers and duties relating to rehabilitation services, including, but not limited to, duties related to the delivery of services for persons with acquired traumatic brain injury.

This bill would remove the State Department of Mental Health as the agency responsible for administering the program of services for persons with acquired traumatic brain injury and would, instead, establish the Department of Rehabilitation as the responsible agency and would extend the existing July 1, 2012, repeal date for these provisions until July 1, 2019.

This bill would delete references to the program as a demonstration project. It would, instead, dependent upon securing sources of funding for the provision of services, require the Department of Rehabilitation to fund an array of services for adults 18 years of age and older with acquired traumatic brain injury and would require the department to determine the requirements for service delivery, uniform data collection, and other aspects of program administration that service providers participating in the program must meet and to monitor and evaluate the performance of those service providers, as specified.

The bill would require service providers to furnish data to the department and would require service providers wishing to continue to participate in the program after July 1, 2013, to comply with additional eligibility requirements specified by the department.

Existing law establishes the Traumatic Brain Injury Fund in the State Treasury, with this fund being available for purposes of the program, upon appropriation by the Legislature. The fund receives moneys from specified fines and penalties.

This bill would allow the department to use the funds in the Traumatic Brain Injury Fund to make grants to service providers for the provision of services, as specified. It would also modify requirements relating to the securing of matching funds.

Revenue Source: Cal Pen Code § 1464(f)(8) (A)

1464. Penalty assessment; Distribution of funds

(f)(8)(A) Once a month there shall be transferred into the Traumatic Brain Injury Fund, created pursuant to Section 4358 (see below) of the Welfare and Institutions Code, an amount equal to 0.66 percent of the state penalty funds deposited into the State Penalty Fund during the preceding month. However, the amount of funds transferred into the Traumatic Brain Injury Fund for the 1996-97 fiscal year shall not exceed the amount of five hundred thousand dollars ($500,000). Thereafter, funds shall be transferred pursuant to the requirements of this section. Notwithstanding any other provision of law, the funds transferred into the Traumatic Brain Injury Fund for the 1997-98, 1998-99, and 1999-2000 fiscal years, may be expended by the State Department of Mental Health, in the current fiscal year or a subsequent fiscal year, to provide additional funding to the existing projects funded by the Traumatic Brain Injury Fund, to support new projects, or to do both.

Colorado TBI Trust Fund Profile

Background: While attending a professional conference, Dr. Theresa Hernandez, a professor and researcher at the University of Colorado, shared a cab with someone from the State of Kentucky who shared information with her about the KY TBI trust fund. Returning to Colorado, Dr. Hernandez contacted her legislator and the now-retired manager of the Colorado Department of Human Services, Behavioral Health Program, George Kawamura, about establishing a trust fund in Colorado. The Brain Injury Alliance of Colorado and potential stakeholders including doctors, surgeons, clinicians, families and individuals with brain injury who were willing to testify in committee were supportive.

The involved parties borrowed what they heard from Kentucky about tying the source to DUI or speeding infractions. Since many brain injuries are caused by DUI and other traffic-related offenses, this revenue source resonated with legislators. The Colorado Department of Human Services was able to get some history of the number of infractions and then estimate a compliance rate among the courts, including those they knew would not immediately be 100 percent compliant. State officials reviewed and modeled other states' trust fund programs and worked with legislative staff to understand what revenue source was not already over taxed by other groups seeking surcharges.

At the time Dr. Hernandez approached her legislator, there was another bill addressing catastrophic injury insurance coverage; and she was told the Trust Fund legislation would have to wait. However, it became clear that there would be considerable opposition to the catastrophic injury insurance legislation from insurance companies and it was agreed that it was the right time to move forward with the trust fund legislation. Dr. Hernandez drafted a proposal which was condensed into a Bill by legislative staff. In the original wording of the legislation, there was language relating to prevention including helmet use. Colorado historically does not support bills that affect personal freedom, so the prevention language was removed.

The bill was co-sponsored by a House Democrat and a Republican Senator representing urban and rural regions of the state. A one-page fact sheet was developed and circulated to gain support from other key Representatives and Senators. The bill passed the first time it was introduced.

Legislative Authority: Colorado Revised Statues 26-1-301 through 26-1-311, ratified in 2002. Additional bills passed in 2009; HB 09-133 and SB 09-005.

Revenue Source and Collections Process: The original statute allowed for a $10 assessment on speeding convictions and $15 assessment on convictions of driving under the influence or driving while ability impaired. In 2006 and again in 2008 the Colorado TBI Trust Fund contracted with a consultant to review options to increase revenue and, working with legislators settled on two options: 1) to increase surcharges by $5.00 across convictions, and 2) educate municipalities and counties on how the Trust Fund benefits their citizens to promote greater participation of surcharge collection. Municipalities and counties were under the impression that it is voluntary to collect the surcharge, causing inconsistent contribution to the fund.

In 2007 a bill was passed that requires all youth 18 and younger operating a motorized bicycle to wear a motorcycle helmet. The TBI Trust Fund collected $10 on each conviction of this law. In 2009, with the passage of HB 09-133, the Trust Fund increased the surcharge for each DUI and speeding conviction by $5.

The fund relies on surcharges assessed against drunk drivers ($20) and speeding violators ($15). Drunk driving laws in Colorado are state violations; local ordinances against drunk driving are prohibited by state law. Therefore, a citation for drunk driving is always filed in county court, whether the arrest was made by the State Patrol, a county deputy sheriff or city police officer. The judge assesses the surcharge if the defendant is found guilty. Surcharges collected by the county courts are sent monthly to the Office of the State Court Administrator (State Judicial Department), which makes monthly transfers to CDHS for the Fund. Tickets for drunk driving cannot be mailed to Motor Vehicle with the fine. For the purpose of this surcharge, drunk driving includes the following alcohol and drug charges: Driving Under the Influence, Driving While Ability Impaired, DUI Per SE, Habitual User and Underage Drinking Driver.

Speeding violations are more complicated because they are defined under state law, county ordinances and municipal ordinances, and enforced by state troopers, deputy sheriffs, municipal police and special enforcement jurisdictions such as campus police, State Parks and Recreation police, and tribal police. State law defines speeding violations in section 42-4-1101, of the Colorado Revised Statutes (CRS). The State Patrol writes all its speeding tickets as violations of this state statute, and its jurisdiction is limited to state highways outside city limits. County sheriff deputies and city police officers, however, may choose to write speeding tickets either as a state violation or as a violation of their local (county or municipal) code if the traffic stop is made on a state highway (Hampden Avenue and Colorado Boulevard, for example, are state highways). If the stop is on a city street or county highway, then the police officer or deputy sheriff will write the ticket as a violation of their local ordinance. This distinction is important because fines for local violations are kept by the city or county, while fines for state violations go to the State (unless the city or county where the ticket was written has adopted the state Model Traffic Code). As a result, local law enforcement officers write the majority of their speeding tickets as local violations, generally using state charges only when there is an accident involved or other, more serious violations (like drunk driving).

Collection of surcharges depends not only on which charge is used and what agency writes the ticket, but rests on decisions made by the speeding violator. When a speeder gets a ticket, he/she has a choice of mailing it in with the fine or going to court. If the ticket is written as a *state charge*, it is mailed to the State Motor Vehicle Division where the check is deposited and the fines, fees and surcharges are allocated to the appropriate funds. MVD makes monthly electronic transfers to CDHS for the Fund. If, instead of mailing the ticket to MVD, the speeding violator chooses to go to court, the ticket will be filed in the nearest county court because it was written as a *state charge,* where the county judge will assess the surcharge if the defendant is found guilty. State Judicial will send it to CDHS for use by the Fund, as it does with surcharges on drunk driving tickets.

If the violator wants to mail in a speeding ticket that is written as a county or municipal violation, however, it does not generally go to State Motor Vehicle. County tickets, whether

mailed or paid in person, may be collected by the county treasurer, sheriff's office, or county court, depending on the county and their local procedures.

Municipalities also have their local procedures for collecting fines, fees and surcharges. Counties and municipalities can keep the fines for violations of local ordinances. In cases where the city or county is collecting brain injury surcharges directly, they are being sent to CDHS. I would like to see more counties and municipalities participating in collecting the surcharge. This would allow us to serve more individuals in the capacity we are currently serving. Additionally, it would allow for greater funds to support existing infrastructures in Colorado such as TBI surveillance and the Brain Injury Alliance of Colorado.

In FY 2010 the TBI Trust Fund collected approximately 2.7 million. In FY 2011 the Trust Fund collected approximately 2.5 million. It is estimated that in 2012 the Trust Fund will collect close to 2.7 million and hope to increase to 3 million over the next few years with increased participation. It is important to note that the Trust Fund program developed a reserve in part due to the delay in services and also due to the research program taking a few years to be fully operational. These reserves are factored into our budgeting as we are working to spend down the reserves as a means to both address the growing need for the program and also because reserves are vulnerable in a state that is experiencing a significant budget shortfall. However, language was added into our program that states the reserves must be used for Trust Fund related programs.

Startup: The program became operational in stages. The trust fund board, authorized in statute at the same time, began meeting unofficially near the end of 2002 and was confirmed by the Senate in March 2003. Per legislation, revenue collections began in January, 2004 and the program was rolled out in stages. The Children's Care Coordination Program began in July 2004 and Adult's Care Coordination Program began in October 2004. The research and education grant programs also started in 2004. The research program was slow to start and did not reach capacity of funds until 2009.

Advisory Board: The Trust Fund Board of Directors, established through legislation, is a Governor's appointed board with three seats designated in statute: the Executive Director of the Colorado Department of Human Services or his/her designee, the Executive Director of the Colorado Department of Public Health and Environment or his/her designee, and the Executive Director of a state brain injury association or his/her designee. Criteria for membership in the original statute made it difficult to fill Board positions. The statute was revised in 2009 adding flexibility to the composition of the Board. In addition to the positions named above, the Governor (with consent of the Senate), shall appoint no more than 10 additional persons with an interest and experience in the area of TBI as follows:

- Physician (neurologist, neuropsychiatrist, physiatrist, or other medical doctors)
- Social workers, nurses, neuropsychologists, or clinical psychologists
- Rehabilitation specialists (speech pathologists, vocational rehabilitation counselors, occupational therapists, or physical therapists)
- Clinical research scientist who has experience evaluation persons with TBI

- Civilian or military persons with TBI injuries or family members of such persons with TBI
- Persons whose expertise involves work with children with TBI
- Persons who have experience and specific interest in the needs of and services for persons with TBI

The function of the board is as follows:

- Formulate policies and procedures for determining individual eligibility for assistance from the trust fund.
- Investigate the needs of persons with brain injuries and identify gaps in current services.
- Monitor and evaluate services provided by the trust fund.
- Provide a report in September of each year to the Joint Budget Committee; the Health, Environment, Welfare and Institutions Committee of the House of Representatives; and the Health, Environment, Children and Families Committee of the Senate on operations of the trust fund; moneys expended; the number of individuals with traumatic brain injury offered services; research grants awarded; the progression of such grants; and the educational information disseminated pursuant to the legislation.

Program Administration: The TBI Trust Fund is administered by the Colorado Department of Human Services, Division of Vocational Rehabilitation, Traumatic Brain Injury Program. The current FTE supported by the Trust Fund is 1.0 Director and .5 Contract Manager. The TBI Program staff administers both the education and research grant programs. The TBI Program contracts with various entities to perform the services for the Trust Fund.

The TBI Program has a sole source contract with the Brain Injury Alliance of Colorado to conduct intake and eligibility as well as outreach for the program. However, we have been informed that this will have to become a competitive bid process next fiscal year. Through this function the TBI Program supports a 1.0 Eligibility and Intake specialist and a 1.0 Outreach Specialist, the funding for which is shared between the Brain Injury Alliance of Colorado and the TBI Trust Fund Program. The TBI Program has an Interagency Agreement with the Colorado Department of Education (CDE) to oversee the children's program. CDE has 1.5 FTE for this program. The focus of CDE is to build systems capacity to support the needs of children with brain injury, essentially developing a safety net. This includes both health and education systems. Additionally, the TBI Program contracts with Regional Brain Injury Liaisons for the children's program. These Liaisons are comprised of individuals who have expertise in school systems and individuals with expertise of health systems. Their focus is to provide training and capacity building in their region of the state. Finally, the TBI Program has a partnership with local health departments and agencies to provide care coordination support through their Health Care Program for Children with Special Needs (HCP) as well as with school district brain injury teams where they exists to provide support to families navigating the school systems. The TBI Program contracts with Denver Options Inc. of Colorado to provide adult services. This contract is awarded through a state bid system, competitive contract every five years per state procurement rules. Denver Options Inc. has secured this bid the past two competitive cycles. Denver Options provides or coordinates all adult services which includes; resource navigation

and individual care coordination, purchased services support and, classes and workshops geared toward individuals with brain injury and their family members.

Funding Priorities: The current statute revised by SB 09-005 states a minimum of 55% of funds will be dedicated to services, a minimum of 25% will be dedicated to research and a minimum of 5% for education related to brain injury. On average , 60-65% of our total budget is dedicated to services, with the largest share supporting Care Coordination. Care Coordination is required by statute with a financial limit of $2,000 per person per lifetime. Care Coordinators assess individual/family needs across many domains and assist in locating resources, understanding brain injury, and learning self-advocacy skills. Adult clients are also eligible for assistance in accessing purchased services. The total spent on services in SFY 2011 was $1,818,463

The Trust Fund also finances research and education grants, provides sponsorships and participant scholarships to two conferences that the Brain Injury Alliance facilitates, contracts with BIAC for intake, eligibility, and outreach, and supports a full time Program Director who works across all state agencies and brain injury systems and a .5 Contracts Manager.

The TBI Program staff develops an annual budget and present this to the board for approval. The research program tends to be more fixed. Therefore the other percentages are built around this program.

Eligibility Criteria: The program contracts with BIAC for eligibility determination. Adults (defined as 21 or older) must be residents of Colorado, be lawfully present per Colorado law, and have a documented traumatic brain injury of sufficient severity to produce total or partial disability as a result of impaired cognitive ability and physical function. Youth under 21 must be Colorado residents and have a brain injury that impacts their ability.

If the individual does not have medical documentation of TBI the Trust Fund will conduct a screening and pay for neuro-diagnostic assessment when warranted to determine if it is probable that the on-going issues the individual is having could be related to a reported incident of TBI. With the changes to our children's program, specifically that they no longer receive purchased services support, we are not strict with our eligibility criteria. Access to the children's program is handled through a referral process vs. an application process for the adults. Also, since we have an informal partnership with HCP which provides care coordination services for our program and we are not paying them to provide these services, we allow them to determine who they will serve. This being said, we will be collecting data on all children with TBI that the HCP program is serving and reporting those numbers to the legislators.

Program Operation and Restrictions: The TBI Program budgets for approximately 7% of our budget for operating expenses. However, fiscal year 2011 the program only used approximately 4% for operating expenses for a total of $145,150.

Adults accessing the Trust Fund Program have access to up to $2,000 the first year of care coordination. This is a life time limit. The funds are used to purchase services that support the individual's recovery from brain injury. They must relate to a specific goal outlined in the

individuals care plan and they must be pre-authorized and approved. Finally, the goal is to use all other methods to pay for the support required prior to tapping into trust fund dollars. An individual can re-apply for care coordination services as many times as they feel they need the support.

The statute states that the program cannot pay for medications, hospitalization or institutionalization. The Board has developed a policy stating that the Trust Fund cannot pay for the following:

- Supplements
- Direct reimbursements to the individual and/or family
- Hyperbaric Chambers and/or treatment 12 months or longer post injury
- Legal expenses
- Ongoing bills e.g. utilities, food, rent/mortgage, clothing
- Bills/expenses occurred prior to start of the approved care plan or not included in an approved care plan
- Past Medical bills
- Furniture, appliances
- Vehicles

Emergency Requests: We do not have a provision for handling emergency requests.

Most Requested Service or Support: Care Coordination is always provided as it is mandated by statute. For purchased services individuals most often request technology or assistive technology support.

Number of Individuals Served Annually: We serve approximately 700-750 adults and about 150 children. We are hoping to increase the number of children we serve with the redesign of our children's program.

Average Per Person Expenditure: Approximately $3,800.

Waiting List: We have a waiting list specifically for care coordination and purchased services. At times this waitlist has been up to 18 months. It is currently at 6 months. We have instituted levels of care coordination to try and better manage this growing waitlist. We have also added a Resource Navigator who can assist those waiting to be assigned a care coordinator. Finally, we offer classes and workshops to those waiting for care coordination services and those currently in services. This is meeting a greater need.

Program Evaluation: Researchers associated with our research grant program must demonstrate they are implementing the scope of work for which we contracted and submit semi-annual and final progress reports. Their peer reviewed publications are an indicator of success for this program. Several of our researchers have received funding from national funding sources such as NIH and DOD to further the research they began under the TBI Trust Fund program. Recipients of our education grant program submit a 6 month and final report and make a presentation to the Board on their education initiative at the completion of their grant. We also

receive copies of any products or written materials. Building in an evaluation component – such as a satisfaction survey following training - is a requirement of the grant. Surveys are also used to evaluate individual or family satisfaction following the completion of services. We also have contracted with an outside evaluator to evaluate the effectiveness of our services. This year we are working on evaluating specific components of both the adult and children's programs: the effectiveness of the level of care assessment for adults and the methodology determining the effectiveness of the new model for children. For both programs we collect demographic and process data that informs us of who we are serving and what we are offering. We also are implementing pre-post measures for the classes and workshops we offer.

Program Changes: The research program has expanded from one year research grants of up to $50,000 to three levels of research grants. Type I research grants are up to $50,000/year for two years, Type II are up to $150,000/year for two years and Type III are up to $250,000 for five years. This past year we have expanded our adult services program to provide classes and workshops for individuals with brain injury and family members. We now have levels of care coordination which can be more adaptable to fit an individual's needs and we provide a resource navigator to assist those on the waitlist for care coordination services. Care coordination remains the cornerstone of the children's program, but we are also working with school districts to provide families support navigating the school systems. We are focused on building capacity and developing systems of care in each region of the state so that children's needs are met on a more systematic and systemic level. By no longer providing purchased services to children we were able to support FTE at the Colorado Department of Education and provide Regional Liaisons in each region in Colorado. The program changes we developed for both the children and adult programs will significantly add to our impact and effectiveness. I have many testimonials from both the children's and adult program and have witnessed the benefit of our program for persons with brain injury and their family members.

Advice to Other States: The front end of developing the trust fund is extremely critical. Ensure buy-in from key people within state government, private partners and the legislators. If the fund will be built through surcharges on county and municipal violations it is imperative that you have buy-in and support from your county and municipal leagues. Finally, the language of the statute is critical. Be sure there is little room for misinterpretation in terms of the intent of the statute. I also feel fortunate that the individuals who drafted this legislation had the foresight to build in research and education into our funding priorities.

Additional Information: Contact Judy L. Dettmer, TBI Program Director, Colorado Department of Human Services at judy.dettmer@state.co.us

Colorado TBI Trust Fund Legislation

Establishment & Administration: C.R.S. 26-1-301 to 311

26-1-301. Definitions

As used in sections 26-1-301 to 26-1-310, unless the context otherwise requires:

(1) "Board" means the Colorado traumatic brain injury board created pursuant to section 26-1-302.

(2) "Program" means the services provided pursuant to sections 26-1-303 and 26-1-304.

(3) "Traumatic brain injury" means injury to the brain caused by physical trauma resulting from but not limited to incidents involving motor vehicles, sporting events, falls, and physical assaults. Documentation of traumatic brain injury shall be based on adequate medical history, neurological examination, including mental status testing or neuropsychological evaluation. Where appropriate, neuroimaging may be used to support the diagnosis. A traumatic brain injury shall be of sufficient severity to produce partial or total disability as a result of impaired cognitive ability and physical function.

(4) "Trust fund" means the Colorado traumatic brain injury trust fund created in section 26-1-309.

26-1-302. Colorado traumatic brain injury board - creation - powers and duties

(1) There is hereby created the Colorado traumatic brain injury board within the department of human services. The board shall exercise its powers and duties as if transferred by a type 2 transfer.

(2) The Colorado traumatic brain injury board shall be composed of thirteen members including the executive director of the department or the executive director's designee, the president of a state brain injury association or the president's designee, the executive director of the department of public health and environment or the executive director's designee, and the following members who shall be appointed by the governor, with the consent of the senate:

(a) A neurologist who has experience working with persons with traumatic brain injuries;

(b) A neuropsychologist who has experience working with persons with traumatic brain injuries;

(c) A social worker or clinical psychologist experienced in working with persons who have sustained traumatic brain injuries;

(d) A rehabilitation specialist such as a speech pathologist, vocational rehabilitation counselor, occupational therapist, or physical therapist who has experience working with persons with traumatic brain injuries;

(e) A neurosurgeon or neuropsychiatrist who has experience working with persons with traumatic brain injuries;

(f) A clinical research scientist who has experience evaluating persons with traumatic brain injuries;

(g) Two persons who are family members of individuals with traumatic brain injuries or individuals with a traumatic brain injury; and

(h) Two members of the public who have experience with persons with traumatic brain injuries.

(3) Board members shall not be compensated for serving on the board, but may be reimbursed for all reasonable expenses related to such members' work for the board.

(4) Initial appointments to the board shall be made no later than March 1, 2003. The terms of appointed board members shall be three years; except that the terms of the appointed members who are initially appointed shall be staggered by the governor to end as follows:

(a) Four members on June 30, 2004;

(b) Three members on June 30, 2005; and
(c) Three members on June 30, 2006.
(5) No member may serve more than two consecutive terms.
(6) The appointed members of the board shall, to the extent possible, represent rural and urban areas of the state.
(7) The board shall annually elect, by majority vote, a chairperson from among the board members who shall act as the presiding officer of the board.
(8) (a) The board shall promulgate reasonable policies and procedures pertaining to the operation of the trust fund.
(b) The board may contract with entities to provide all or part of the services described in this part 3 for persons with traumatic brain injuries.
(c) The board may accept and expend gifts, grants, and donations for operation of the program.
(9) Article 4 of this title shall not apply to the promulgation of any policies or procedures authorized by subsection (8) of this section.

26-1-303. Administering entity for services for persons with traumatic brain injuries
(1) An administering entity under contract pursuant to section 26-1-302 may perform all or part of the administrative, eligibility, case management, and claims payment functions relating to the program, including:
(a) Assuring timely payment of grants or requests, including:
(I) Making available information relating to the proper manner of submitting a grant or request for benefits to the program and providing forms upon which submissions shall be made;
(II) Evaluating the eligibility of each grant or request for payment pursuant to guidelines established by the board;
(III) Notifying each applicant, within thirty days after receiving a properly completed and executed proof of grant or request, whether the grant or request is accepted or rejected;
(IV) Ensuring that each accepted grant or request is paid within forty-five days after its acceptance;
(b) Paying grant or request expenses from the moneys in the trust fund; and
(c) Determining the expense of administration and the paid and incurred losses for each year and reporting such information to the board.
(2) The administering entity shall be paid in compliance with policies and procedures established by the board.
(3) If the board does not contract with an administering entity to provide all or part of the services described in this part 3 for persons with traumatic brain injuries, the department shall undertake to provide such services to the best of its ability.

26-1-304. Services for persons with traumatic brain injuries - limitations - covered services
(1) Approximately sixty-five percent of the moneys collected for the trust fund pursuant to sections 42-4-1301 (7) (d) (III) and 42-4-1701 (4) (e), C.R.S., shall be used to provide services to persons with traumatic brain injuries. Services provided pursuant to this section shall begin to be provided to persons with traumatic brain injuries no later than July 1, 2004.
(2) To be eligible for assistance from the trust fund, an individual shall have exhausted all other health or rehabilitation benefit funding sources that cover the services provided by the trust fund. An individual shall not be required to exhaust all private funds in order to be eligible for the program. Individuals who have continuing health insurance benefits, including, but not limited

to, medical assistance pursuant to article 4 of this title, may access the trust fund for services that are necessary but that are not covered by a health benefit plan, as defined in section 10-16-102 (21), C.R.S., or any other funding source.
(3) (a) All individuals receiving assistance from the trust fund shall receive case management services from the designated entity pursuant to section 26-1-303 or the department.
(b) The case management agency, in coordination with the eligible individual, the individual's family or guardian, and the individual's physician, shall include in each case plan a process by which the eligible individual may receive necessary care, which may include respite care, if the eligible individual's service provider is unavailable due to an emergency situation or unforeseen circumstances. The eligible individual and the individual's family or guardian shall be duly informed by the case management agency of these alternative care provisions at the time the case plan is initiated.
(4) The board may monitor, and, if necessary, implement criteria to ensure that there are no abuses in expenditures, including, but not limited to, reasonable and equitable provider's fees and services.
(5) (a) Services covered by the trust fund may include, but shall not be limited to:
(I) Case management;
(II) Community residential services;
(III) Structured day program services;
(IV) Psychological and mental health services for the individual with the traumatic brain injury and the individual's family;
(V) Prevocational services;
(VI) Supported employment;
(VII) Companion services;
(VIII) Respite care;
(IX) Occupational therapy;
(X) Speech and language therapy;
(XI) Cognitive rehabilitation;
(XII) Physical rehabilitation; and
(XIII) One-time home modifications.
(b) Covered services shall not include institutionalization, hospitalization, or medications.

26-1-305. Education about traumatic brain injury
Approximately five percent of the moneys collected for the trust fund pursuant to sections 42-4-1301 (7) (d) (III) and 42-4-1701 (4) (e), C.R.S., shall be utilized to provide education for individuals with traumatic brain injuries and assist educators, parents, and nonmedical professionals in the identification of traumatic brain injuries so as to assist such persons in seeking proper medical intervention or treatment. Implementation of this section shall begin no later than April 1, 2004.

26-1-306. Research related to treatment of traumatic brain injuries - grants
(1) Approximately thirty percent of the moneys collected for the trust fund pursuant to sections 42-4-1301 (7) (d) (III) and 42-4-1701 (4) (e), C.R.S., shall be utilized to support research related to the treatment and understanding of traumatic brain injuries. The board shall solicit applications for grants to be awarded pursuant to this section no later than October 1, 2004.

(2) The board shall award grants. Persons interested in a grant shall apply to the board in a manner prescribed by the board. The board may consult with educational institutions or other private institutions within Colorado and nationally regarding the merit of an application for a grant. The board shall determine the time frames and administration of the grant program.

26-1-307. Administrative costs
The administrative expenses of the board and the department shall be paid from moneys in the trust fund. The joint budget committee shall annually appropriate moneys from the fund to pay for the administrative expenses of the program.

26-1-308. General fund moneys
Except for initial computer programming costs for the department of revenue, it is the intent of the general assembly that no general fund moneys be appropriated for the implementation, operation, or administration of the trust fund and the services provided by the trust fund.

26-1-309. Trust fund
1) A trust fund to be known as the Colorado traumatic brain injury trust fund is hereby created and established in the state treasury. Such trust fund shall be comprised of moneys collected from surcharges assessed pursuant to sections 42-4-1301 (7) (d) (III) and 42-4-1701 (4) (e), C.R.S.
(2) Gifts, grants, donations, or any other moneys that may be made available may be accepted by the trust fund or the board for purposes of the trust fund.
(3) The trust fund shall be a continuing trust fund. All interest earned upon moneys in the trust fund and deposited or invested may be invested in the types of investments authorized in sections 24-36-109, 24-36-112, and 24-36-113, C.R.S.

26-1-310. Reports to the general assembly
On February 1, 2004, and each February 1 thereafter, the board of directors shall report to the joint budget committee and the health, environment, welfare, and institutions committees of the house of representatives and the senate on the operations of the trust fund, the moneys expended, the number of individuals with traumatic brain injuries offered services, the research grants awarded and the progress on such grants, and the educational information provided pursuant to this article.

26-1-311. Repeal
Sections 26-1-301 to 26-1-311 are repealed, effective July 1, 2012.

Revenue Source: C.R.S. 42-4-1301(7) (d) (III)
42-4-1301. Driving under the influence - driving while impaired - driving with excessive alcoholic content - penalties.
(7) (d) (III) Persons convicted of DUI, DUI per se, DWAI, habitual user, and UDD are subject to a surcharge of twenty dollars to be transmitted to the state treasurer who shall deposit said surcharges in the Colorado traumatic brain injury trust fund created pursuant to section 26-1-309, C.R.S.

Revenue Source: C.R.S. 42-4-1701(4) (e) (I&II) Amended 2009

42-4-1701. Traffic offenses and infractions classified - penalties - penalty and surcharge schedule - repeal.

(4) (e) (I) An additional fifteen dollars shall be assessed for speeding violations under sub-subparagraph (L) of subparagraph (I) of paragraph (a) of this subsection (4) in addition to the penalties and surcharge stated in said sub-subparagraph (L). Moneys collected pursuant to this paragraph (e) shall be transmitted to the state treasurer who shall deposit such moneys in the Colorado traumatic brain injury trust fund created pursuant to section 26-1-309, C.R.S., within fourteen days after the end of each quarter, to be used for the purposes set forth in sections 26-1-301 to 26-1-310, C.R.S.

(II) If the surcharge is collected by a county or municipal court, the surcharge shall be seventeen dollars of which two dollars shall be retained by the county or municipality and the remaining fifteen dollars shall be transmitted to the state treasurer and credited to the Colorado traumatic brain injury trust fund created pursuant to section 26-1-309, C.R.S., within fourteen days after the end of each quarter, to be used for the purposes set forth in sections 26-1-301 to 26-1-310, C.R.S.

(III) An additional fifteen dollars shall be assessed for a violation of a traffic regulation of subparagraph C of subparagraph (I) of paragraph (a) of this subsection (4) for a violation of section 42-4-109 (13) (b), in addition to the penalties stated in said sub-subparagraph (C). An additional fifteen dollars shall be assessed for a motorcycle violation under sub-subparagraph (O) of subparagraph (I) of paragraph (a) of this subsection (4) for a violation of section 42-4-1502 (4.5), in addition to the penalties stated in said sub-subparagraph (O). Moneys collected pursuant to this subparagraph (III) shall be transmitted to the state treasurer, who shall deposit the moneys in the Colorado traumatic brain injury trust fund created pursuant to section 26-1-309, C.R.S., to be used for the purposes set forth in sections 26-1-301 to 26-1-310, C.R.S.

Revenue Source: C.R.S. 30-15-402 (3) Amended 2009

30-15-402. Violations - penalty - surcharges - victim and witness assistance - traumatic brain injury trust fund.

(3) In addition to the penalties prescribed in subsection (1) of this section, persons convicted of operating a vehicle in excess of the speed limit in violation of an ordinance adopted pursuant to section 30-15-401 (1) (h) are subject to a surcharge of fifteen dollars that shall be paid to the clerk of the court by the defendant. Each clerk shall transmit the moneys to the state treasurer, who shall credit the same to the Colorado traumatic brain injury trust fund created pursuant to section 26-1-309, C.R.S.

Connecticut TBI Trust Fund Profile

Background: BIA-CT has always hoped to have an operating budget sufficient to meet the needs of persons with brain injury who fall between the cracks in the service delivery system. With fluctuating resources, it seemed imperative for the BIA-CT to look at additional ways to generate more funding and solidify/expand its services. BIA-CT compared trust fund programs in Massachusetts, New Jersey and Florida and ultimately decided to pursue legislation which had the potential for generating revenue by tying revenue sources to speeding, reckless operation of a motor vehicle, and DUI infractions. The first legislative attempt was unsuccessful for several reasons but primarily because there was no passionate legislator behind it. BIA-CT hired experienced, well-connected lobbyists who met with the Finance Committee of the Legislature and were advised to 1) locate a passionate legislator to champion it, 2) be clear about how the funds would be used, and 3) lower the assessments from the originally proposed $10 per infraction to $5 on each infraction. Ultimately, the lobbyists worked with the Speaker of the House who was able to weave the legislation into a bigger transportation bill, after which the bill passed without any real fanfare.

Legislative Authority: PL 04-199, ratified 5/04/04.

Revenue Source and Collection Process: There is a $5 assessment on reckless operation of a motor vehicle, DUI, and speeding. Revenue is collected through the Judicial Branch and deposited into a non-lapsing account within the General Fund for allocation to the Connecticut Department of Social Services. It is not referred to as a Trust Fund but rather a Brain Injury Prevention and Services Account. The amount of revenue generated has been small since the process began and averages about $200,000 annually. The account lost $100,000 in 2009 from a legislative sweep precipitated by budget woes. The Legislature did agree to replace these funds, however. Revenue for FY 2011 is estimated at $175,000.

Program Administration: Unlike trust fund legislation in most states, Connecticut General Statute specifically states that funding is to be allocated to the Connecticut Department of Social Services in order to provide grants to the BIA-CT. The DSS contracts with BIA-CT for specific services. These services are part of a broader contract between DSS and BIA-CT.

Funding Priorities: Help Line, resource facilitation, assistance to support groups, community outreach, training, prevention

Advice to Other States:

- Find and cultivate a relationship with a strong legislator.
- Determine in advance how the funds will be used in order to justify them in the legislative process.
- Utilize the easiest-to-access revenue source for the State.
- Always be watchful and do not take for granted that the money is secure.

Additional Information: Contact Sylvia Gafford-Alexander, TBI Project Director, Department of Social Services, Sylvia.gafford-alexander@ct.gov, or Julie Peters, Executive Director, Brain Injury Association of Connecticut , jpeters@biact.org

Connecticut TBI Trust Fund Legislation

Establishment & Administration: Conn. Gen. Stat. § 14-295b

14-295b. Brain injury prevention and services account.

There is established a brain injury prevention and services account which shall be a separate, nonlapsing account within the General Fund. The account shall contain all moneys required by law to be deposited in the account. Investment earnings from any moneys in the account shall be credited to the account and shall become part of the assets of the account. Any balance remaining in the account at the end of any fiscal year shall be carried forward in the account for the fiscal year next succeeding. The moneys in the account shall be allocated to the Department of Social Services for the purpose of providing grants to the Brain Injury Association of Connecticut.

Revenue Source: Conn. Gen. Stat. § 14-295a

14-295a. Assessment for certain bond forfeitures and certain payments of fines by mail.

An assessment of five dollars shall be imposed against any person who is convicted of a violation of section 14-219, 14-222 or 14-227a who forfeits a cash bond or guaranteed bail bond certificate posted under section 14-140a or under reciprocal agreements made with other states for the alleged violation of any of said sections or who pleads nolo contendere to a violation of section 14-219 and pays the fine by mail. Such assessment shall be in addition to any fee, cost or surcharge imposed pursuant to any other provision of the general statutes. All assessments collected pursuant to this section shall be deposited in the General Fund and credited to the brain injury prevention and services account established under section 14-295b.

Florida TBI Trust Fund Profile

Background: In 1978 the Florida Legislature established the Spinal Cord Injury Program within the Division of Vocational Rehabilitation (VR). The program began receiving general revenue funds to provide care to individuals with spinal cord injury not meeting Federal VR eligibility criteria. The Central Registry (381.74) collected spinal cord injury data - including identifying information, descriptive medical information, and cause of injury - to identify incidence of injuries, justify requests for additional funding, and initiate injury prevention programs. Then, in 1985, the legislature mandated the division to receive reports on head injuries, and also create a head injury program and advisory council. Parents, select medical personnel, the BIAF, and legislative friends joined forces to advocate for a trust fund with revenues benefiting both persons with head and spinal cord injuries. Initial legislation established the Impaired Drivers and Speeders Trust Fund. There were no stumbling blocks. Everyone was surprised and excited when the bill passed in the final hours of the session. The trust fund has since been renamed Brain and Spinal Cord Injury Program Trust Fund (F.S. 381.79).

Legislative Authority: Original legislation ratified in 1988. Now F.S. 381.

Revenue Source and Collection Process: (F.S. 381.79) Initial funding was derived from a speed limit violation surcharge of $2 per mile and a $25 surcharge for a DUI conviction. Today's surcharge for DUI is at $60 and Boating Under the Influence has also been added. Fines on moving vehicles contribute 8.2 percent. Motorcycle specialty tags bring $5 and temporary license tags carry a $1 surcharge. Funds are collected by county clerks. The County Clerks Association has been very supportive and clerks are well-informed about their responsibilities under the law. The funds are remitted to the Florida Department of Highway Safety and Motor Vehicles and then distributed to the trust fund. The state deducts an 8 percent administrative handling fee. The Brain & Spinal Cord Injury Program is given specific budget authority each year included in the Florida Department of Health budget. The amount is based on revenues collected, trust fund balance, prior year expenditures, Medicaid waiver and subrogation reimbursements, and any additional allocations. Current revenue is approximately $22 million. Currently, revenue collections are not enough to meet all needs and revenue has been dropping for the past several years.

Startup: The program became operational about 6 months after legislation was passed but funds were not distributed until the beginning of a new state contract year which begins each July.

Advisory Board: Called the Brain and Spinal Cord Injury Advisory Council (381.78), its purpose is to provide expert advisement to the Program and ensure that eligible Florida residents sustaining moderate to severe traumatic brain or spinal cord injuries have the opportunity to get the necessary rehabilitative services to reintegrate back into the community.

Program Administration: Florida Department of Health/Division of Emergency Medical Operations/ Brain and Spinal Cord Injury Program.

Funding Priorities: The five regional budgets to serve eligible clients are determined based on a formula. Funding is restricted by statutes and program policy and procedures. Some exceptions can be made by the Bureau Chief with appropriate justification. Services can only be obtained from an approved provider. Case managers are expected to use good judgment in providing services and to utilize all available third party resources. All services should lead toward the goal of successfully reintegrating the individual back into the community. Of the approximately $22 million, approximately $4 million is set aside for salaries and expenses. Just over a million dollars are available to 21 case managers for purchasing client services. For the Medicaid Waiver Program approximately $10 million dollars are used for purchased client services.

Eligibility Criteria: To be eligible for the general program an individual must be a legal resident of Florida, be medically stable, meet the State definition for spinal cord or moderate to severe brain injury, and be reasonably expected to benefit from rehabilitation services. The case manager works with the hospital, client and family to determine eligibility for services. The hospital has the responsibility of notifying the case manager of any changes that would affect medical eligibility.

Program Operation and Restrictions: The trust fund is the payer of last resort. The Brain and Spinal Cord Injury Program, depending on the availability of funds, is authorized to provide acute care, inpatient and outpatient rehabilitation, transitional living services, adaptive equipment, home modifications, peer mentoring, transportation, housing, and other services necessary for community reintegration. Services are provided through state designated and approved facilities. Case management is the primary service available to assist clients and their families. The role of case management is coordination of direct client services, including establishing eligibility and coordinating all third party resources. Individuals with a traumatic brain or spinal cord injury are referred to the Brain and Spinal Cord Injury Program, Central Registry, 1-800-342-0778 (F.S. 381.74). By law, every physician or representative of a public or private health or social agency is required to report these injuries to the Central Registry within 5 days of the occurrence. The case is then referred to the BSCIP case manager or Children Medical Service's Nurse Care Coordinator in the location where the injury occurred. The case manager works with the facility, client and family to determine eligibility for services. Each quarter, through a statewide system of 21 case managers funds are distributed for individual client services budgets by their Regional Manager upon approval of the Bureau Chief.

The general trust fund program funds grants, contracts, sponsorships, research, and prevention activities. Annual nursing home surveys (F.S. 381.77) are conducted toward providing home transition assistance. The Program coordinates with other programs and attempts to fully utilize all other available resources whenever possible. Long-term community supports are funded through the Medicaid waiver with a portion of the trust fund used to match it. There are no annual or lifetime caps on distributions.

Emergency Requests: Emergencies can be addressed but the preference is to authorize directly to a provider rather than give cash to a client. These kinds of issues are addressed on an individual basis.

Most Requested Service or Support: Assistive devices, therapies, medical follow-ups including medications, medical supplies, durable medical equipment and home modifications are the services most needed.

Number of Individuals Served Annually: Approximately 2000 injured individuals are served annually by the general program with an additional 356 individuals served under the waiver. The waiver is authorized to serve 375 persons depending on the availability of funds.

Average per Person Expenditure: Average cost under the waiver is approximately $31,413.00. Average cost under the Consumer Directed Care Waiver which serves approximately 25 clients is $37,645.00. Average costs under the general program are not calculated.

Waiting List: The general program does not currently maintain a waiting list although there is a waiting list for the Medicaid Waiver Program.

Program Evaluation: A process for evaluating the trust fund program is being put in place and there is an increased emphasis on independence outcomes.

Program Changes: Revenue increases were initiated by constituents in the Tampa Bay/St. Petersburg area to increase DUI to $60 per conviction and added Boating Under the Influence. The bill was supported by the BSCIP Advisory Council, the Brain Injury Association of Florida, the Spinal Cord Injury Resource Center, designated facilities, and others. With their full support, the bill was championed by Senator Sullivan and the legislation was passed.

In 1992 the Florida Legislature renamed the Impaired Drivers & Speeders Trust Fund to the Brain and Spinal Cord Injury Rehabilitation Trust Fund, merging the Head Injury and Spinal Cord Injury Programs to form the Brain and Spinal Cord Injury Program. In 1999 the legislature passed legislation transferring the Brain and Spinal Cord Injury Program, the Central Registry, and Advisory Council from the Department of Labor and Employment Security to the Department of Health, effective January 1, 2000.

Other changes have been implemented due to outcomes from federal grants including follow-along services for individuals who enter nursing homes, an increased emphasis on return to employment for individuals with brain injury, increased public recognition of brain injury through public awareness events and activities, and ongoing assessments and strategic planning for the needs of survivors and caregivers.

Even though the administering agency has been fortunate to receive the level of support they have, there are still many unmet needs. There is a waiting list for the waiver program and it is recognized that general revenue funds need to be identified to supplant trust fund revenues as match for the waiver. There is a need to identify additional funding for long-term, community-based, neurobehavioral programs. There needs to be a greater emphasis on independence outcomes, more coordination with Florida's seventeen centers for independent living and additional funding for the general program.

Advice to Other States:

- Link and generate funding from sources that contribute to the incidence of the injuries.
- Project how much funding will be collected and have a clear plan on how to use it.
- Consumer groups should be actively involved in the process of identifying and prioritizing types of services needed from the trust fund. The legislative language should clearly reflect the intent.
- The State agency responsible for administering the trust fund must be committed to developing the program to address the unmet needs of individuals with traumatic brain injuries.

Additional Information: Contact Thom DeLilla, Bureau Chief, Thom_Delilla@doh.state.fl.us. Phone number is (850) 245-4045. Also, see http://www.doh.state.fl.us/workforce/BrainSC.

Florida TBI Trust Fund Legislation

Establishment & Administration: Fla. Stat. § 318.79

381.79 Brain and Spinal Cord Injury Program Trust Fund.

(1) There is created in the State Treasury the Brain and Spinal Cord Injury Program Trust Fund. Moneys in the fund shall be appropriated to the department for the purpose of providing the cost of care for brain or spinal cord injuries as a payor of last resort to residents of this state, for multilevel programs of care established pursuant to s. 381.75.

(a) Authorization of expenditures for brain or spinal cord injury care shall be made only by the department.

(b) Authorized expenditures include acute care, rehabilitation, transitional living, equipment and supplies necessary for activities of daily living, public information, prevention, education, and research. In addition, the department may provide matching funds for public or private assistance provided under the brain and spinal cord injury program and may provide funds for any approved expansion of services for treating individuals who have sustained a brain or spinal cord injury.

(2) The department shall issue a report to the President of the Senate and the Speaker of the House of Representatives by March 1 of each year, summarizing the activities supported by the trust fund.

(3) (a) Annually, 5 percent of the revenues deposited monthly in the fund pursuant to s. 318.21(2)(d) shall be appropriated to the University of Florida and 5 percent to the University of Miami for spinal cord injury and brain injury research. The amount to be distributed to the universities shall be calculated based on the deposits into the fund for each quarter in the fiscal year, but may not exceed $ 500,000 per university per year. Funds distributed under this subsection shall be made in quarterly payments at the end of each quarter during the fiscal year.

(4) The Board of Regents shall establish a program administration process which shall include: an annual prospective program plan with goals, research design, proposed outcomes, a proposed budget, an annual report of research activities and findings, and an annual end-of-year financial statement. Prospective program plans shall be submitted to the Board of Regents, and funds shall be released upon acceptance of the proposed program plans. The annual report of research activities and findings shall be submitted to the Board of Regents, with the executive summaries submitted to the President of the Senate, the Speaker of the House of Representatives, and the Secretary of Health.

(5) Moneys received under s. 381.785 shall be deposited into the trust fund and used for the purposes specified in subsection (1).

(6) The department may accept, deposit into the trust fund, and use for carrying out the purposes of this part gifts made unconditionally by will or otherwise. Any gift made under conditions that, in the judgment of the department, are proper and consistent with this section, the laws of the United States, and the laws of this state may be accepted and shall be held, invested, reinvested, and used in accordance with the conditions of the gift.

Revenue Source: Fla. Stat. § 320.131(2)

320.131. Temporary tags

(2) The department is authorized to sell temporary tags, in addition to those listed above, to their agents and where need is demonstrated by a consumer complainant. The fee shall be $ 2 each. One dollar from each tag sold shall be deposited into the Brain and Spinal Cord Injury Rehabilitation Trust Fund, with the remaining proceeds being deposited into the Highway Safety Operating Trust Fund.

_____

Revenue Source: Fla. Stat. § 381.21(2)(d)

318.21 Disposition of civil penalties by county courts.

--All civil penalties received by a county court pursuant to the provisions of this chapter shall be distributed and paid monthly as follows:

(2) Of the remainder:

(d) Eight and two-tenths percent shall be remitted to the Department of Revenue for deposit in the Brain and Spinal Cord Injury Rehabilitation Trust Fund for the purposes set forth in s. 381.79.

_____

Revenue Source: Fla. Stat. § 938.07

938.07. Driving or boating under the influence

Notwithstanding any other provision of s. 316.193 or s. 327.35, a court cost of $ 135 shall be added to any fine imposed pursuant to s. 316.193 or s. 327.35. The clerks shall remit the funds to the Department of Revenue, $ 25 of which shall be deposited in the Emergency Medical Services Trust Fund, $50 shall be deposited in the Criminal Justice Standards and Training Trust Fund of the Department of Law Enforcement to be used for operational expenses in conducting the statewide criminal analysis laboratory system established in s. 943.32, and $60 shall be deposited in the Brain and Spinal Cord Injury Rehabilitation Trust Fund created in s. 381.79.

Georgia TBI Trust Fund Profile

Background: Up until the 1990s**,** there was no dedicated source of funding for persons with brain or spinal cord injury. Brain injury support group members investigated how services were being paid for in other States and determined that a trust fund was a viable resource. As alcohol use is often a factor in events that cause TBI/SCI, making persons convicted of DUI contribute a portion of their legal fine to such a trust fund, was appealing. The coalition of advocates for trust fund legislation recommended this scenario. In the early to mid-1990s, support group members worked on developing strong grassroots support for development of a trust fund. Stakeholders included individuals from the medical community, families, survivors, and others; all working statewide to gain support of their legislators and to keep momentum going. The legislative effort involved a collaboration of many stakeholder but support group members and their coalition of advocates were the driving force. Several legislative attempts were made over several years time before the enabling legislation was passed and signed by the Governor.

Legislative Authority: Official Code of Georgia, Annotated, Section 15-21-140-152, ratified in 1998.

Revenue Source and Collection Process: The source of revenue is a ten percent surcharge on fines for driving under the influence of alcohol and/or drug convictions. At the local level, a judge imposes a sentence and adds a surcharge of ten percent to the fine. Clerks collect the fines and send the money to the Georgia Superior Court Clerks Cooperative Authority (GSCCCA). GSCCCA deposits the collected funds into dedicated state treasury accounts for the Commission. Because the appropriation is not automatic, The Trust Fund Commission must submit a budget request for an appropriation of previously collected surcharges (two years prior collections) during the budget cycle. Revenues collected average $1.95 million over the last five years.

Startup: Initially, four years passed to get the program fully operational. Originally an Authority, the status was changed to a state Commission by the legislature. Qualified Commissioners were identified and appointed by the Governor.

Commission Composition: The Trust Fund Commission is a sixteen member body consisting of ten Commissioners appointed by the Governor (seven survivors or family members and three persons that may be recommended by other organizations, providers or hospitals/rehabilitation centers) and six Commissioners from other state agencies. The Commissioners are chosen from the states'eighteen public health districts. No two Governor-appointed Commissioners may serve from the same public health district.

Program Administration: The Trust Fund is a constitutionally authorized state Commission with its own guaranteed funding which may not be used for any other purpose than what the Commission recommends. The Commission is administratively attached to the Georgia Department of Public Health for certain administrative functions but does not report to that agency. The Commission is a stand-alone entity. The Commission reports to the Governor's office – all Commission grants must be approved by the Governor's office. To date, no funding request to an individual for a Trust Fund grant has been denied by the Governor's office. The Commission is the state's lead agency for traumatic brain injury and is the state grantee for

HRSA state implementation grants when federal funding is available. The Commission has authorized an Advisory Committee that is comprised of individuals with TBI and/or SCI, family members, providers and professionals from the educational, medical, and rehabilitation fields.

Funding Priorities:
1. The primary purpose of the Commission is to fund grants for the post-acute care and rehabilitation of Georgians with TBI and SCI.
2. Administer the state's Central Registry for TBI and SCI.
3. Advocate for improvements in statewide services for Georgians with TBI and SCI.

Requests for funds are reviewed to ensure that some or all of the Commission's mission priorities are capable of being implemented. These priorities are:
1) promote independence
2) foster inclusion
3) offer choice
4) promote self-determination
In addition to funding individual consumer requests, the Commission may contract for direct services to individuals with TBI and SCI from organizations. The Commission funds the Brain Injury Association of Georgia's Information and Resource Coordinator program. The Trust Fund Commission staffs and funds the administration of the Central Registry and the Commission contracts for a State Action Plan coordinator who provides support for the Commission's Advisory Committee.

Twenty-five percent of the total annual budget can be used for administrative expenses.

Eligibility Criteria: To be eligible, one must be a resident of the State of Georgia and have a documented TBI or SCI. The Commission does not fund ABI. The Commission has the constitutional authority to define and promulgate distribution policy and to determine priority for grant funding.

Program Operation and Restrictions: The program is the payor of last resort supporting individual consumer needs. The amount of money appropriated to a given district dictates the number of persons living within it who may benefit from the trust fund. A six-member trust fund committee - consisting of BIA, consumers/family members, a case manager, and vocational rehabilitation- meets monthly to review staff recommendations and send their recommendations on to the Commission. The Commission reviews them, sending their recommendations on to the Governor for final approval. Decisions must be made within 4 to 6 weeks of application.

The Trust Fund will pay for post acute care and rehabilitation in keeping with our four priorities; Examples of services/supports include: Transportation, Home Modifications, Personal Supports, Medical Care, Durable Medical Equipment, Assistive Technology, Rehabilitation Therapy among others. The Commission can pay a provider for case management services for an applicant. Case managers serve on a variety of Commission and Advisory committees and subcommittees. The Commission does not employ field case managers.

There is a $10,000 lifetime cap per qualified applicant. Other category restrictions apply.

Emergency Requests: There is no emergency request provision.

Most Requested Service or Support: Transportation and Home Modifications

Number of Individuals Served Annually: 370 eligible applications received in FY2011 (does not include applicants (82) who were processed but did not have an eligible prioritization score).

Average per Person Expenditure: $5,556 in FY2011. Since 2003 the Trust Fund has distributed grants in the amount of $16,000,000 – a total of 3,930 awards.

Waiting List: The individual grants program currently has a waiting list for the Transportation category.

Program Evaluation: The Commission conducts periodic satisfaction surveys with its grantees. The Commission requests evaluation of component programs on an as needed basis to determine if grants are equitable regionally and among the injury groups. Evaluation of grant categories is conducted to ensure that program resources are being spent effectively and efficiently; this can take the form of either quantitative and/or qualitative evaluation.

Program Changes: The Legislature recently approved a bill that allows the Trust Fund to engage in public fundraising (solicitation of funds) activities. Trust Fund revenue from the surcharge has declined by 8.4 percent since 2008.

Advice to Other States:

- A strong grassroots effort is critical.
- Having a statewide referendum is very beneficial because its passage acknowledges broad public program support and is a constitutional safeguard.
- Be sure that a statute guarantees a funding source that cannot be tampered with during an economic downturn or that does not provide automatic annual appropriation of the dedicated funding.
- Do not rely on only one fund source, if DUI fine surcharge is selected as a mode of funding be sure to include a Reckless Driving fine surcharge since DUI's are frequently reduced to a reckless charge by law enforcement or the courts.
- Research a variety of State trust fund models to see which one best matches the state/ administering agency's intentions.
- Keep the focus on consumer independence.

Trust Fund Distribution Policy:
Available by request or on our web site at www.bsitf.state.ga.us

Additional Information: Contact Craig Young, Executive Director, Brain & Spinal Injury Trust Fund Commission, clyoung@dhr.state.ga.us. Also, see www.bsitf.state.ga.us

Georgia TBI Trust Fund Legislation

O.C.G.A. TITLE 15 Chapter 21 Article 9 (2011)
ARTICLE 9. BRAIN AND SPINAL INJURY TRUST FUND

O.C.G.A. § 15-21-140 (2011)

§ 15-21-140. Authorization of additional penalty assessments for violations involving driving under the influence

This article is enacted pursuant to Article III, Section IX, Paragraph VI(k) of the Constitution, which provision authorizes additional penalty assessments for violations relating to driving under the influence of alcohol or drugs and provides that the proceeds derived therefrom may be used for the purpose of meeting the costs of care and rehabilitative services for certain citizens of this state with brain or spinal cord injuries.

§ 15-21-141. Definitions

As used in this article, the term:

(1) "Commission" means the Brain and Spinal Injury Trust Fund Commission created in Code Section 15-21-142.

(2) "Trust fund" means the Brain and Spinal Injury Trust Fund created by Code Section 15-21-148.

§ 15-21-142. Fund established

There is established the Brain and Spinal Injury Trust Fund Commission which is assigned to the Department of Public Health for administrative purposes only, as prescribed in Code Section 50-4-3.

§ 15-21-143. Appointment of members and personnel; agencies

(a) The Brain and Spinal Injury Trust Fund Commission shall consist of 16 members who shall serve for terms of two years, except that with respect to the first members appointed, five members shall be appointed for a term of three years, five for a term of two years, and five for a term of one year. The following agencies may each appoint one member of the commission:

(1) The Division of Rehabilitation Services of the Department of Labor;

(2) The State Board of Education;

(3) The Department of Public Safety;

(4) The Department of Community Health;

(5) The Department of Public Health; and

(6) The Department of Human Services.

The remaining ten members of the commission shall be appointed by the Governor, seven of whom shall be citizens who have sustained brain or spinal cord injury or members of such persons' immediate families, no more than one of whom shall reside in the same geographic area of the state which constitutes a health district established by the Department of Public Health. The Governor is authorized but not required to appoint the remaining three members from recommendations submitted by the Private Rehabilitation Suppliers of Georgia, the Georgia Hospital Association, the Brain Injury Association of Georgia, the Medical Association of Georgia, and the Georgia State Medical Association. The Governor shall also establish initial terms of office for all 16 members of the board within the limitations of this subsection.

(b) In the event of death, resignation, disqualification, or removal for any reason of any member of the commission, the vacancy shall be filled in the same manner as the original appointment and the successor shall serve for the unexpired term.

(c) Membership on the commission does not constitute public office, and no member shall be disqualified from holding public office by reason of his or her membership.

(d) The Governor shall designate a chairperson of the commission from among the members, which chairperson shall serve in that position at the pleasure of the Governor. The commission may elect such other officers and committees as it considers appropriate.

(e) The commission, with the approval of the Governor, may employ such professional, technical, or clerical personnel as deemed necessary to carry out the purposes of this chapter.

§ 15-21-144. Expense allowance and travel reimbursement of members of the fund

Members of the commission shall serve without compensation but shall receive the same expense allowance per day as that received by a member of the General Assembly for each day such member of the commission is in attendance at a meeting of such commission, plus either reimbursement for actual transportation costs while traveling by public carrier or the same mileage allowance for use of a personal car in connection with such attendance as members of the General Assembly receive. Such expense and travel allowance shall be paid in lieu of any per diem, allowance, or other remuneration now received by any such member for such attendance. Expense allowances and other costs authorized in this Code section shall be paid from moneys in the trust fund.

§ 15-21-145. Duties of the commission

(a) The commission shall do all of the following:

(1) Meet at such times and places as it shall determine necessary or convenient to perform its duties. The commission shall also meet on the call of the chairperson or the Governor;

(2) Maintain minutes of its meetings;

(3) Adopt rules and regulations for the transaction of its business;

(4) Accept applications for disbursements of available money from the trust fund;

(5) Maintain records of all expenditures of the commission, funds received as gifts and donations, and disbursements made from the trust fund; and

(6) Conform to the standards and requirements prescribed by the state accounting officer pursuant to Chapter 5B of Title 50.

(b) The commission shall utilize existing state resources and staff of participating departments whenever practicable.

§ 15-21-146. Recommendations of changes in state programs, statutes, policies, and budgets; standardization of care

The commission may recommend to the Governor and the General Assembly changes in state programs, statutes, policies, budgets, and standards relating to the care and rehabilitation of persons with brain or spinal cord injuries, improve coordination among state agencies that provide care and rehabilitative services, and improve the condition of citizens who are in need of rehabilitative services.

§ 15-21-147. Acceptance of federal funds; disposition

The commission may accept and solicit federal funds granted by Congress or executive order for the purposes of this article as well as gifts and donations from individuals, private organizations, or foundations. The acceptance and use of federal funds does not commit state funds and does not place an obligation upon the General Assembly to continue the purposes for which the federal funds are made available. All funds received in the manner described in this Code section shall be transmitted to the state treasurer for deposit in the trust fund to be disbursed as other moneys in such trust fund.

§ 15-21-148. Creation of the Brain and Spinal Injury Trust Fund

(a) There is created the Brain and Spinal Injury Trust Fund as a separate fund in the state treasury. The state treasurer shall credit to the trust fund all amounts transferred to such fund and

shall invest the trust fund moneys in the same manner as authorized for investing other moneys in the state treasury.

(b) The commission may authorize the disbursement of available money from the trust fund, after appropriation thereof, for purposes of providing care and rehabilitative services to citizens of the state who have survived neurotrauma with head or spinal cord injuries, to a person, entity, or program eligible pursuant to criteria to be set by such commission. The commission may also authorize the disbursement of trust fund money for the actual and necessary operating expenses that the commission incurs in performing its duties; provided, however, that such disbursements shall be kept at a minimum in furtherance of the primary purpose of the trust fund which is to disburse money to provide care and rehabilitative services for persons with brain or spinal cord injuries.

(c) No funds shall be disbursed from the trust fund to any person, entity, or program or for any purpose authorized in subsection (b) of this Code section until approved by the Governor; provided, however, that the Governor may not authorize the disbursement of funds to a person, entity, or program which the commission has not recommended for a grant.

§ 15-21-149. Fines; penalties

(a) In every case in which any court in this state shall impose a fine, which shall be construed to include costs, for any violation of Code Section 40-6-391, relating to driving under the influence of alcohol or drugs, or for violations of ordinances of political subdivisions which have adopted by reference Code Section 40-6-391, there shall be imposed as an additional penalty a sum equal to 10 percent of the original fine.

(b) Such sums shall be in addition to any amount required to be paid into any pension, annuity, or retirement fund under Title 47 or any other law and in addition to any other amounts provided for in this chapter.

§ 15-21-150. Collection of fines; disposition of moneys collected

The sums provided for in Code Section 15-21-149 shall be assessed and collected by the clerk or court officer charged with the duty of collecting moneys arising from fines and shall be paid over by the last day of the following month to the Georgia Superior Court Clerks' Cooperative Authority for remittance to the Brain and Spinal Injury Trust Fund Commission created in Code Section 15-21-143, to be deposited into the Brain and Spinal Injury Trust Fund.

§ 15-21-152. Duty to collect; misdemeanor

Any person whose duty it is to collect and remit the sums provided for in this article who refuses to so remit shall be guilty of a misdemeanor.

Hawaii TBI Trust Fund Profile

Background: In 2002, Act 160 was passed by the Hawaii State Legislature and signed by the governor. Act 160 established a state Neurotrauma Advisory Board and a neurotrauma special fund. "Neurotrauma" means a severe chronic disability of a person that is attributable to an injury to the central nervous system, such as traumatic brain injury and spinal cord injury, and likely to continue indefinitely. The Hawaii State Department of Health is assigned to carry out the activities in statute.

Legislative Authority: 321-H, Hawaii Revised Statutes

Revenue Source and Collections Process: Neurotrauma Special Fund revenue is derived from a surcharge on several traffic fines. The surcharge is collected by the Judiciary Branch and deposited monthly into a special account for use by the DOH's Developmental Disabilities Division. The Judiciary Branch initially estimated yearly revenue at $1 million but cautioned that a lower amount would be more realistic resulting from court reduction in fines and some defendants' failure to pay fines. When the collection process first began, revenues were less than projected. However, during the past 6 years, they have been higher than estimated, ranging from $795k to $906k per year.

Startup: Legislation was passed in June, 2002, and revenue collections began in January, 2003. Some activities have been a natural evolution from HRSA grants so it is hard to say at exactly what point the Neurotrauma fund began to pay for them.

Advisory Board: There is a Neurotrauma Advisory Board established in legislation in 2002 (321H, Hawaii Revised Statutues). The Director of the DOH appoints members who serve 4 year terms. Up to 21 members can serve on the board, whose function it is to establish spending priorities for the fund and provide advisory oversight of program operation. Board composition is as follows: five persons who have survived a neurotrauma or their family members; two persons who have survived a stroke; two persons representing BIA; two persons representing the Spinal Chord Injury Association; one TBI Advisory Council member, three private providers, one trauma center representative, and five at-large members. The Advisory Board has three subcommittees: Education, Registry, and Neurotrauma Special Fund.

Program Administration: The Neurotrauma Fund is administered by the Developmental Disabilities Division at the DOH.

Funding Priorities: In accordance with 321H, HRS, neurotrauma special funds can be utilized for development of an neurotrauma registry, education and public awareness, and assistance to individuals to identify and access needed services and supports. The Neurotrauma Advisory Board holds an annual retreat where goals and funding priorities are discussed and a yearly plan developed. Funds have been used to support a BIA annual conference, an injury prevention conference, and various public awareness efforts. Also, the salaries of three staff members who provide service coordination and other program functions are funded by the neurotrauma special fund.

Eligibility Criteria: The program is focused on adults injured after the age of 22 who cannot benefit from other developmental disability programs. A physician must document that the individual had a stroke, traumatic brain injury, or spinal cord injury.

Program Operation and Restrictions: The fund is not used to pay for services per se but for activities that assist individuals in getting the services they need. At the core of the service coordination component is the statewide HelpLine. DOH staff is assigned to take calls through the HelpLine, evaluate need, develop a person-centered plan, and help individuals' access services. Presently, there are no financial restrictions helping people access services. The board has discussed setting a $5,000 cap in the future if it appears that a restriction needs to be made. A registry is not yet in operation.

Emergency Requests: There is no formal policy.

Most Requested Service or Support: Housing

Number of Individuals Served: Approximately 75 – 90 annually

Average per Person Expenditure: N/A

Waiting List: N/A

Program Evaluation: A formal evaluation of the program has not been done. However, there will probably be some consumer satisfaction surveys in the future. The Board and staff feel they have established the right priorities but would like to see more consumers and family members utilizing the program.

Program Changes: Since its inception, there have been no formal changes in the way the program has been implemented. However, annual planning retreats by the neurotrauma advisory board and priorities established by the DOH provide an avenue for program changes as needed. In an attempt to reach more consumers, there will be greater emphasis on marketing the program and on outreach to families. The department would like to acquire a general revenue source to pay for salaries so that all of the Neurotrauma Fund revenues can support consumer needs and other agreed-upon priorities.

Additional Information: Contact Aaron Arakaki, Division of Developmental Disabilities, aaron.arakaki@doh.hawaii.gov, or see http://www.hawaii.gov/health/disability-services/neurotrauma/index.html.

Hawaii TBI Trust Fund Legislation

Establishment & Administration: HRS § 321H-4

321H-4 Neurotrauma special fund

(a) There is established the neurotrauma special fund to be administered by the department with advisory recommendations from the neurotrauma advisory board. The fund shall consist of:

(1) Moneys raised pursuant to the surcharges levied under sections 291-11.5, 291-11.6, 291C-12, 291C-12.5, 291C-12.6, 291C-102, and 291E-61;

(2) Federal funds granted by Congress or executive order, for the purpose of this chapter; provided that the acceptance and use of federal funds shall not commit state funds for services and shall not place an obligation upon the legislature to continue the purpose for which the federal funds are made available; and

(3) Funds appropriated by the legislature for the purpose of this chapter.

(b) The fund shall be used for the purpose of funding and contracting for services relating to neurotrauma as follows:

(1) Education on neurotrauma;

(2) Assistance to individuals and families to identify and obtain access to services;

(3) Creation of a registry of neurotrauma injuries within the State to identify incidence, prevalence, individual needs, and related information; and

(4) Necessary administrative expenses to carry out this chapter not to exceed two per cent of the total amount collected.

(c) Moneys in the neurotrauma special fund may be appropriated to obtain federal and private grant matching funds, subject to section 321H-4(a)(2).

(d) In administering the fund, the director shall maintain records of all expenditures and disbursements made from the neurotrauma special fund.

(e) The director shall submit to the legislature an annual report on the activities under the neurotrauma special fund no later than twenty days prior to the convening of each regular session.

Revenue Source: HRS § 291-11.5(e)

291-11.5 Child passenger restraints

(e) Violation of this section shall be considered an offense as defined under section 701-107(5) and shall subject the violator to the following penalties:

(1) For a first conviction, the person shall:

(D) Pay a $10 surcharge to be deposited into the neurotrauma special fund.

(2) For a conviction of a second offense, the person shall:

(D) Pay a $10 surcharge to be deposited into the neurotrauma special fund.

(3) For a conviction of a third or subsequent offense, the person shall:

(D) Pay a $10 surcharge to be deposited into the neurotrauma special fund.

Revenue Source: HRS § 291-11.6(e)

291-11.6 Mandatory use of seat belts, when, penalty

(e) A person who fails to comply with the requirements of this section shall be subject to a fine of $45 for each violation and a surcharge of $10 which shall be deposited into the neurotrauma special fund.

_____

Revenue Source: HRS § 291C-12(d)

291C-12 Accidents involving death or serious bodily injury

(d) For any violation under this section, a surcharge of $500 shall be imposed, in addition to any other penalties, and shall be deposited into the neurotrauma special fund.

_____

Revenue Source: HRS § 291C-12.5(c)

291C-12.5 Accidents involving substantial bodily injury

(c) For any violation under this section, a surcharge of $250 shall be imposed, in addition to any other penalties, and shall be deposited into the neurotrauma special fund.

_____

Revenue Source: HRS § 291C-12.6(c)

(c) For any violation under this section, a surcharge of $100 shall be imposed, in addition to any other penalties, and shall be deposited into the neurotrauma special fund.

_____

Revenue Source: HRS § 291C-102(c)

(c) If the maximum speed limit is exceeded by more than ten miles per hour, a surcharge of $10 shall be imposed, in addition to any other penalties, and shall be deposited into the neurotrauma special fund.

_____

Revenue Source: HRS § 291E-61(b)

291E-61 Operating a vehicle under the influence of an intoxicant

(b) A person committing the offense of operating a vehicle under the influence of an intoxicant shall be sentenced as follows without possibility of probation or suspension of sentence:

(1) For the first offense, or any offense not preceded within a five-year period by a conviction for an offense under this section or section 291E-4(a):

(D) A surcharge of $25 to be deposited into the neurotrauma special fund;

(2) For an offense that occurs within five years of a prior conviction for an offense under this section or section 291E-4(a) by:

(D) A surcharge of $25 to be deposited into the neurotrauma special fund;

(3) For an offense that occurs within five years of two prior convictions for offenses under this section or section 291E-4(a):

(D) A surcharge of $25 to be deposited into the neurotrauma special fund.

Kentucky TBI Trust Fund Profile

Background: The Kentucky Brain Injury Trust Fund was created by the Kentucky General Assembly in 1998 to provide services to children and adults with acquired and traumatic brain injuries across the Commonwealth. Traumatic brain injury (TBI), as defined in statutes KRS 211.470 to 211.478, is a partial or total disability caused by injury to the central nervous system from physical trauma, damage to the central nervous system from anoxia, hypoxic episodes, allergic conditions, toxic substances, or other acute medical clinical incidents resulting in impaired cognitive abilities or impaired physical functioning. TBI does not include strokes treatable in nursing facilities; spinal cord injuries; depression and psychiatric disorders; progressive dementias and other mentally impaired conditions; mental retardation and birth defect-related disorders of a long standing nature; or neurological degenerative, metabolic, and other medical conditions of a chronic, degenerative nature.

Legislative Authority: KRS 211.476 was ratified in 1998.

Revenue Source and Collection Process: KRS 42.320 designates that the Trust Fund receive 5.5 percent of court costs, up to $2,750,000 annually, that are collected by circuit clerks.

KRS 189A.050 specifies that eight percent of the driving under the influence (DUI) service fees ($375) after the first fifty dollars shall be credited to the Traumatic Brain Injury Trust Fund.

Startup: Once enabling legislation was passed, it took about a year for the program to become operational. The process included appointing an advisory board, promulgating rules of operation, and choosing a fiscal intermediary to operate the program.

Advisory Board: The statute provides for a nine member governing Board of Directors with mandates as follows:

- Administer the Trust Fund;
- Promulgate administrative regulations;
- Establish a confidential registry for traumatic brain and spinal cord injuries;
- Investigate the needs of people with brain injuries and identify gaps in services;
- Assist in the development of services for people with brain injuries; and
- Monitor and evaluate services provided by the Trust Fund.

For administrative purposes, the Kentucky Brain Injury Trust Fund Board of Directors is attached to the Kentucky Cabinet for Health and Family Services, Department for Aging and Independent Living, which provides direct staff support to the Board.

Program Administration: The Benefit Management Program (BMP) was established by the Board in April 2001 to govern the operation of the Traumatic Brain Injury Trust Fund. 908 KAR 4:030 established the responsibilities of the BMP and the procedures for obtaining benefits from the Trust Fund.

In accordance with the regulations, the Benefit Management Program is required to do the following:

- Establish a toll-free number;
- Engage in public information activities;
- Provide case management services to eligible applicants and recipients;
- Accept applications for benefits from the Trust Fund and distribute benefits to recipients based upon an approved service plan; and
- Establish a Service Plan Review Committee for the purpose of reviewing service plans for approval.

Eckman, Freeman & Associates was awarded the contract to administer the Benefit Management Program for the TBI Trust Fund.

Funding Priorities: In keeping with the program's mandate to establish a registry for traumatic brain and spinal cord injuries, the Board again funded a surveillance project in FY 2010 through a contract with the University of Kentucky.

The Kentucky Injury Prevention and Research Center (KIPRC) located at the University of Kentucky collects hospital discharge data for analysis and dissemination. This information is used to estimate the incidence and causes of brain injuries in Kentucky and the demographic characteristics of injured persons. The report illustrates the impact of acquired brain injury on the citizens of Kentucky.

This year the Kentucky Traumatic Brain Injury & Spinal Cord Injury Surveillance Report for FY 2010 includes available outpatient data. Using the most recent available data, it has been determined that the number of individuals sustaining fatal brain injuries continues to increase each year in Kentucky. According to the Center's most recent available data, 6,248 Kentucky residents survived their injuries but had significant deficits after sustaining a brain injury. In that same year, 2,744 Kentuckians died from a brain injury. On average, brain injury has played a role in the death or hospitalization of 12 Kentuckians per day.

In 2008, the Kentucky Hospital Association began collecting electronic records for outpatient encounters from Kentucky hospitals, including emergency department visits. Based on current data, the number of non-fatal TBI cases for Kentuckians treated and released from emergency departments each year is somewhere between four and six times the number of non-fatal inpatient hospitalizations for TBI. Over 7,000 individuals were seen in an emergency department and diagnosed with a brain injury in the first six months, which suggests that on an annual basis over 15,000 individuals are diagnosed and discharged with a brain injury from an emergency department in Kentucky.

The results of the inpatient and the outpatient data suggest that leading causes of TBI and Spinal Cord Injury (SCI) are motor vehicle accidents in persons aged 15-24, and falls in persons aged 65 and older. Incidences of motor vehicle accidents seem to be gradually decreasing, while incidences of falls appear to be increasing. Anoxia, an absence of oxygen to the brain, was most common among persons aged 65 and older sustaining a brain injury. Exposure to toxic substances was greatest among those aged 25-44 for those who have an Acquired Brain Injury (ABI). Kentucky's causes of injury remain consistent with national reported statistics.

Rates of TBI and ABI were highest in eastern Kentucky followed by the west central and western part of the state. The counties listed below, which rank in the top 25% of Kentucky counties in terms of both the number of cases reported and the age-adjusted rate per 100,000 residents in at least four out of the last five years, have been identified as top priority areas for prevention activities and programs. These counties could be considered excellent candidates for in-depth pilot studies leading to interventions to prevent and control TBI and ABI:

- TBI: Letcher and Perry
- ABI: McCracken, Hopkins, Knox, and Perry
- SCI: Total reported cases of SCI statewide are insufficient to support reliable geographic analysis

In addition to the mandated surveillance registry, the program's priority is to provide funding for case management and support services that enable individuals to remain in their home communities. The Benefit Management Program offers case management services at no cost to eligible applicants and recipients of assistance from the Trust Fund. Case management services have been innovatively designed to access the available natural supports and local resources in the communities of the approximately 3,300 clients served since the program's inception in order to ensure the Trust Fund remains a funding source of last resort. Case managers assess the applicant's eligibility for requests, identify the applicant's needs for services and supports, and assist in the development of service plans and requests. The case manager also monitors the delivery of services and supports to the recipient, and educates applicants, recipients, and family members. During the month of October, 2009, the program utilized 1737 hours of case management.

Eligibility Criteria: A child or adult must have a confirmed diagnosis of traumatic brain injury as defined in KY statute, reside in the community (not in a hospital or institution), and have no other payer source for the requested service, item, or support.

Program Operation and Restrictions: Since August 2001, the Benefit Management Program has leveraged approximately $5 million worth of additional services from other community options and natural supports and most individuals served by the Benefit Management Program express appreciation for the case management services and the funds they have received that have enabled them to remain in their home communities. But, the growing number of referrals, with no increase in available funding in FY2010, has been a significant concern. Presently, over 1,000 clients are awaiting the necessary funding to maintain their community placement. In fiscal year 2010, only emergency requests for benefits were filled. It is imperative for the future support and care of individuals with brain injury and their families that funding increases to meet

the needs of this unique population. Each day can bring a crisis to a person with a brain injury who has limited resources and ability to access services. While the Board works diligently to educate the public about the Trust Fund and strives to serve all persons referred to the program, it continues to explore alternative funding sources to address the ongoing needs of those affected by TBI.

Numbers Served/Allocations: Since the program's inception in 2000, approximately 3,400 clients have been served. Of the 7247 persons who were hospitalized for a non-fatal brain injury during FY 2009-10, 1403 persons received services provided by the Trust Fund. Allocations during that time period totaled $720,898.78.

Program Changes: The program was moved administratively from the Department for Mental Health and Mental Retardation to the Department for Aging and Independent Living residing within the Kentucky Cabinet for Health and Family Services.

Additional Information:

Tonia A. Wells
Director, TBI Programs
Branch Manager, Community Options Branch
Dept. for Aging & Independent Living
275 E. Main Street, 3E-E
Frankfort, KY 40621
502-564-6930, ext.4020
ToniaA.Wells@ky.gov

Melissa Dalton Hopkins
Health Program Administrator
TBI Behavioral Program
Dept. for Aging & Independent Living
275 E. Main St, 3E-E
Frankfort, KY 40621
502-564-6930, ext. 4243
MelissaD.Hopkins@ky.gov

- Kentucky Legislature: http://lrc.ky.gov
- Kentucky Cabinet for Health and Family Services, TBI Trust Fund: http://www.chfs.ky.gov/dail/braintrust.htm
- Kentucky Brain Trust Fund: http://www.kybraininjuryfund.org

Kentucky TBI Trust Fund Legislation

Establishment & Administration: KRS § 211.470 to 478

211.470. Definitions for KRS 211.470 to 211.478

As used in KRS 211.470 to 211.478:

(1) "Board" means the Traumatic Brain Injury Trust Fund Board created pursuant to KRS 211.472;

(2) "Cabinet" means the Cabinet for Health Services.

(3) "Traumatic brain injury" means a partial or total disability caused by injury to the central nervous system from physical trauma, damage to the central nervous system from anoxia, hypoxic episodes, allergic conditions, toxic substances, or other acute medical clinical incidents resulting in impaired cognitive abilities or impaired physical functioning. "Traumatic brain injury" does not include:

(a) Strokes that can be treated in nursing facilities providing routine rehabilitation services;

(b) Spinal cord injuries for which there are no known or obvious injuries to the intracranial central nervous system;

(c) Progressive dementias and other mentally impairing conditions;

(d) Depression and psychiatric disorders in which there is no known or obvious central nervous system damage;

(e) Mental retardation and birth defect related disorders of long standing nature; or

(f) Neurological degenerative, metabolic, and other medical conditions of a chronic, degenerative nature.

(4) "Trust fund" means the traumatic brain injury trust fund created pursuant to KRS 211.476.

211.472. Kentucky Traumatic Brain Injury Trust Fund Board

(1) The Kentucky Traumatic Brain Injury Trust Fund Board is hereby created for the purpose of administering the trust fund. The board shall be composed of nine (9) members including the secretary of the Cabinet for Health Services or the secretary's designee, the executive director of the Brain Injury Association of Kentucky or the executive director's designee, the state medical epidemiologist, and the following members, to be appointed by the Governor:

(a) One (1) member shall be a neurosurgeon;

(b) One (1) member shall be a neuropsychologist or psychiatrist;

(c) One (1) member shall be a rehabilitation specialist;

(d) One (1) member shall be a social worker experienced in working with brain-injured individuals; and

(e) Two (2) members shall be family members of or individuals with a brain injury.

(2) Board members shall not be compensated for serving, but shall be reimbursed for ordinary travel expenses, including meals and lodging incurred in the performance of their duties.

(3) The terms of appointed board members shall be four (4) years, except that the terms of initial members shall be staggered to end as follows:

(a) Two (2) on June 30, 2000;
(b) Two (2) on June 30, 2001; and
(c) Two (2) on June 30, 2002.

(4) At the end of a term, a member shall continue to serve until a successor is appointed and qualifies. A member who is appointed after a term has begun shall serve the rest of the term and until a successor is appointed and qualifies. A member who serves two (2) consecutive four (4) year terms shall not be reappointed for four (4) years after completion of those terms.

(5) A majority of the full authorized membership shall constitute a quorum.

(6) The board shall elect, by a majority vote, a director who shall be the presiding officer of the board, preside at all meetings, and coordinate the functions and activities of the board. The director shall be elected or reelected for each calendar year.

(7) The board may establish any organizational structure it determines is necessary to accomplish its functions and duties, including the hiring of any necessary support personnel. The administrative costs of the board shall be limited to three percent (3%) of the proceeds from the trust fund.

(8) Meetings of the board shall be held at least twice a year but may be held more frequently, as deemed necessary, subject to call by the director or by the request of a majority of the board members.

(9) The board shall be attached to the cabinet for administrative purposes.

211.474. Operating parameters -- Duties
The board shall:
(1) Promulgate administrative regulations necessary to carry out the provisions of KRS 211.470 to 211.478;

(2) Formulate policies and procedures for determining individual eligibility for assistance from the trust fund in accordance with the following guidelines:
(a) The trust fund shall serve as a funding source of last resort for residents of the Commonwealth of Kentucky. To be eligible for assistance from the trust fund, an individual must have exhausted all other funding sources that cover the type of services sought through the trust fund. Individuals who have continuing health insurance benefits, including Medicaid, may access the trust fund for services that are needed but not covered by insurance or any other funding source. Individuals who qualify for institutional care through Medicaid shall not qualify for services through the trust fund;
(b) All individuals receiving assistance from the fund shall receive case management services;
(c) Expenditures on behalf of any one (1) brain-injured individual may not exceed fifteen thousand dollars ($ 15,000) for any twelve (12) month period, and may not exceed a lifetime

maximum of sixty thousand dollars ($ 60,000). At its discretion and subject to fund availability, the board may waive the expenditure or time limitations or both in special circumstances;

(d) Services covered by the trust fund shall include:

1. Case management;
2. Community residential services;
3. Structured day program services;
4. Psychological and mental health services;
5. Prevocational services;
6. Supported employment;
7. Companion services;
8. Respite care;
9. Occupational therapy; and
10. Speech and language therapy;

(e) Covered services shall not include institutionalization, hospitalization, or medications;

(3) Establish a confidential medical registry for traumatic brain and spinal cord injuries occurring in the Commonwealth of Kentucky, or to residents of the Commonwealth of Kentucky.

(a) The board may promulgate administrative regulations requiring licensed or certified professionals or health services providers to report the occurrence of brain and spinal cord injuries, relevant medical and epidemiological information about the injuries, and other information describing the circumstances of the injury to the board or its designated agent. The reporting of data by licensed hospitals under this section shall be limited to that which is reported to the cabinet pursuant to KRS 216.2920 to 216.2929 and the board shall obtain this data from the cabinet. Each licensed hospital shall grant the board, upon presentation of proper identification, access to the medical records of patients with reportable brain and spinal cord injuries for the sole purpose of collecting additional information that is not available in the data obtained from the cabinet. All costs associated with copying medical records shall be borne by the board. No liability of any kind shall arise or be enforced against any licensed hospital or hospital employee for providing the board access to a patient's medical record.

(b) The board and its designated agent, if one is appointed, shall observe the same confidentiality requirements established for the Kentucky birth surveillance registry in KRS 211.670;

(4) Investigate the needs of brain-injured individuals and identify gaps in current services;

(5) Assist the cabinet in developing programs for brain-injured individuals;

(6) Monitor and evaluate services provided by the trust fund; and

(7) Provide the Governor, the General Assembly, and the Legislative Research Commission an annual report by January 1 of each year summarizing the activities of the board and the trust fund.

211.476. Traumatic brain injury trust fund
(1) The traumatic brain injury trust fund is created as a separate revolving fund.

(2) The trust fund may receive the proceeds from grants, contributions, appropriations, and any other moneys that may be made available for the purposes of the trust fund.

(3) Expenditures from the trust fund on behalf of the medical registry created under KRS 211.474 shall not exceed one hundred twenty-five thousand dollars ($ 125,000) for any fiscal year.

(4) Funds unexpended at the close of a fiscal year shall not lapse but shall be carried forward to the next fiscal year.

(5) Any interest earnings of the trust fund shall become a part of the trust fund and shall not lapse to the general fund.

211.478. Distribution of trust fund moneys
Trust fund moneys shall be distributed for the following purposes:

(1) To provide services to individuals suffering from conditions that qualify for assistance from the fund, in accordance with criteria established by the board in KRS 211.474;

(2) To establish and maintain a state medical registry for traumatic brain and spinal cord injuries; and

(3) To meet the obligations incurred by the board in meeting its duties in accordance with the provisions of KRS 211.472 and 211.474.

Revenue Source: KRS § 42.320(2)(c-d)
42.320. Court cost distribution fund -- Disbursements -- Payments into general fund
(1) There is hereby established the court cost distribution fund, which is created to provide a central account into which the court costs collected by all circuit clerks, under KRS 23A.205(1) and 24A.175(1), shall be paid.

(2) The fund shall be administered by the Finance and Administration Cabinet, which shall make monthly disbursements from the fund according to the following schedule:
(c) Six and one-half percent (6.5%) of each court cost, up to three million two hundred fifty thousand dollars ($ 3,250,000), shall be paid into the spinal cord and head injury research trust fund created in KRS 211.504;
(d) Five and one-half percent (5.5%) of each court cost, up to two million seven hundred fifty thousand dollars ($ 2,750,000), shall be paid into the traumatic brain injury trust fund created in KRS 211.476.

Revenue Source: KRS 189A.050

189A.050 Service Fee – Amount – Payment – Remedies for Non-Payment – Use of Revenue from Fee Collected

All persons convicted of violation of KRS 189A.010 (1) (a), (b), (c), (d), or (e) **(alcohol related infractions)** shall be sentenced to pay a service fee of $375 which shall be in addition to all other penalties authorized by law.

…….

The first fifty dollars ($50) of each service fee imposed by this section shall be paid into the general fund, and the remainder of the revenue collected from the service fee imposed by this section shall be utilized as follows:

…..

…..

…..

Sixteen per cent (16%) of the amount collected shall be transferred as follows:
Fifty percent (50%) shall be credited to the traumatic brain injury trust fund established under KRS 211.476.

Amended July 15, 2010

Louisiana TBI Trust Fund Profile

Background: Prior to 1993, there was no source of funding to meet the needs of persons with traumatic head or spinal cord injuries. Louisiana's Traumatic Head and Spinal Cord Injury Trust Fund (THSCI) program was modeled after Florida's and involved community advocates for both head and spinal cord injured.

Legislative Authority: House Bill Number 1579, Act 654 of the 1993 Regular Session; Chapter 48 of Title 46 of Revised Statutes 46:2631 through 2635, and; Regular Session 36:478(G). Legislation was passed in 1993 but revenue collections did not begin until January 1994.

Revenue Source and Collections Process: The program is funded by surcharges on fines for DUI, speeding, and reckless operation of a motor vehicle. First offense for DUI is $25, second offense - $50, third offense - $100; fourth offense - $250. The speeding violation surcharge is $5 and so is the reckless operation surcharge.

After the Clerks of Court collect the money, they have 30 days to forward it to the State Treasurer. The money is initially deposited in the Bond Security and Redemption Fund and then into the Trust Fund Account. The administering agency prepares an annual budget for the legislature and the legislature appropriates the funds to operate the program. There has only been one parish that has been non-compliant where judges have failed to participate. The administering agency is currently looking into that issue to determine what recourse they may have. Current revenue is $1.6 million. The administering agency is not sure what impact the non-compliance of one parish has on revenue projections. Otherwise, collections have been pretty consistent.

Startup: Approximately 2 years.

Advisory Board: The Advisory Board to the Traumatic Head and Spinal Cord Injury Trust Fund has the responsibility of promulgating rules and regulations; establishing priorities and criteria for disbursement of the fund; investigating the needs of head or spinal cord injured individuals to identify service gaps; submitting an annual report with recommendations to the legislature and governor 60 days prior to each regular, legislative session; and monitoring, evaluating, and reviewing development and quality of services and programs funded by the trust fund. This is a 13-member board consisting of the Director of the Office of Aging and Adult Services, Head Injury Foundation executive director; Spinal Cord Injury Association executive director; nominee of the LA psychological association, THI survivor, SCI survivor; THI and SCI family members; President of medical society, President of the hospital association, Speaker of the House, President of the Senate, and President of the Dental Association.

Program Administration: The Louisiana Department of Health and Hospitals, Office of Aging and Adult Services.

Funding Priorities: The Board sets priorities and criteria for disbursement. Decisions are made on a first come/first serve basis.

Eligibility Criteria:
1. Must meet the definition for traumatic head and/or spinal cord injury.
2. Must be a resident of Louisiana, citizen of the United States, officially domiciled in the State of Louisiana at the time of injury and during provision of services
3. Must have a reasonable expectation to achieve a predictable level of outcome for improvement in quality of life and/or functional outcome
4. Must have exhausted all other governmental and private sources
5. Must provide proof of denial from other sources
6. Must be willing to accept services from an advisory board-approved facility/program
7. Must be medically stable
8. Must complete and submit an appropriate application

The program administrator in the State office makes the final decision about eligibility based on the consumer meeting all criteria.

Program Operation and Restrictions: Because funds were collected and accumulated between times when the legislation was ratified and the program began, the State currently operates a $3 million program with annual intake of new revenue estimated at $1.6 million dollars. The program supports three FTE staff members (the program administrator, program specialist and administrative assistant).

The program funds the service and support needs of individual consumers. Services may include but are not limited to: evaluations, post-acute medical care rehabilitation, therapies, medications, attendant care, equipment necessary for activities of daily living, and other goods and services deemed appropriate and necessary. The trust fund will not purchase motor vehicles or real estate. The agency contracts with three case management service providers statewide. They are located within each of the nine DHH administrative regions of the State. Case management is a professional service provided to eligible consumers in accordance with the THSCI policy and procedure. The case manager's role in THSCI is to assist the consumer to identify needed goods/services, and to tap into the Trust Fund to finance these needs if policies are met. Case management agencies must provide a connection between individuals and the services and supports they need and assure that these services meet reasonable standards of quality and lead to improved outcomes.

There is an annual cap of $15,000 and a lifetime cap of $50,000. Costs associated with the case management function are not included in the $15,000 annual cap.

The Program contracts with the Brain Injury Association of Louisiana for a statewide information resource center. The resource center has an annual $50,000 spending limit.

Emergency Requests: The Program Administrator has the authority to authorize release of funds for emergencies.

Most Requested Service or Support: Medications or medical supplies

Number of Individuals Served Annually: 533 active cases statewide

Average per Person Expenditure: This program differs from some other trust fund programs that benefit individual consumers. Once individuals are approved for services through this program, they stay in the system until they reach the lifetime maximum, develop an unstable medical condition that precludes participation, fail to cooperate with the service plan, become eligible for other funding sources, or are not available for scheduled services. For FY 2011, the average per person expenditure is $7,000.

Waiting List: 273 people

Program Evaluation: The program plans to administer a consumer satisfaction survey this fiscal year. Staff feels very good about what the program has accomplished.

Program Changes: When the 1993 legislation was passed, the surcharge on DUI convictions was a flat $25. Effective July, 2000, graduated surcharges were added to DUI fines as follows: 2nd conviction = $50; 3rd conviction = $100; 4th conviction = $250.

The administering agency would like to be able to generate better and more sophisticated data. It is working hard to aggressively reach as many persons on the waiting list as possible while still trying to be good stewards of their resources.

Advice to Other States: Use the BIA and Spinal Cord Injury Association to develop a strong grassroots effort and locate legislators who are amenable to sponsoring legislation.

Additional Information: Contact Alicia Smith, Trust Fund Program Manager, Department of Health and Hospitals, Alicia.smith@la.gov. Also, see http://new.dhh.louisiana.gov.

Louisiana TBI Trust Fund Legislation

Establishment & Administration, and Revenue Source: La. R.S. 46:2631,33 , and La. R.S. 46:2635

RS 46:2633 Traumatic Head and Spinal Cord Injury Trust Fund

A. There is hereby established a special fund in the state treasury to be known as the Traumatic Head and Spinal Cord Injury Trust Fund which shall consist of monies collected from an additional fee imposed on all motor vehicle violations for driving under the influence, reckless operation, and speeding in this state. In addition, the legislature may make annual appropriations to the trust fund for the purpose set forth in this Chapter to the extent that state general funds are available.

B.(1)(a) Beginning January 1, 1994, in addition to all fines, fees, costs, and punishment prescribed by law, there shall be imposed an additional fee of twenty-five dollars on driving under the influence offenses, five dollars on reckless driving operation offenses, and five dollars on speeding offenses.

(b) Beginning July 1, 2000, the additional fees imposed pursuant to Subparagraph (a) of this Paragraph shall be as follows:

(i) A fee of five dollars on reckless driving offenses.

(ii) A fee of five dollars on speeding offenses.

(iii) A fee of twenty-five dollars on first convictions of operating a vehicle while intoxicated offenses.

(iv) A fee of fifty dollars on second convictions of operating a vehicle while intoxicated offenses.

(v) A fee of one hundred dollars on third convictions of operating a vehicle while intoxicated offenses.

(vi) A fee of two hundred fifty dollars on fourth or subsequent convictions of operating a vehicle while intoxicated offenses.

(2) In the event that payment arrangements for other fines, fees, costs, and punishments are made to provide an offender the opportunity to make restitution over an extended period of time, the fee imposed under Paragraph (1) shall be collected in priority after costs of court.

C. All monies collected under this Chapter shall be forwarded by the officer of the court who collects the same to the state treasurer within thirty days after the penalty or forfeiture is collected. After deposit in the Bond Security and Redemption Fund as required by Article VII, Section 9(B) of the Constitution of Louisiana, an amount equal to that deposited as required by Subsection A of this Section shall be credited to the Traumatic Head and Spinal Cord Injury Trust Fund account under the Department of Social Services, office of rehabilitation services. All unexpended and unencumbered monies in the fund at the end of the fiscal year shall remain in the fund. The monies in this fund shall be invested by the state treasurer in the same manner as monies in the state general fund, and interest earned on the investment of these monies shall be credited to the fund, following compliance with the requirement of Article VII, Section 9(B) relative to the Bond Security and Redemption Fund.

D. (1) The monies in the fund shall be used solely for programs designed to provide services to Louisiana citizens disabled by traumatic head and spinal cord injuries, for the administrative costs of the programs, reimbursement of travel expenses of members of the Traumatic Head and

Spinal Cord Injury Trust Fund Advisory Board which are incurred in the discharge of their duties, and as provided in Paragraph (2) of this Subsection. Disbursement of the amount appropriated to the department each year shall be made as determined by the board.

(2) The board may authorize disbursement of an amount not to exceed fifty thousand dollars per year for the establishment and operation of an information resource center.

E. The board shall determine the eligibility of programs to receive funding and the administration of the fund shall be exercised by the Department of Social Services, office of rehabilitation services, in accordance with this Chapter (rev. 2009).

46:2635. Expenditures

A. Except as provided in R.S. 46:2633(D)(2), money in the trust fund shall be distributed for the sole purpose of funding the cost of care for traumatic head and spinal cord injury, including the administrative costs. The fund shall be considered as a source of last resort after private and governmental sources have been expended for Louisiana citizens.

B. Authorization of expenditures for spinal cord injury care and head injury care shall be made by the office of rehabilitation services according to criteria established by the board.

C. Expenditures may include but are not limited to post-acute medical care rehabilitation, therapies, medication, attendant care, and equipment necessary for activities of daily living.

D. (1) Except as provided in Paragraph (2) of this Subsection, expenditures on behalf of any one traumatic head or spinal cord injury survivor shall not exceed fifteen thousand dollars for any twelve-month period nor fifty thousand dollars in total expenditures.

(2) If the total expenditures on behalf of any one traumatic head or spinal cord injury survivor exceed fifty thousand dollars, the survivor may be eligible for additional expenditures on behalf of the survivor if funds are appropriated specifically for that purpose in addition to the funds collected pursuant to R.S. 46:2633(B), provided that the total amount of expenditures on behalf of any one traumatic head or spinal cord injury survivor shall not exceed fifteen thousand dollars per year nor one hundred thousand dollars in total expenditures.

E. The administrative costs of the program shall be funded and paid for exclusively from the fund.

Massachusetts TBI Trust Fund Profile

Background:
At the beginning of the 90s, BIA-MA had great concern regarding the availability of service funding for people with TBI. The State's economic situation precluded increases from the general fund for the Statewide Head Injury Program (SHIP) and funding had been stagnant since 1989. In order to rectify the situation, BIA- MA advocacy and grass roots efforts resulted in a proposal to legislators to surcharge people convicted for Driving Under the Influence (DUI) and Driving to Endanger. The rationale for the surcharge was that impaired drivers increase the incidence of TBI. The Head Injury Treatment Services (HITS) Trust Fund was passed as an outside section of the State budget in 1991. In 2000 a speeding surcharge was added to increase collections. Collected funds are deposited with the State Treasurer. The Commissioner of the Massachusetts Rehabilitation Commission (MRC) is trustee of the TBI fund, managed by SHIP. Legislative language directed the establishment of a line item that would appropriate and release the amount collected for the trust fund to MRC/SHIP to be used for services for people with TBI.

Legislative Authority: Title 2, Chapter 10, Sect. 59; Title 14, Chapter 90, Sect. 20 & 24, ratified in 1991. The HITS Trust Fund was established in Massachusetts General Laws as Chapter 10, Section 59. Funds are generated from Chapter 90, Sections 20 (speeding) and 24 (DUI and driving to endanger).

Revenue Source and Collections Process: There are two revenue sources, collected via the Courts and Registry of Motor Vehicles respectively. In 1991 legislation was passed to levy a surcharge on fines for Driving Under the Influence. In 2000 legislation was passed to levy a surcharge on speeding fines. Proceeds from both are now deposited into the trust fund.

Up until 2 years ago, the legislature determined how much of the fund to make available and had to appropriate the funds in order for SHIP to access them. That process has now changed. The funds are considered "off budget" which gives the head of the Massachusetts Rehabilitation Commission (agency in which SHIP resides) discretion on the amount it can draw and how the funds will be used. The annual amount to be made available from the fund is determined annually, collaboratively by projecting the collection amounts. Currently, the SHIP administrator is able to make obligations up to $7 million against the fund.

There have been occasions when judges chose to order community services for persons convicted of DUI rather than imposing fines, or lower fines when defendants plead indigence. SHIP contracts with the Brain Injury Association-MA to educate the judges and court systems about the importance of compliance and impact of funding on availability of necessary supports/services to persons with TBI. Current projections are that $1.6 million will be collected from DUI and $5 million from speeding tickets; the trend has been fewer citations issued and less money collected.

Both DUI assessments (changed from surcharges) and speeding surcharges are the funding sources for the trust fund. The original amount for DUI and driving to endanger assessments was $100. Then, DUI increased to $125 and the speeding surcharge was $25. In 2003 the Legislature doubled the DUI assessment to $250 and speeding surcharge to $50 with the Trust

Fund getting half the amount and the other half going into the general fund. The DUI collections amount varies from year to year, now roughly $1.8 million, and is affected by the number of citations written, a number that has been decreasing steadily since the beginning of the 90s. The speeding citations have provided approximately $5 million Speeding surcharges go directly to the Registry of Motor Vehicles and then are transferred to Massachusetts Rehabilitation Commission/SHIP. BIA-MA has a contract to educate the District Court judges, District Attorneys and probation officers who are usually involved in the disposition of cases and can make recommendations. In 2003 the Governor attempted to repeal the HITS Trust Fund. Legislative advocacy efforts were able to save it and move it to what is known as "off budget", eliminating the need for legislative action.

Startup: Legislation was passed in 1991 but the program did not become operational until 1995. Figuring out how to "operationalize" the program was the issue. It took time for resolving logistical issues, as practical as printing up new tickets with the appropriate check boxes for police to issue for infractions. During that time, collections came in small increments and the fund drew interest.

In the beginning, the Massachusetts District Courts were slow to add the surcharge on DUI and driving to endanger convictions. Judges did have the option of reducing the fine and adding that information to the person's mittimus. Also, the term "surcharge" on convictions precluded many collections since first time offenders seldom get convicted. At judicial recommendation, language was changed legislatively to add continuances and admissions of guilt, not just convictions. The term "surcharge" was changed to "assessment." Initially, the speeding surcharge was not well received by local police but they have since accepted the law and collections increased. It took 4 years to effect Legislative appropriation and a line item in the State budget.

Advisory Board: The Massachusetts Acquired Brain Injury Advisory Board (MABIAB) offers guidance and recommendations to the Commonwealth regarding the needs and priorities of people with brain injury, while also advocating on their behalf. They provide input and direction to the Statewide Head Injury Program as well as other State agencies. A subcommittee of MABIAB was formed to develop recommendations for how trust funds should be used. The BIA-MA's Executive Director and Public Policy Analyst, as well as other BIA-MA members, are active participants on MABIAB and sit on the trust fund subcommittee. The committee's recommendations were given strong consideration by the agency Commissioner. The Director of SHIP was charged with implementing the funding initiatives.

Program Administration: Statewide Head Injury Program (SHIP) of the Massachusetts Rehabilitation Commission

Funding Priorities: The trust fund language stipulates the use of these monies for non-recurring services. They are used to serve SHIP eligible consumers whose needs are short-term. SHIP Service Coordinators work with individuals and their families to identify the supports they need to maintain or increase their level of functioning and independence in the community. This may include, but is not limited to day services, respite, recreation, assistive technology, home modifications, substance abuse treatment, transportation, extended rehabilitation, dental care,

life skills training, and case management. The need is brought to the attention of supervisors and, ultimately the program administrator, who authorizes use of trust fund monies.

Eligibility Criteria: Anyone eligible for SHIP services is eligible for services paid for out of the HITS Trust Fund.

Program Operation and Restrictions: The impetus for developing the trust fund was to address the needs of SHIP applicants who were on a waiting list for services. The trust fund augments General Revenue and provides an additional pool of funding for the needs of people with TBI and their families. SHIP subcontracts with qualified community providers and independent professionals to provide these services. The General Revenue is typically used for long-term, annualizing services such as residential programs in the community that offer 24/7 coverage, or less intensive staffing that is considered supported living. The fund is then used for everything else as described earlier. It has been used to pay for any service that falls within the broad mission of the SHIP program.

There are 12 SHIP staff persons who provide service coordination including managing and monitoring the provision of services on a regional basis. Most of the service coordinator positions are paid out of the general revenue fund while several are supported by the trust fund. At this time, only two to three percent of trust fund revenues are used for administration. The bulk of operational/administrative expenses are also taken from the general revenue fund. The trust fund is also used to support the prevention, education, and public awareness efforts of the BIA-MA, and interagency service agreements for special projects. There are no caps per person on the distribution of funds.

Emergency Requests: SHIP does not have an emergency services system, such as one that would provide crisis intervention. However, the program administrator can authorize funding for a specific emergency service such as transportation or respite.

Most Requested Service or Support: Residential, day, recreation, and transportation services are most needed by consumers and families. Unfortunately, residential services are high cost, and SHIP rarely has funding available to begin new programs. The trust fund historically collects about $6.8 million a year. SHIP cannot commit resources beyond this level if the services provided need to continue. These funds are often quickly encumbered leaving little opportunity for new expensive program development. Massachusetts does not presently have many day program options appropriate for this population, so access is also limited. Services most frequently provided are private case management, life skills training, recreation, respite, and dental care.

Number of Individuals Served Annually: SHIP purchases services for over 600 people each year. Service coordination and linkages are offered to over 200 additional individuals and families. Under contract with SHIP, BIA-MA provides prevention, education, and I&R services to thousands of Massachusetts residents each year.

Average per Person Expenditure: An average per person cost can only be figured within categories of service such as residential vs. ancillary supports. If SHIP combined all service

costs together, it would skew the result - for example, averaging a $200,000/year, 24/7, residential service with a $300 dental service.

Average per person cost, by service type, is:

24/7 Residential Service - $150,000
Supported Living - $20,000
Day Service - $24,000
Transportation - $2,000
Assistive Technology - $1,200
Dental - $1,600

Waiting List: SHIP has one waiting list for state-funded services for people with TBI – there is no separate list for the trust fund.

Program Evaluation: In general, SHIP's methods for program evaluation include consumer satisfaction surveys, administrative reporting, service planning activities, participant progress reporting, consumer/family meetings, and contract oversight.

Program Changes: The changes have all been legislative in nature. The language changes gave SHIP the ability to use the fund for residential services and changed the term "surcharge" to "assessment" for DUI and driving to endanger infractions. Included now in the assessments are continuances and admissions of guilt, not only convictions. BIA-MA is also advocating for 100 percent of all collections to be deposited in the trust fund, which would double the amount available for services.

Advice to Other States:

- A trust fund is not a reliable source of funding and should be considered a supplement – not the exclusive operating resource since available monies depend on limits imposed by citations. Other factors in collections include successful prevention initiatives and the economic climate (fewer people working equals fewer people on the roads, and police reluctant to penalize people already under stress).
- A trust fund should be managed by a State agency in order to assure accountability.
- Ensure appropriate accounting practices are in place to track the money assessed/collected, actually transferred into the trust fund, and regular reporting of balances.
- Develop a plan that includes input from the advocacy community.
- Capping expenditures limits a State's ability to truly address the life-long needs of people with TBI.
- Consider whether a trust fund should rely on people's 'bad behavior' or if a more equitable and consistent source of revenue might be more effective (such as a nominal fee on all car registrations).

Additional Information: Regulations that govern the operations of SHIP are relevant to the trust fund. Contact Nicky (Adelaide) Osborne, Director, Statewide Head Injury Program, Massachusetts Rehabilitation Commission, Adelaide.Osborne@MRC.state.ma.us. Also see http://www.mass.gov/eohhs/consumer/disability-services/services-by-type/head-injury/

Massachusetts TBI Trust Fund Legislation

Establishment and Administration: Chapter 10: Section 59 Head Injury Treatment Services Trust Fund

[Text of section as amended by 2009, 27, Sec. 10 effective July 1, 2009. See 2009, 27, Sec. 161.]

Section 59. There is hereby established on the books of the commonwealth a separate fund known as the Head Injury Treatment Services Trust Fund. Said trust fund shall consist of monies paid to the commonwealth pursuant to sections 20 and 24 of chapter 90, sections 8 and 34 of chapter 90B and any interest or investment earnings on such monies, except for monies deposited in the Spinal Cord Injury Trust Fund under section 59A. The state treasurer, ex officio, shall be the custodian of said trust fund and shall receive, deposit and invest all monies transmitted to him under the provisions of this section and shall credit interest and earnings on the trust fund to said trust fund. Funds collected pursuant to said section 24 shall be expended without further appropriation for the purpose of developing and maintaining nonresidential rehabilitation services for head injured persons in such manner as the commissioner of rehabilitation may direct. Funds collected pursuant to said section 20 shall be expended without further appropriation for the purpose of developing and maintaining residential and nonresidential rehabilitation services for head injured persons in such manner as the commissioner of rehabilitation may direct. In order to ensure that said services established by the commissioner continue without interruption, the comptroller may certify for payment amounts in anticipation of revenues collected for the corresponding quarter during the previous fiscal year.

Revenue Source: ALM GL ch. 90, § 20 and 24

MGL c.90 sec.20 (Speeding)
Amendment: 2009
There shall be a surcharge of $50 on a fine assessed against a person convicted or found responsible of a violation of section 17 or a violation of a special regulation lawfully made under the authority of section 18. The surcharge shall be transferred by the registrar of motor vehicles to the state treasurer for deposit into the Head Injury Treatment Services Trust Fund.

C.90 sec.24 (DUI)
Amendment: 2009
There shall be an assessment of $250 against a person who is convicted of, is placed on probation for, or is granted a continuance without a finding for or otherwise pleads guilty to or admits to a finding of sufficient facts of operating a motor vehicle while under the influence of intoxicating liquor, marijuana, narcotic drugs, depressants or stimulant substances under this section; provided, however, that the amount collected under this assessment shall be deposited monthly by the court with the state treasurer for who shall deposit it into the Head Injury Treatment Services Trust Fund. The assessment shall not be subject to reduction or waiver by the court for any reason.

C.90 sec.24 (Reckless Operation)
Amendment: 2009
There shall be an assessment of $250 against a person who, by a court of the commonwealth, is convicted of, is placed on probation for or is granted a continuance without a finding for or otherwise pleads guilty to or admits to a finding of sufficient facts of operating a motor vehicle negligently so that the lives or safety of the public might be endangered under this section, the $250 collected under this assessment shall be deposited monthly by the court with the state treasurer, who shall deposit it in the Head Injury Treatment Services Trust Fund. The assessment shall not be subject to reduction or waiver by the court for any reason.

Minnesota TBI Trust Fund Profile

Background: The Brain Injury Association of Minnesota met with the Departments of Human Services, Health and Employment & Economic Development, which includes Minnesota's Vocational Rehabilitation Division, and with legislators to devise a plan to close (or narrow) the service gaps for persons with TBI. Persons injured were not getting good resource information and necessary supports for successful community reintegration. There was no funding source or mechanism to address this. The Brain Injury Association worked with Senator Linda Berglin, then chair of the Health Senate Committee and legislative staff to review what other states were doing. There were special interest groups that were concerned that if brain injury received revenue from drivers' license reinstatements following DUI, that it would lessen their share. The legislature had to review the impact and settle on a percentage that could be justified. Support of stakeholders was gained because the administering agency intended to direct funding to a statewide registry. Knowing that this would enable the State to compete for CDC grants, foundation and Federal funding was a selling point.

Legislative Authority: M.S. 144.661-665, ratified in 1991. Minnesota's fund is not called a trust fund but operates in similar fashion.

Revenue Source and Collections Process: Originally, the funding source was 5 percent of the cost of reinstating a driver's license following a conviction for DUI. That was problematic because it cost $750 to get a driver's license reinstated and many people could not afford to pay that so would drive without a license. The mechanism was changed so that now the agency receives a $50 surcharge from each DUI conviction. Clerks of Court collect the fines. Monthly, the money is transferred to the Department of Public Safety (DPS) and then to the Minnesota Department of Health (MDH). The MDH uses 17 percent to operate the Registry, analyze data, and support some community-based prevention initiatives; 83 percent supports Resource Facilitation through Minnesota's BIA.

Program revenue varied between $250,000 to $350,000 between 1991 and 2004. When the funding mechanism was changed from reinstatement fee to surcharge, program revenue surged to 1.6 million and then has decreased by about $100,000 in each of the subsequent years.

Startup: It took about two years of monthly Advisory Board meetings to write and adopt the rules. A pilot test was done and the Registry started to collect real data in January 1993.

Advisory Board: Initially, we used two advisory committees to provide oversight: the first advised the MDH on collection, analysis and use of data. This committee has merged its functions into the Statewide Trauma Advisory Committee and has delegated all practicable reporting functions to the Department of Human Services (DHS) TBI/SCI Advisory Council.

Program Administration: The MDH administers the fund and contracts with the Brain Injury Association to deliver resource facilitation.

Funding Priorities: Seventeen (17%) percent is retained by the MDH to operate the Registry. This amount funds a small portion of the time of an epidemiologist, research analyst, health

educator, and some prevention activities. Eighty-three (83) percent is provided to BIA for resource facilitation. The BIA has eight full time resource facilitators. Ninety-seven percent of the funds are spent on programs. Of that 97 percent, 66 percent is salary and 34 percent is other expenses. Three percent is spent on administration.

Eligibility Criteria: Any individual who is hospitalized from TBI or spinal cord injury (SCI), as defined by ICD-9 codes.

Program Operation and Restrictions: The hospital has 60 days to report discharged individuals, meeting the ICD-9 code definition of TBI or SCI, to the Registry. Within five days of notification, the MDH then sends them (or family member) a letter advising them of available services and of the Resource Facilitation program. A third party agency that contracts with the MDH and is skilled in client confidentiality issues contacts the consumer/family member to ask if he/she is interested in resource facilitation. The agency also gets permission to make a referral to BIA. The Resource Facilitation Program provides a staff person to make scheduled calls to persons who have been hospitalized with a traumatic brain injury. The staff person is responsible for providing information based on a set of questions derived from the Brain Injury Association's database. This information can range from a limited response of an organization's name and telephone number to detailed information about community service systems, application process, and intake. Referral services consists of assessing a participant's reported needs, evaluating appropriate resources, identifying organizations capable of meeting those needs, assisting with identifying alternative resources, and assisting with linking the two parties. The resource facilitator makes follow-up calls at specified intervals to determine outcomes and assist with additional service needs if necessary. With patient consent, resource facilitation can be initiated by acute care hospital staff, the Registry, or third-party contractor. Information collected is presented through statistics, data analysis, and relevant documentation on service use, consumer characteristics, unmet needs, gaps, and duplications in services.

Emergency Requests: N/A

Most Requested Service or Support: Employment assistance, interpersonal skills training, and support groups

Number of Individuals Served Annually: The MDH mails nearly 5,000 letters to injured persons; about 1,000 elect to receive resource facilitation services each year.

Average per Person Expenditure: N/A

Waiting List: There is no waiting list; the program continues to grow! In addition to contacts by the MDH and by the agency making telephone calls to persons who have been injured, we are working in partnership with Minnesota's trauma hospitals to provide standardized information about resource facilitation to all persons discharged with a TBI diagnosis. At present, about 20 percent of patients refuse referral to the program. The program continues to market itself through public awareness campaigns.

Program Evaluation: The registry identifies those who have been injured and resource facilitation is the mechanism for addressing the needs of the injured. Often, the MDH gets thank

you letters or phone calls from those who have been served. However, there are some who resent what they interpret as an invasion of their privacy. The administering agency is working on quantifying how individuals are doing and how secondary complications are prevented. BIA is working on individual consumer outcomes. There is a consumer closure survey that persons are asked to complete. The association continues to build and improve the database so that outcome data can be collected.

Program Changes: In the beginning, $100,000 was provided to the DHS to pilot the resource facilitation model. When the revenue mechanism changed, that money (now 83 percent) was transferred from DHS to BIA. The administering agency and BIA would like to enhance their capacity to follow people for longer periods of time post-injury and analyze long-term outcomes. They would also like to have more flexibility in how to work with the data.

Advice to Other States:

- Work in partnership with stakeholders and other agencies.
- Be very upfront and transparent about what state/administering agency is trying to do.
- Consider the fund as a resource for augmenting or improving the system.

Additional Information: Contact Mark Kinde, MPH, Program Administrator, Minnesota Department of Health, mark.kinde@state.mn.us, or David King, Executive Director, Brain Injury Association of Minnesota, davidk@braininjurymn.org.

Minnesota TBI Trust Fund Legislation

Establishment & Administration: Minn. Stat. § 144.661 to 665

144.661 Definitions

Subdivision 1. Scope. For purposes of sections 144.661 to 144.665, the following terms have the meanings given them.

Subd. 2. Traumatic brain injury. "Traumatic brain injury" means a sudden insult or damage to the brain or its coverings caused by an external physical force which may produce a diminished or altered state of consciousness and which results in the following disabilities:
(1) impairment of cognitive or mental abilities;
(2) impairment of physical functioning; or
(3) disturbance of behavioral or emotional functioning.
These disabilities may be temporary or permanent and may result in partial or total loss of function. "Traumatic brain injury" does not include injuries of a degenerative or congenital nature.

Subd. 3. Spinal cord injury. "Spinal cord injury" means an injury that occurs as a result of trauma which may involve spinal vertebral fracture and where the injured person suffers an acute, traumatic lesion of neural elements in the spinal canal, resulting in any degree of temporary or permanent sensory deficit, motor deficit, or bladder or bowel dysfunction. "Spinal cord injury" does not include intervertebral disc disease.

144.662 Traumatic brain injury and spinal cord injury registry; purpose

The commissioner of health shall establish and maintain a central registry of persons who sustain traumatic brain injury or spinal cord injury. The purpose of the registry is to:

(1) collect information to facilitate the development of injury prevention, treatment, and rehabilitation programs; and

(2) ensure the provision to persons with traumatic brain injury or spinal cord injury of information regarding appropriate public or private agencies that provide rehabilitative services so that injured persons may obtain needed services to alleviate injuries and avoid secondary problems, such as mental illness and chemical dependency.

144.663 Duty to report

Subdivision 1. Establishment of reporting system. The commissioner shall design and establish a reporting system which designates either the treating hospital, medical facility, or physician to report to the department within a reasonable period of time after the identification of a person with traumatic brain injury or spinal cord injury. The consent of the injured person is not required.

Subd. 2. Information. The report must be submitted on forms provided by the department and must include the following information:
(1) the name, age, and residence of the injured person;

(2) the date and cause of the injury;
(3) the initial diagnosis; and
(4) other information required by the commissioner.

Subd. 3. Reporting without liability. The furnishing of information required by the commissioner shall not subject any person or facility required to report to any action for damages or other relief, provided that the person or facility is acting in good faith.

144.664 Duties of commissioner
Subdivision 1. Studies. The commissioner shall collect injury incidence information, analyze the information, and conduct special studies regarding traumatic brain injury and spinal cord injury.

Subd. 2. Provision of data. The commissioner shall provide summary registry data to public and private entities to conduct studies using data collected by the registry. The commissioner may charge a fee under section 13.03, subdivision 3, for all out-of-pocket expenses associated with the provision of data or data analysis.

Subd. 3. Notification. Within five days of receiving a report of traumatic brain injury or spinal cord injury, the commissioner shall notify the injured person or the injured person's family of resources and services available in Minnesota, pursuant to section 144.662, clause (2).

Subd. 4. Repealed, 1999 c 86 art 2 s 6

Subd. 5. Rules. The commissioner shall adopt rules to administer the registry, collect information, and distribute data. The rules must include, but are not limited to, the following:
(1) the specific ICD-9 procedure codes included in the definitions of "traumatic brain injury" and "spinal cord injury";
(2) the type of data to be reported;
(3) standards for reporting specific types of data;
(4) the persons and facilities required to report and the time period in which reports must be submitted;
(5) criteria relating to the use of registry data by public and private entities engaged in research; and
(6) specification of fees to be charged under section 13.03, subdivision 3, for out-of-pocket expenses.

144.665 Traumatic brain injury and spinal cord injury data
Data on individuals collected by the commissioner of health under sections 144.662 to 144.664 are private data on individuals as defined in section 13.02, subdivision 12, and may be used only for the purposes set forth in sections 144.662 to 144.664 in accordance with the rules adopted by the commissioner.

Revenue Source: Minn. Stat. § 171.29(Subd. 2)(c)

171.29 Revoked license; examination for new license

Subdivision. 2. Reinstatement fees and surcharges allocated and appropriated.

c) The revenue from $50 of each surcharge must be credited to a separate account to be known as the traumatic brain injury and spinal cord injury account. The money in the account is annually appropriated to the commissioner of health to be used as follows: 83 percent for contracts with a qualified community-based organization to provide information, resources, and support to assist persons with traumatic brain injury and their families to access services, and 17 percent to maintain the traumatic brain injury and spinal cord injury registry created in section 144.662. For the purposes of this clause, a "qualified community-based organization" is a private, not-for-profit organization of consumers of traumatic brain injury services and their family members.

The organization must be registered with the United States Internal Revenue Service under section 501(c)(3) as a tax-exempt organization and must have as its purposes:

(i) the promotion of public, family, survivor, and professional awareness of the incidence and consequences of traumatic brain injury;

(ii) the provision of a network of support for persons with traumatic brain injury, their families, and friends;

(iii) the development and support of programs and services to prevent traumatic brain injury;

(iv) the establishment of education programs for persons with traumatic brain injury; and

(v) the empowerment of persons with traumatic brain injury through participation in its governance.

No patient's name, identifying information, or identifiable medical data will be disclosed to the organization without the informed voluntary written consent of the patient or patient's guardian or, if the patient is a minor, of the parent or guardian of the patient.

Mississippi TBI Trust Fund Profile

Background: In an effort to enable Mississippians with spinal cord injury and traumatic brain injury to achieve their maximum level of independence, the 1996 Mississippi Legislature established the Traumatic Brain Injury/Traumatic Spinal Cord Injury (TBI/SCI) Trust Fund. The goal of the program is to assist individuals who are severely disabled by traumatic spinal cord injury or traumatic brain injury to resume activities of daily living and to reintegrate into the community with as much dignity and independence as possible. Legislation was a culmination of efforts by the Brain Injury Association and LIFE working together with families. They had explored trust fund programs in other states and approached the Mississippi Department of Rehabilitation Services (MDRS) and key legislators for support.

Legislative Authority: Title 37-Chapter 33-Section 261, ratified in 1996.

Revenue Source and Collection Process: Funding for the TBI/SCI Trust Fund is provided through fees and surcharges on moving traffic violations. A $25 surcharge is collected from every violation of the Mississippi Implied Consent (Driving Under the Influence) Law, and $6 from all other moving vehicle violations. Fees and surcharges are collected by clerks in four courts – city, circuit, justice, and chancery – and then given to the State Treasurer for deposit into the trust fund. Collection of these surcharges began July 1996. Revenue is estimated at $3.5 million annually. Collections have never fallen short of revenue projections. The administering agency must secure a legislative appropriation each year for spending authority, based on the projected number of consumers it expects to serve.

Startup: Legislation was approved in 1996. Permission to spend trust fund monies was granted during the 1997 legislative session. Expenditures for consumer services began in July 1997.

Advisory Board: A ten-member Advisory Council, appointed by the Executive Director of MDRS, provides advice and expertise to the Mississippi Department of Rehabilitation Services in the preparation, implementation and periodic review of the TBI/SCI Trust Fund Program.

Composition of the Advisory Council was designated by legislation to include:
1**.** A physician with expertise in areas related to the care and rehabilitation of individuals with spinal cord injuries or traumatic brain injuries
2. A professional in a clinical rehabilitation setting
3. A representative designated by the Brain Injury Association of Mississippi
4. A representative designated by the Mississippi Paralysis Association
5. Three individuals with spinal cord injuries or traumatic brain injuries
6. Three family members of individuals with traumatic spinal cord or traumatic brain injuries

Each member serves a 3 year term but can be reappointed.

Program Administration: The Mississippi Department of Rehabilitation Services (MDRS) was designated by the Legislature to administer the TBI/SCI Trust Fund Program. The MDRS Office of Special Disability Programs coordinates the direct services to eligible consumers. A full-time

program coordinator oversees the coordination of services. A variety of community-related integration programs are also provided via contracts with community organizations and agencies.

Funding Priorities: The Trust Fund program provides 1) matching funds for the Medicaid Waiver, 2) a set of services and supports that assist consumers in living more independently in the community, 3) funding for prevention/education activities, 4) recreation projects, 5) TBI/SCI Registry, 6) an annual nursing home survey to identify needs of those with TBI or SCI who are under age 55 living in a nursing home, and, 7) transitional living services.

Approximately 96 percent is set aside for services, 3 percent for the registry, and administration at 1 percent.

Eligibility Criteria: Any resident of Mississippi, regardless of age, who has a severe disability resulting from traumatic spinal cord injury or a traumatic brain injury is eligible. Individualized services can be provided to medically stable individuals. Medical stability is defined as the absence of (a) an active, life threatening condition (e.g., sepsis, respiratory, or other condition requiring systematic therapeutic measures), b) IV drip to control or support blood pressure, and (c) intracranial pressure or arterial monitoring.

Program Operation and Restrictions: The Trust Fund Program is the payer of last resort. An individual must seek assistance from all available resources prior to the Trust Fund's participation in a service.

Services or supports provided under this program include:
1) Durable medical equipment/assistive devices, home and vehicle modifications - $35,000 lifetime cap
3) Respite care, based on a physician's determination of need, in areas of companion, nurse, licensed practical nurse and registered nurse – 288 hour limit
4) Transitional personal care attendant services assisting - 12 month time limit - during which, client or family members will be assisted in seeking other attendant care options.

Seventy one independent living counselors, located throughout the State, visit individuals seeking services and coordinate the application, assessment, and service delivery process. This includes gathering appropriate medical records to document eligibility. Individuals can self-refer or be referred by any source including BIA, hospitals, etc. The counselors help determine whether an individual can be better served through the trust fund, Medicaid waiver, or some other source. The trust fund is budgeted from the legislature to the executive director, through several administrative levels including the program coordinator, regional managers and ultimately the independent living counselors.

Emergency Requests: The trust fund sets aside $1,000 for each consumer use on a one-time basis. This is not an automatic entitlement and must be used for authentic emergencies approved by the program coordinator.

Most Requested Service or Support: Personal care attendant

Number of Individuals Served Annually: A combined total of more than 825 access the Trust Fund and/or Medicaid Waiver.

Average per Person Expenditure: Unknown

Waiting List: There is no official waiting list although the agency maintains a list of persons who have been referred.

Program Evaluation: There is no official evaluation process.

Program Changes: The biggest change is the increased number of persons served.

Advice to Other States:
- Be very clear in law and in policy what can and cannot be provided.
- Be prepared to deliver what law and policy says can be delivered.

Additional Information: Contact Allison Lowther, TBI/SCI Trust Fund Program Coordinator, Department of Rehabilitation Services**,** alowther@mdrs.ms.gov.
Also, see http://www.mdrs.ms.gov/client/tbisci.html.

Mississippi TBI Trust Fund Legislation

Establishment & Administration: Miss. Code Ann. § 37-33-261

37-33-261. Funding.

(1) Such assessments as are collected under subsections (1) and (2) of Section 99-19-73, shall be deposited in a special fund that is created in the State Treasury and designated the Spinal Cord and Head Injury Trust Fund. Unexpended amounts remaining in the Spinal Cord and Head Injury Trust Fund at the end of a fiscal year shall not lapse into the State General Fund, and all interest received from the investment of monies in the trust fund shall be credited to the trust fund and shall not be deposited into the State General Fund. Monies deposited in the fund shall be expended beginning in fiscal year 1997 by the Department of Rehabilitation Services as authorized and appropriated by the Legislature for the following purposes:

Providing the cost of care for spinal cord and traumatic brain injury as a payer of last resort to residents of the State of Mississippi for a multilevel program of rehabilitation as prescribed in Sections 37-33-251 through 37-33-259. Authorization of expenditures for spinal cord injury care and traumatic brain injury care from this trust fund shall be made only by the Department of Rehabilitation Services. Authorized expenditures shall include three (3) or more of the following forms of assistance: acute care; rehabilitation; transitional living; assistive technology services, devices and equipment; respite care; transportation; housing; home modifications; and other services and/or assistance as deemed appropriate by the advisory council for individuals with spinal cord injuries or traumatic brain injuries to accomplish a successful re-entry into the community. Such activities may also include expanding the public's awareness of how spinal cord and traumatic brain injuries occur and how they can be prevented and identifying advanced treatment and prevention techniques. Other authorized expenditures may include costs associated with salary and other support costs for personnel sufficient to carry out the program or to subcontract all or part of the authorized services, and to pay the travel and meeting expenses of the advisory council.

(2) The department shall issue a report to the Legislature and the Governor by January 1 of each year, summarizing the activities supported by the trust fund.

Revenue Source: Miss. Code Ann. § 99-19-73

99-19-73. Standard State monetary assessment for certain violations, misdemeanors and felonies; suspension or reduction of assessment prohibited; collection and deposit of assessments; refunds.

(1) Traffic Violations. In addition to any monetary penalties and any other penalties imposed by law, there shall be imposed and collected the following state assessment from each person upon whom a court imposes a fine or other penalty for any violation in Title 63, Mississippi Code of 1972, except offenses relating to the Mississippi Implied Consent Law (Section 63-11-1 et seq.) and offenses relating to vehicular parking or registration:

Spinal Cord and Head Injury Trust Fund (for all moving violations) : $6.00

(2) Implied Consent Law Violations. In addition to any monetary penalties and any other penalties imposed by law, there shall be imposed and collected the following state assessment from each person upon whom a court imposes a fine or any other penalty for any violation of the Mississippi Implied Consent Law (Section 63-11-1 et seq.):
Spinal Cord and Head Injury Trust Fund : $25.00

Missouri TBI Trust Fund Profile

Background: In 1999 public testimony on TBI was given to the House Interim Committee charged with looking at the DOH and Senior Services Head Injury Program. This included evaluating the needs of persons who have sustained TBI and ways to help fund additional services. The Committee became aware that other States were developing trust funds and waivers as a mechanism for funding services. This planted a seed for the trust fund concept.

There was a Kansas City Chief Football player, Derrick Thomas, who sustained a spinal cord injury in a car accident on his way to the St. Louis Rams play-off game. A senator who was a former quarterback for the KC Chiefs introduced a trust fund bill for spinal cord injury research. A senator who was a member of the Missouri Head Injury Advisory Council, and also the parent of a daughter with a traumatic brain injury, wanted brain injury to be included in the legislation. He saw the bill as a funding source that could support Council expenses, family information/support, and other services not already provided by the Department of Health and Senior Services Head Injury Program. Those services, in particular, had been supported with general revenue prior to 1985. But there was a lot of concern about the ongoing availability of state revenue. In addition, Missouri had just finished its first TBI Implementation Grant that established a family support partner program. Stakeholders thought this funding would be a good mechanism for a more permanent funding resource. The BIA-MO supported the measure since they could see it was a way to fund the support partner program.

Ultimately, two separate funds were created via legislation:

- a Spinal Cord Injury Fund supporting research that promotes advancement of knowledge about spinal cord injuries
- a Head Injury Fund to support activities and services not available elsewhere

Legislative Authority: 304.028 RSMO, ratified in 2002.

Revenue Source and Collection Process: Fiscal Affairs worked with involved agencies to determine the revenue source and sent the fiscal note to the Department of Revenue, Department of Public Safety, and the Office of Administration's Head Injury Advisory Council. The revenue source is a $2 surcharge on court costs associated with a) criminal cases including violations of any county ordinance, or b) any criminal or traffic laws of the state, including an infraction. The surcharge is collected and distributed by the clerk of the court, as provided in sections 488.010 to 488.020, Missouri Revised Statutes. The surcharge is paid to the state treasury and credited to the head injury account. The appropriations budget of the administrating agency will reflect a line item reflecting the amount for purposes of services. The agency cannot spend any money, regardless of source, without a line item in the budget authorizing it. Revenue averages approximately $750,000 annually.

Startup: It took a couple of years to get started, while waiting for funds to accrue and policies to be established.

Advisory Board: In 2002 legislation establishing the Head Injury Fund placed program administration with the Missouri Head Injury Advisory Council. However, departmental transfers and budget cuts have changed the future role of this council with respect to the fund.

Program Administration: In February 2005 a Governor's Executive Order transferred program administration from the Missouri Head Injury Advisory Council at the Office of Administration to the Department of Health and Senior Services. This transfer was made permanent by a statute change in 2011.

Funding Priorities: Legislation states that funds shall be used for purposes of a) transition and integration of medical, social and educational services, or b) outreach activities and short-term supports that enable individuals with TBI and their families to live in the community.

The Council developed the following expenditure priorities:

- Professional counseling (15 percent)
- Peer mentoring (30 percent)
- Education (20 percent)
- Administrative costs (25 percent); and
- Reserve (10 percent)

In 2005 general revenue was substantially reduced by the General Assembly. Since 2005, the fund has been appropriated to the Department of Health and Senior Services Adult Head Injury Program for program services.

Eligibility Criteria: Individuals must have a documented TBI and have income that falls within 185 percent of poverty level to receive services other than service coordination for which there is no financial eligibility requirement.

Program Operation and Restrictions: This money is supporting the services previously supported by general revenue for the Department of Health and Senior Services program. That program is already established with 11 service coordinators who perform intake, service plan development, and identification of service needs. The department uses a prior authorization requirement for all services. The service coordinators function as part of a team along with Central Office staff to prior approve and authorize services in accordance with the overall revenue available. Providers are enrolled as authorized provider agencies to provide services in accordance with the service plan, and the State reimburses the provider.

Emergency Requests: N/A

Most Requested Service or Support: Transitional Home and Community Support Training is the highest utilized provider service funded by the Adult Head Injury Program.
Number of Individuals Served Annually: Approximately 600

Average per Person Expenditure: Approximately $1900 per year per person served by the AHI Program is supported by the fund.

Waiting List: Approximately 225

Program Evaluation: The AHI Program measures satisfaction with services, impact on participant's perception of quality of life, impact on maintaining and improving levels of independent living and community participation.

Program Changes: In February, 2005 Missouri Governor Blunt transferred the Missouri Head Injury Advisory Council and its associated programs from the Office of Administration to the Department of Health and Senior Services. His budget transferred Council trust fund appropriations and Office of Administration budgeted programs to the Health and Senior Services budget. Funded by the General Revenue, the Department of Health and Senior Services' Head Injury Program was reduced approximately $800,000, equal to the amount the trust fund was generating. The Head Injury Program received another reduction in general revenue in FY2011. In 2011, legislation changed the name of the Head Injury Fund to the Brain Injury Fund and the name of the Missouri Head Injury Advisory Council to the Missouri Brain Injury Advisory Council. This legislation also transferred appropriations from the Brain Injury Fund to the Department of Health and Senior Services instead of the Office of Administration.

Advice to Other States:

- Develop clear trust fund priorities and procedures, accounting systems, and program evaluation.
- Be realistic about what can be provided with dollars available.
- Most of all, understand the niche trust fund dollars can fill and structure all policies and procedures to be consistent.

Additional Information: Contact Lori Brenneke, Program Manager, Department of Health and Senior Services, (573) 751-6246. Also, see http://www.health.mo.govI.

Missouri TBI Trust Fund Legislation

Establishment & Administration, and Revenue Source: § 304.028 R.S.Mo.
304.028: Head injury fund created, moneys in fund, uses--surcharge imposed, when
1. There is hereby created in the state treasury for use by the Missouri Brain Injury Advisory Council a fund to be known as the "Brain Injury Fund." All judgments collected pursuant to this section, federal grants, private donations and any other moneys designated for the brain injury fund shall be deposited in the fund. Moneys deposited in the fund shall, upon appropriation by the general assembly to the department of health and senior services, be received and expended by the council for the purpose of transition and integration of medical, social and educational services or activities for purposes of outreach and short-term supports to enable individuals with traumatic brain injury and their families to live in the community, including counseling and mentoring the families. Notwithstanding the provisions of section 33.080, RSMo, to the contrary, any unexpended balance in the brain injury fund at the end of any biennium shall not be transferred to the general revenue fund.

2. In all criminal cases including violations of any county ordinance or any violation of criminal or traffic laws of this state, including an infraction, there shall be assessed as costs a surcharge in the amount of two dollars. No such surcharge shall be collected in any proceeding involving a violation of an ordinance or state law when the proceeding or defendant has been dismissed by the court or when costs are to be paid by the state, county or municipality.

3. Such surcharge shall be collected and distributed by the clerk of the court as provided in sections 488.010 to 488.020, RSMo. The surcharge collected pursuant to this section shall be paid to the state treasury to the credit of the brain injury fund established in this section.

Montana TBI Trust Fund Profile

Background: During the first attempt at legislation, the process was largely driven by the Brain Injury Association of Montana's Board of Directors in response to the needs of people with disabilities. Bill HB 698 was agreed upon as the place to begin and it was passed on the first attempt.

Legislative Authority: House Bill 698, ratified in 2003 is located under Montana Code Annotated 2-15-2217, 2-15-2218, 53-6-501, and 53-6-502. Also, see http://data.opi.state.mt.us/bills/mca/2/15/2-15-2217.htm.

Revenue Source and Collection Process: When an individual registers a motor vehicle, he/she indicates their desire, through a check-off process, to donate $1 or more to the state special revenue fund. There is not an assumption that everyone will donate. Each county treasurer forwards revenue that accrues from this voluntary donation to the Department of Revenue for deposit in the State's Special Revenue Fund Account. Revenue for FY 2011 was $9,821.

The voluntary check-off is repeated annually. The Legislature does not have to appropriate funds since they are set aside in a special trust fund.

Startup: The act, created by House Bill 698, became effective January 2004. Collections began shortly after. One year post-implementation, a balance of $3,400 showed in the account. Today, there is a balance of a little over $29,000.

Advisory Board: House Bill 698 also provided for creation of an advisory council, attached administratively to the Department of Public Health and Human Services. The Council is composed of 1) the Director of the Department of Public Health and Human Services or designee, 2) the Superintendent of Public Instruction or designee, 3) representative of a program providing senior and long-term care services (appointed by the Director of Public Health and Human Services), and 4) six representatives appointed by the Governor. Appointees include persons with TBI or family members, representatives of injury control or prevention programs, or advocates for persons with brain injury. Council Members serve three-year terms.

Meeting quarterly, the Council advises the department on 1) ways to develop and improve services, 2) ways to encourage research, public awareness, education, and prevention activities, and 3) expenditures of the TBI account.

Program Administration: The Department of Public Health and Human Services.

Funding Priorities: Per statute, money in the account may be used by the department to fund the Advisory Council and provide grants for public information, prevention, and education. There is no plan developed that determines what percentage of the fund goes to each activity.

Eligibility Criteria: Grants must be for public information and prevention education.

Program Operation and Restrictions: Requests must go to the TBI Advisory Council, then the Department, for review and either approval or denial.

Emergency Requests: N/A

Most Requested Service or Support: N/A

Number of Individuals Served Annually: N/A

Average per Person Expenditure: N/A

Waiting List: N/A

Program Evaluation: No process has yet been established.

Program Changes: None planned.

Advice to Other States: If States choose the same funding mechanism as Montana's, it would be wise to establish the voluntary contribution from year to year in the form of automatically adding the dollar with the option of removing it. The best approach would be to have the donation "opt-out", meaning that the dollar would be added automatically unless a person chose to remove the addition. It is estimated that the revenue would increase by about 100 times.

Additional Information: Contact James Driggers, Senior Long-Term Care Division, Department of Public Health and Human Services, jdriggers@mt.gov.

Montana TBI Trust Fund Legislation

Establishment & Administration: Mont. Code Anno., § 2-15-2218

2-15-2218 Traumatic brain injury account.

(1) There is a traumatic brain injury account in the state special revenue fund for purposes of traumatic brain injury prevention, education, and support.

(2) Money in this account may be used by the department of public health and human services to fund the advisory council and to provide grants for public information and prevention education regarding traumatic brain injury.

_____

Establishment & Administration: Mont. Code Anno., § 53-6-502

53-6-502 Traumatic brain injury trust fund established -- source of funds -- uses.

(1) There is an account in the state special revenue fund to be used to establish a traumatic brain injury trust fund.

(2) The trust fund consists of donations or grants received for the purpose of providing services for persons suffering from traumatic brain injury.

(3) The money in this account must be used solely for planning, coordinating, and providing services to persons suffering from traumatic brain injury.

Revenue Source: Mont. Code Anno., § 61-3-303

61-3-303 Original registration -- process -- fees.

(5) Unless otherwise provided by law, a person registering a motor vehicle shall pay to the county treasurer:

(c) a donation of $ 1 or more if the person indicates that the person wishes to donate to promote education on, support for, and awareness of traumatic brain injury.

(10) Revenue that accrues from the voluntary donation provided in subsection (5)(c) must be forwarded by the respective county treasurer to the department of revenue for deposit in the state special revenue fund to the credit of the account established in 2-15-2218 to support activities related to education regarding prevention of traumatic brain injury.

New Jersey TBI Trust Fund Profile

Background: The Brain Injury Association of New Jersey (BIANJ) had an interest in developing a mechanism to fund services/supports for persons with brain injury. Members of the Executive Branch and the Legislature were all supportive.

Legislative Authority: PL 2001, Chapter 332, Section 5, ratified in 2002.

Revenue Source and Collections Process: The Division and BIANJ initially recommended that members of the general public check off their willingness to pay an additional $1 when paying their annual motor vehicle registration fees. The Division of Motor Vehicles thought that this collection process would be cumbersome and not very reliable. It recommended charging all motor vehicle registrants $.50 as part of their annual registration. DMV collects the fee and then the money is transferred to the New Jersey Department of the Treasury into a non-lapsing, interest bearing account marked specifically for brain injury. The administrating agency, the Department of Human Services, only withdraws the amount of money it projects will be needed.

Startup: The startup process took two years. Rules had to be written and published in the Public Register, application forms developed, and staff hired.

Advisory Board: The New Jersey Advisory Council oversees the program. There is a 7-member Review Committee appointed by the Commissioner of Human Services to review requests for services. Membership is specified in rules and includes BIA, a survivor, family member, professional, two members of the Council, and the Director of Disability Services. The committee meets at least 6 times per year.

Program Administration: The Division of Disability Services of the Department of Human Services administers the trust fund with 1.75 FTE staff persons.

Funding Priorities: There is a process for prioritizing individual requests for funds. The allocation may be lowered if there are insufficient funds. Less than 10 percent is spent on administration. In addition to funding individual consumer needs, the trust fund also provides money to BIA for public awareness and education.

Eligibility Criteria: A consumer must be a resident of NJ and have a) a traumatic brain injury, as defined by the CDC, b) liquid assets of less than $100,000, and c) a need for a service or support directly related to brain injury. The consumer must also provide proof of brain injury and have a prescription/letter of referral from a professional indicating specific need.

Program Operation and Restrictions: A consumer completes an application for assistance. Each person who applies for services is visited by a contracted case manager whose responsibility is to assess need and develop a support plan with the consumer. In some cases, the trust fund will not be used to meet the need. If the consumer requests service coordination, then a case manager may be assigned on a more permanent basis. The case manager makes an initial visit, conducts an intake assessment, and maintains an ongoing relationship with the consumer.

Consumers can choose from a list of approved case management agencies. The case manager does not have any responsibility for disbursement of funds. The amount of funds directed to case management or service coordination is unknown at this point but the Division of Disability Services pays a flat fee for development of a support plan and an hourly rate for ongoing case management. Staff prepares an abstract, minus identifiers, describing the need and is prepared to answer questions when the Review Committee meets. The Review Committee ensures that the request is reasonable and that the service/support is brain injury related. The trust fund pays for a wide range of services/supports. Monies are dispersed to vendors rather than directly to applicants so that benefits of those persons on public assistance will not be affected. Currently, there is an annual $3,000 cap and a $100,000 lifetime cap. Regulations governing the Fund were revised in 2010 to allow the annual cap to be adjusted each year as needed based on the availability of funds. The trust fund is the payer of last resort.

Emergency Requests: The Director of Disability Services reviews the request and authorizes disbursement. Because the disbursement process can be lengthy in State government, the director may authorize the Brain Injury Association to cut a check and reimburse the BIA account.

Most Requested Service or Support: Cognitive therapy, followed by case management, physical therapy, assistive technology, and home modifications.

Number of Individuals Served Annually: At the present time the fund serves approximately 2,400 individuals annually.

Average per Person Expenditure: Expenditures average $2,100 per individual.

Waiting List: None at this time.

Program Evaluation: Fund recipients are provided with a survey annually to measure their satisfaction with case management and other Fund services. Based on the comments received, case management assignments and approved services are realigned to better meet the identified needs. Program staff field telephone calls from recipients and family members to address concerns and questions in real time. In addition to the staff dedicated to this program, the program receives some assistance from the Division's Information and Referral Unit to field telephone calls. Staff feels great about the program.

Program Changes: Regulations governing the program were revised and implemented in 2010. The revisions use the CDC definition of TBI to qualify appropriate applicants and utilize more specific language to define services offered through the Fund.

Advice to Other States: Having the surcharge on motor vehicle registrations has worked well for the administering agency. Dealing with court imposed fines can be problematic because judges will reduce fines or they are otherwise hard to collect. The agency has created a public awareness flyer that accompanies vehicle registrations stating the purpose of the 50 cent surcharge.

Additional Information: Contact Harry Pizutelli, TBI Fund Manager, Division of Disability Services, Harry.Pizutelli@dhs.state.nj.us. Also, see http://www.state.nj.us/humanservices/dds

New Jersey TBI Trust Fund Legislation

Establishment & Administration: N.J. Stat. § 30:6F-5

30:6F-5 Traumatic Brain Injury Fund.

a. There is established in the Department of the Treasury a nonlapsing, revolving fund to be known as the "Traumatic Brain Injury Fund." This fund shall be the repository for monies provided pursuant to subsection b. of section 1 of P.L. 1992, c. 87 (C. 39:3-8.2) and any other funds approved by the Department of Human Services or the council.

b. The State Treasurer is the custodian of the fund and all disbursements from the fund shall be made by the State Treasurer upon vouchers signed by the Commissioner of Human Services or his designee. The monies in the fund shall be invested and reinvested by the Director of the Division of Investment in the Department of the Treasury as are other trust funds in the custody of the State Treasurer, in the manner provided by law. Interest received on the monies in the fund shall be credited to the fund.

_____

Establishment & Administration: N.J. Stat. § 30:6F-4

30:6F-4. Duties of council

The council shall:

a. Advise and make recommendations to the Department of Human Services and other related State agencies on ways to improve and develop services regarding traumatic brain injury, including the coordination of these services between public and private entities;

b. Encourage citizen participation through the establishment of public hearings and other types of community outreach and prevention activities;

c. Encourage and stimulate research, public awareness, education and prevention activities;

d. Oversee any programs created under the federal law, Pub. L.104-166, known as the Traumatic Brain Injury Act, and any successive amendments to that act, and report to the federal government regarding these programs; and

e. Advise the Commissioner of Human Services on the administration of the Traumatic Brain Injury Fund established pursuant to section 5 of this act [30:6F-5].

Revenue Source: N.J. Stat. § 39:3-8.2(1.b.)

39:3-8.2. Additional fees

1. b. In addition to the motor vehicle registration fees imposed pursuant to the provisions of chapter 3 of Title 39 of the Revised Statutes, the director shall impose and collect an additional fee of $.50 to be deposited in the Traumatic Brain Injury Fund established pursuant to section 5 of P.L.2001, c.332 (C.30:6F-5).

New Mexico TBI Trust Fund Profile

Background: At the time the law was passed, the only services available were through private insurance (which is limited), the Disabled and Elderly Waiver, or the Developmental Disability Waiver. The Brain Injury Task Force, established in 1993, and the Brain Injury Advisory Council, established in legislation in 1995, worked together to lobby the legislature and provide testimony. Legislation was passed in the first session it was introduced.

Legislative Authority: Public Health/Section 24-1-24, A-C Brain Injury Service Fund, NMSA, ratified in 1997.

Revenue Source and Collections Process: A $5 fee, attached to all moving traffic violations, is designated for the brain injury program. Funds for the Brain Injury Services Fund (BISF) are collected from the courts and transferred into the department's account at the State Treasurer's Office. Details received from the courts show the counties and the amounts contributed monthly. Reports are sometimes as much as 3 months behind the collection dates. Statements are detailed monthly. Only District and Albuquerque Metro courts are included in New Mexico law. Municipal courts are not included, because each city would have to pass their own ordinance to collect the fees under their jurisdiction. During the first fiscal year of collections in 1998, revenues came in at $1 million; the next year at $1.4 million. In FY 2000-2004, revenues averaged $1.5 million and subsequently declined with the inception of red light cameras in the Albuquerque region. Red light revenues were awarded directly to the municipal courts, thereby bypassing the fund. Since FY09, revenues have averaged $1.74 million.

Startup: Legislation was passed in FY 1997. Collections began in FY 1998. Services began in FY 1999.

Advisory Board: The Brain Injury Advisory Council (BIAC), established in 1995, is part of the Developmental Disabilities Planning Council. The BIAC identifies legislative and community initiatives and works to execute those initiatives on behalf of individuals with brain injury in NM. It serves strictly in an advisory capacity to the State. Representatives from both the State Brain Injury Program and the Brain Injury Alliance of NM serve on the Council.

Program Administration: The statute established administration of the BISF under the New Mexico Department of Health, but the program was moved to the Aging and Long-Term Services Department in July 2004. At the start of FY12, the Brain Injury Program and the BISF was moved from the Aging and Long-Term Services Department to the Human Services Department's Medical Assistance Division as part of the Long-Term Services and Support Bureau.

Funding Priorities: BISF funding in FY12 is allocated as follows: Service Coordination (27.46%), Life Skills Coaching (22.38%), and Crisis Interim Services (35.65%). The Brain Injury Alliance of NM (formerly Brain Injury Association of NM) has also been funded through the BISF, since 2006. The BIANM is currently contracted to provide system navigator services by Brain Injury Partners to individuals with Brain Injury, who do not have access to either short or long-term State services. Their contract currently accounts for 22.38% of BISF funds.

Operation and administrative expenses are all paid from State General Funds. BISF money is used only to pay contractual services (operational expenses within state reimbursement rates but not directly designated as operational). A formula based on history of services, funding distribution, regional population and the most recent TBI CDC extrapolated report (by county) - is used to make fund distribution decisions.

Eligibility Criteria: New Mexico uses ICD 9 codes listed by the program, requires State residency, and is the payer of last resort. An individual must use other available services.

Program Operation and Restrictions: The main purpose of the program is to provide short-term assistance to individuals with TBI, who are not enrolled in a Medicaid waiver and who have a crisis need. Service Coordinators are charged with helping participants get into other programs as soon as possible. Service Coordinators are the point of entry into the program. They determine eligibility, assess participant needs, identify appropriate programs, refer for Life Skills Coaching and Crisis Interim Services, and oversee specific services through an individual plan of care. NM provides 90 days of short-term services with reassessment required every 90 days, until participants are discharged to other programs. The program is administered through contracted providers in five geographical regions for Service Coordination and Life Skills Coaching, although Crisis Interim Services, through a single contractor, are available to persons statewide. Crisis Interim Services have a fiscal intermediary contractor that manages the procurement of and payment for services. Each region is given a monthly Crisis Interim limit for their region. Both Service Coordinators and Crisis Interim staff monitor amounts spent to stay within the bounds of the funds. Needs that present the most immediate risk to health and safety are given priority. These needs are usually emergency housing, prescriptions, or homemaker services. Service Coordinators can request services not covered under descriptions of Life Skills Coaching or Crisis Interim Services; these are reviewed on an individual basis and approved or disapproved by the Program Manager. There is a $25,000 annual cap and $75,000 lifetime cap for each program participant. Within the lifetime cap, there is a one-time $10,000 cap on environmental modifications.

Specific services and supports covered under the three service areas:
1) Service Coordination
2) Life Skills Coaching
- Assisting with housing and household management, including locating affordable; housing, signing a rent/lease agreement, cleaning, shopping, cooking, laundry and use of everyday tools and appliances;
- Assisting individuals in nutrition education/application, developing menus, comparative shopping, and food preparation;
- Coaching individuals on activities of daily living including personal care, including but limited to hygiene, grooming and dressing;
- Coaching individuals on their physical, medical and emotional health maintenance;
- Coaching on medication reminder cues;
- Training individuals in the use of assistive devices and other durable medical equipment including communication devices;
- Assisting individuals with employment and education needs;
- Teaching individuals on the best ways to utilize and access public transportation;

- Helping individuals become aware of community resources and how they can gain access to them;
- Assisting individuals to learn and practice sensible money management;
- Coaching individuals on ways to most effectively interact and communicate with family members and other caregivers;
- Coaching individuals in the development and use of anger management skills;
- Coaching individuals in memory skills;
- Providing coaching to improve time management skills;
- Helping individuals recognize and avoid common dangers to self and possessions such as basic safety skills including interaction with strangers, first aid, fire safety, crossing streets and common public courtesy;
- Assisting individuals with other social, recreational and cognitive skills as specified in their Independent Living Program (ILP);
- Coaching individuals on their communication skills.

3) Crisis Interim Services – Services and goods listed below are necessary because of an individual's TBI and are not available from any other funding source:

- Special TBI equipment that meets the needs of an individual with TBI;
- Assistive technology and assistive technology assessments;
- Initial emergency housing costs; either first month's rent, security deposit, and utility start-of-service charges or one month's emergency rent and one month's utility service charges;
- Environmental and automobile modifications;
- Transportation to medical therapy care;
- Respite care for the individual's primary care giver;
- Home health aide, homemaker or companion;
- Nursing care;
- Therapy services: outpatient mental health, physical therapy, occupational therapy, and speech therapy;
- Prescribed medications used to treat their TBI condition, when they are not available or covered by any other payer;
- Health insurance deductibles, coinsurance and co-pays for physician services and covered Crisis Interim Services;
- Other uses of crisis interim funds: alternative therapies (acupuncture, chiropractic, and massage), special training, neuropsychological evaluations, training in the use of new equipment or modified equipment, special dietary items, and other services approved by the department.

Emergency Requests: The most common request is for housing. When the risk is great, an individual can receive housing assistance within a few days. A check is sent directly to the landlord as soon as the necessary documentation is received. Often, a landlord will accept a letter that guarantees payment in lieu of a check, while the necessary documentation is completed. This allows for more immediate assistance.

Most Requested Service or Support: 1) **A**lternative therapies (acupuncture, chiropractic, and massage; 2) transportation to medical therapy care; and 3) homecare services. Beginning in

FY10, a new trend in service utilization revealed that approved alternative therapies, such as massage and acupuncture, have supplanted prescriptions with respect to top services utilized by program participants.

Number of Individuals Served Annually: Number of individuals served has ranged from 518-822, from FY01-FY11. In FY11, 620 were served.

Average per Person Expenditure: This has not been calculated, because service needs differ so much. One person may get a $10 cane, while another might get the full $25,000 to pay for one expensive DME item.

Waiting List: Most Service Coordinators get participants into service, even if their services are limited to a couple of weeks. Unless there is life-threatening situation, participants do not usually receive Crisis Interim Services or goods, until they have their eligibility documentation in place. In the past fiscal year, waiting lists for services have become more common in the more highly populated regions, such as the Albuquerque Metro and Southwest regions. Waiting lists, if they do arise in a particular region, are maintained by the Service Coordination agency. If a request for additional funding to eliminate a waiting is justified, the Program Manager can draft a Contract Amendment. Every amendment to a Service Coordination contract requires a corresponding amendment to the Crisis Interim Services contract, in order to cover the goods and services utilized by participants in that service region.

Program Evaluation: The department has traditionally sent out questionnaires to participants, and contractors are required to conduct satisfaction surveys on a regular basis. Results are to be made available to the department upon request.

Program Changes: In 2007, rules and regulations for the TBI Program were promulgated (NMAC 80326.10). The regulations establish policies, procedures, and standards for the delivery of services by service providers to individuals with qualifying brain injuries. Contracts have been tightened considerably, and overall, the program has become more accountable for the funds spent. Since 2006, each Division overseeing the Brain Injury Program has maintained Quality Assurance and Quality Improvement staff to audit participant and agency files. Also, a mandated, incidence reporting system has brought more structure and accountability to the program.

In late 2007, long-term services for individuals with Brain Injury and other populations became available through New Mexico's Mi Via Self-Directed Waiver. At that time through June 2008, individuals on the BISF, who were Medicaid eligible, were transitioned into long-term waiver services. Success in moving persons onto the waiver freed up some of the BISF to provide more than direct services.

Since FY07, the Brain Injury Association of NM (now the Brain Injury Alliance of NM) has been contracted by the State under the BISF to provide Information, Outreach, and Referral to the brain injury community; provide education about brain injury and its prevention to entities who interface with the Brain Injury Community; and conduct special self-advocacy training for individuals with Brain Injury and their family members through the Empowerment Project. In FY12, approximately 22% of the BISF is being used to fund the BIANM.

Currently, the Central Registry for Brain Injury and other Medicaid Categories of Eligibility for long-term services is at a standstill. The only means of accessing long-term services is through Community Reintegration for individuals who have been institutionalized for 30 days or longer. In the past fiscal year, reduced access to long-term services has been placing more pressure on the BISF/Trust Fund program and is likely to be the reason why waiting lists are arising in certain regions of the State. At the start of FY12, the Brain Injury Program and the BISF was moved from the Aging and Long-Term Services Department to the Human Services Department's Medical Assistance Division as part of the Long-Term Services and Support Bureau.

Advice to Other States:

- Do your homework.
- Decide what the client needs and what the quality assurance needs are up front.
- Write contracts very concretely. Be sure to include detailed language in them saying what is needed and expected from service providers**.** Put in reporting, satisfaction surveys and monthly billing requirements. The program, not the service providers, should drive services.
- Be cautious about using Federal waiver guidelines. This is an opportunity to get services for persons with brain injury that they cannot get anywhere else.
- Do not provide services that participants can get from another payer source. This will make the money go farther.
- Become aware of what is needed in both the urban and rural parts of the state. TBI is everywhere, so serve everyone.
- Win the support of your executive staff. Educate them every chance you get. Make sure they understand the needs of persons with brain injury.
- Monitor the contractors early and often. Create department forms for assessment, independent living plans, and processing money if you can.
- Start work long before planning to take enabling legislation to the legislature. Plan at least a year in advance. Train and use advocates to tell their stories one-on-one to legislators and committee members. Gather statistics, but don't wait on statistics if they are not available. Stories sway more hearts than money.
- Do not give up on getting legislation passed. It may not happen this year, but there is always next year. Persistence counts. And on-going education of policy and decision makers never stops.
- Make sure the Cabinet Secretaries know about brain injury. Ask them to speak at brain injury functions. Include them in leadership training as much as they will participate. Show them how important brain injury is to the people.
- Do not forget the Governor. Meet with his health advisors and teach them about brain injury.
- Get as much press coverage as possible. Run campaigns. Use the *face of brain injury* post cards. Give them to legislators with a hand written note. Send them to the media.
- Find and use a high profile case of a person with brain injury. The Mayor of Albuquerque took an interest in the case of a police officer who was shot by a person with brain injury.

Additional Information: NM would be happy to share any documents that have been developed, such as RFPs, contracts, regulations, and application. Contact Linda Gillet, BI Program Manager, Human Services Department, lindab.gillet@state.nm.us for further assistance.

New Mexico TBI Trust Fund Legislation

Establishment & Administration: N.M. Stat. Ann. § 24-1-24

24-1-24. Brain injury services fund created.
A. There is created in the state treasury the "brain injury services fund." The fund shall be invested in accordance with the provisions of Section 6-10-10 NMSA 1978, and all income earned on the fund shall be credited to the fund.

B. The brain injury services fund shall be used to institute and maintain a statewide brain injury services program designed to increase the independence of persons with traumatic brain injuries.

C. The department of health shall adopt all rules, regulations and policies necessary to administer a statewide brain injury services program. The department of health shall coordinate with and seek advice from the brain injury advisory council to ensure that the statewide brain injury services program is appropriate for persons with traumatic brain injuries.

D. All money credited to the brain injury services fund shall be appropriated to the department of health for the purpose of carrying out the provisions of this section and shall not revert to the general fund.

Revenue Source: N.M. Stat. Ann. § 66-8-116.3(E)
66-8-116.3. Penalty assessment misdemeanors; additional fees.
In addition to the penalty assessment established for each penalty assessment misdemeanor, there shall be assessed:
E. a brain injury services fee of five dollars ($5.00), which shall be credited to the brain injury services fund.

_____
Revenue Source: N.M. Stat. Ann. § 66-8-119(B)(5)
66-8-119. Penalty assessment revenue; disposition.
B. The division shall remit all penalty assessment fee receipts collected pursuant to
(5) Subsection E of Section 66-8-116.3 NMSA 1978 to the state treasurer for credit to the brain injury services fund.

Pennsylvania TBI Trust Fund Profile

Background: Legislation, leading to the Emergency Medical Services Act of 1985 and establishment of a trust fund for head trauma victims, was due largely to the efforts of Congressman Jim Greenwood. At one time, Congressman Greenwood worked as a service provider and was aware of the need for medical rehabilitation services for persons who've sustained brain injury and a funding mechanism to pay for them.

Legislative Authority: 35 PS – 6921-6928, ratified in 1985.

Revenue Source and Collection Process: Revenue is generated from a ten dollar surcharge on all traffic violation fines. In addition, individuals whose offense warrants a jail sentence can pay a $25 Accelerated Rehabilitation Disposition Fee in lieu of a jail sentence for first offense. Court clerks collect these fees and send to the State Treasurer for deposit in the EMS Fund. Twenty-five percent of the collected amount is available to the DOH to pay for medical rehabilitation services. This amounts to $3 million yearly. There is a line item in the Department of Health budget reflecting this revenue. None of this money can be used for administration. Staff salaries are paid out of general revenue. Any unspent funds are placed back in this non-reverting account. The program is funded at approximately $5 million annually.

Startup: Began operation in 1988, following passage of legislation in 1985. Administrative Rules were put in place in 2002.

Advisory Board: A statewide TBI Advisory Board was established in 2003 in keeping with HRSA Federal grant requirements. The role of the Board has been expanded to include involvement in all aspects of the TBI program including expenditure of trust fund monies. The 26-member council is appointed by the Secretary of the Department of Health to three-year terms which may be renewable. Composition includes six representatives from State agencies, two representatives from advocacy organizations, two representatives from provider organizations, a representative of academic research, an epidemiologist; and at least one third of the Board must be represented by consumers or family members.

Program Administration: The trust fund program is administered directly by the DOH, Division of Child and Adult Health Services. There is a contract with the Brain Injury Association for assistance to consumers in applying for services. The department contracts with a number of authorized providers for service delivery.

Funding Priorities: Legislation states the trust fund can pay for medical rehabilitation services and attendant care. However, since attendant care is available via other programs and funding sources, the DOH has chosen to focus on rehabilitation services and has written its administrative rules accordingly. When the program first began, there were no administrative rules to guide the program. Consumers with long-term rehabilitation needs quickly depleted the resources leaving several hundred persons waiting for rehabilitation with no resources to pay for them.

When administrative rules were written in 2002, criteria for admission restricted applicants to those who could benefit from a short-term rehabilitation program. This restriction automatically eliminated some individuals who had been waiting for services; others no longer needed them. Individuals needing home and community-based rehabilitation services are now referred to a CommCare Medicaid Waiver program. While the program was in transition, funds began to accumulate. There is now a sufficient fund balance to provide services as well as develop new, individual need based initiatives.

Eligibility Criteria: To be eligible for the trust fund program, an individual must:

- Be a U.S. citizen and resident of Pennsylvania at the time of injury.
- Have a TBI sustained after July 2, 1985 and documented by a physician.
- Be 21 years of age or older.
- Have income at or below 300 percent of the Federal poverty level.
- Be in a non-comatose state and able to participate in an assessment.
- Be able to benefit from a short-term rehabilitation program.

Program Operation and Restrictions: Consumers can obtain assistance from the Brain Injury Association of Pennsylvania (BIAPA) in applying to the Trust Fund Program. BIAPA provides pre-enrollment assistance to help individuals enroll in this program and other brain injury services offered in the Commonwealth. Consumers can receive services from authorized, contracted providers who can help determine specific service needs and provide the DOH with a service plan. Providers are reimbursed according to a specific fee schedule.

Services are grouped into assessment, rehabilitation, and transition as follows:

Assessment: pre-admission assessment, comprehensive neuropsychological evaluation.

Rehabilitation: residential (personal care rate), behavioral management therapy, life skills training, supportive counseling, substance abuse education & prevention, therapeutic recreation, work skills services, routine case management, cognitive therapy, occupational therapy, physical therapy, psychological services, speech/language therapy, routine case management.

Transition: Transitional case management.

There is a spending cap of $100,000 per person or 12 months of service – whichever comes first. Transitional case management has a limit of $1,000 per person or 6 months.

Emergency Requests: There is no protocol for dealing with emergency cases but the department has expedited reviews when necessary. Applicants generally obtain services in the order in which application was received.

Most Requested Service or Support: Life skills training is most frequently requested followed by therapies (PT, OT, cognitive, speech).

Number of Individuals Served Annually: In fiscal year 2010/11, 378 individuals were served by the Head Injury Program.

Average per Person Expenditure: For Fiscal Year 2010/11 the average amount expended per person was $49,808.

Waiting List: There is no waiting list

Program Evaluation: Providers are encouraged to participate in the patient outcome benchmarking initiative overseen by the Pennsylvania Association of Rehabilitation Facilities. Additionally contract monitoring visits are conducted biennially by Department staff to ensure adherence to contract requirements.

Program Changes: Given the complexities of Pennsylvania's rural geography, the Department is currently exploring the option of telemedicine.

Advice to Other States:

- Contemplate all possibilities regarding the use of trust fund monies and in establishing administrative rules.
- Find creative sources of revenue to build infrastructure.
- Establish a set of regulations that help eliminate ambiguities.
- Pay attention to what families and consumers have to say about what they want and how the program should be administered.
- Determine what services/supports to provide and then allow for the likelihood of new technologies.
- Be clear about the population to be served.

Additional Information: Contact Carolyn Cass, Director, Division of Child & Adult Health Services, Department of Health, ccass@pa.gov. Brain Injury Helpline: 1-866-412-4755. Also, see http://www.portal.state.pa.us/portal/server.pt/community/head_injury_program/14185

Pennsylvania TBI Trust Fund Legislation

Establishment & Administration: 28 Pa. Code § 4.1

4.1. Scope and purpose

(a) This chapter establishes standards for the Department to administer the Fund.

(b) The Department will use the Fund to administer a head injury program, as set forth in this chapter, to pay for medical, rehabilitation and attendant care services for persons with traumatic brain injury.

Revenue Source: 35 P. S. § 6934

6934. Support of emergency medical services.

(a) Fine.-A $10 fine shall be levied on all traffic violations exclusive of parking offenses. These fines shall be in addition to other fines imposed at the discretion of the court.

(b) Accelerated Rehabilitative Disposition fee.-A fee of $25 shall be imposed as costs upon persons admitted to programs for Accelerated Rehabilitative Disposition for offenses enumerated in 75 Pa.C.S. § 3731 (relating to driving under influence of alcohol or controlled substance).

(c) Emergency Medical Services Operating Fund.-Money collected shall be paid to the court imposing the fine, or fee, which shall forward it to the State Treasurer for deposit into a special fund to be known as the Emergency Medical Services Operating Fund. Moneys in the fund shall be appropriated annually by the General Assembly.

(d) Purpose of fund.-All money from the Emergency Medical Services Operating Fund shall be disbursed by the department to eligible providers of emergency medical services, as determined by the department by regulation, to the State Advisory Council and to regional emergency medical services councils for the initiation, expansion, maintenance and improvement of emergency medical services, including ambulance and communications equipment and for training, education and ambulance licensure purposes. These funds shall not be used for any other purposes.

(e) Allocation to Catastrophic Medical and Rehabilitation Fund.-Twenty-five percent of the fund shall be allocated to a Catastrophic Medical and Rehabilitation Fund for victims of trauma. The catastrophic fund shall be available to trauma victims to purchase medical, rehabilitation and attendant care services when all alternative financial resources have been exhausted. The department may, by regulation, prioritize the distribution of funds by classification of traumatic injury.

(f) Audit.-The Auditor General shall review collections and expenditures made pursuant to the provisions of this section and report its findings to the General Assembly annually. This audit shall include a review of the collections and expenditures of the emergency medical services councils.

Tennessee TBI Trust Fund Profile

Background: Brain injury support groups were springing up all over the state and forming a cohesive group of advocates who desired a state program and funding source. They and the Brain Injury Association Board looked to other states for funding ideas. Because traffic accidents are a major cause of brain injury, it was logical to tie the revenue source to traffic violations. The BIA Board petitioned the legislature for funding by making contact with an influential state senator who had become knowledgeable about brain injury. The legislature appointed a study committee in 1992 to look into the needs of persons with TBI. BIA recruited celebrity performer Barbara Mandrel who sustained an injury in a car accident to provide testimony to legislators. A week-long series of newspaper articles in the Nashville newspaper brought attention to the issue.

Legislative Authority: TCA 68-55-101-404, legislation introduced in 1992, ratified in 1993.

Revenue Source and Collections Process: There are additional fines (surcharges) on six traffic violations: speeding, reckless driving, revoked license, and driving under the influence, accidents involving death, and drag racing. The initial surcharge amounts were: speeding - $2; reckless driving - $25; revoked license - $10; and driving under the influence - $10. There was an increase in fines effective with 2004 legislation: speeding – $5; reckless driving $30; revoked license $15; and driving under the influence $15. Two fines, accidents involving death ($15) and drag racing ($25) are recent additions. Getting the fines increased was a real challenge and took about 4 years before the legislation passed. Opposition to increases was raised by certain legislators. There was no objection by the Courts or Department of Safety. The key to its ultimate success came from the Advisory Council members utilizing their contacts in the legislature, conducting a Legislative Awareness Day, and making sure that the increasing needs of people with brain injury was on the radar screen of legislators. The administering agency had been receiving about $750,000 a year prior to the fine increases. Over the years, receipts have been pretty close to projections. However, when fines were raised via legislation in 2004, the projected revenue increases did not show up in the budget. The program administrator had to write to the courts in the various counties making them aware of the legislative increase – they were not automatically notified. In FY06, revenues increased to $1,200,000.

Courts collect the fines and send the money to the Department of Safety which deposits the appropriate share into the TBI Trust Fund. The Department of Health gets a monthly deposit report. The Department of Finance and Administration has to approve the Trust Fund Program's annual budget.

Startup: Operational by the end of 1993.

Advisory Board: The nine-member, State advisory council provides guidance to the total program, including the trust fund.

Program Administration: Tennessee Department of Health

Funding Priorities: A needs assessment helped determine the kinds of supports that people with brain injury would benefit from most. The department sent out requests for proposals. They were reviewed by an evaluation committee comprised of State employees with input on the scope of services from the Advisory Council. The department initially awarded 3 year grants to several programs. Over time, these contracts have become recurring. There are currently ten contracts.

About $200,000 is used for administrative purposes. A portion of trust fund monies supports the registry. Hospitals are mandated to report information on all individuals who've sustained a traumatic brain injury and have at least an overnight stay. Any individual reported to the registry receives a letter from the DOH outlining available services and supports.

Eligibility Criteria: Based on having a traumatic brain injury as defined by state statute.

Program Operation and Restrictions: Currently funded programs include:

1. Supported Living Services – two contracts. This program provides support to physically disabled persons (resulting from TBI), already in affordable housing programs, to help them live as independently as possible.

2. Therapeutic Recreation – one contract. Recreational centers are open 4 to 5 hours at three rural sites to provide group discussion, cognitive exercises, physical activities, and lunch 1 day each week. (Eliminated in 2011 due to decreased revenues.)

3. Camp – one contract. The camp is operated through a contract with Easter Seals Tennessee and provides one weekend and 2 week long social and recreational camping experiences at Camp Hickory Wood, along with weekend respite throughout the year. (Eliminated in 2011 due to decreased revenues.)

4. Service Coordination – five contracts involving eight service coordinators located in various non-profit agencies across the state. Their role is to assess the needs of survivors of brain injury, develop a plan of care, refer to resources, and coordinate services. About $400,000 is spent on this component.

5. Project BRAIN – one contract (currently funded with a HRSA grant) provides education and training to educators, families, and health professionals who support students with TBI. Ongoing consultation is available as needed through local resource teams.

Emergency Requests: N/A

Most Requested Service: N/A

Number of Individuals Served Annually: I&R – 650, case management – 1,800, supported/independent living – 76, camp – 108

Average per Person Expenditure: N/A

Waiting List: N/A

Program Evaluation: Staff makes site visits, require quarterly reports, and periodically do satisfaction surveys. An outcome evaluation has not been done. The program is able to touch a lot of people the way it is being used. For example, the program administrator has spent time talking with people and observing them at camp. This is such a positive experience for them and they are getting a lot of benefit for a relatively small amount of money.

Program Changes: There have been changes in the surcharges, as previously discussed, moving from a 3 year to recurring grants. There will never be enough money to meet all the needs of people with brain injury, so of course the agency would like to see revenues continue to increase. But the agency is happy with the way the program is set up.

Advice to Other States:

- Know the uses of the funding up front rather than waiting until after the money becomes available.
- Build grassroots support within the community, the legislature, and state government programs.
- Revenues from traffic violations are not necessarily consistent. The Tennessee TBI revenues have been declining for several years, from $1,300,000 in 2007 to $1,000,000 in 2011.

Additional Information: Contact Jean Doster, TBI Program Director, Department of Health, Jean.Doster@tn.gov. Also, see: http://health.tn.gov/TBI/Index.htm

Tennessee TBI Trust Fund Legislation

Establishment & Administration: Tenn. Code Ann. § 68-55-401

68-55-401. Fund established

There is hereby established a general fund reserve to be allocated by the general appropriations act which shall be known as the "traumatic brain injury fund," hereafter referred to as the "fund." Moneys from the fund may be expended to fund the registry, the TBI coordinator position and additional staff requirements and other expenditures and grants under the provisions of this chapter. Any revenues deposited in this reserve shall remain in the reserve until expended for purposes consistent with this chapter, and shall not revert to the general fund on any June 30. Any excess revenues shall not revert on any June 30, but shall remain available for appropriation in subsequent fiscal years. Any appropriation from such reserve shall not revert to the general fund on any June 30, but shall remain available for expenditure in subsequent fiscal years.

Revenue Source: Tenn. Code Ann. § 68-55-301 to 306

68-55-301. Additional fine for speeding to be paid into general fund reserve

Notwithstanding any other provision of law to the contrary, in addition to any other fines imposed by title 55, chapter 8, for driving a motor vehicle in excess of ten (10) miles over the posted speed limit, there is imposed an additional fine of five dollars ($5.00) for each such violation to be earmarked for and paid into the general fund reserve account created by § 68-55-401.

68-55-302. Additional fine for reckless driving to be paid into general fund reserve.

Notwithstanding any other provision of law to the contrary, in addition to any other fines imposed by § 55-10-205, for reckless driving of a motor vehicle, there is imposed an additional fine of thirty dollars ($30.00) for each such violation to be earmarked for and paid into the general fund reserve account created by § 68-55-401.

68-55-303. Additional fine for driving with an invalid license to be paid into general fund reserve.

Notwithstanding any other provision of law to the contrary, in addition to any other fines imposed by title 55, chapter 50, parts 5 and 6, for driving a motor vehicle while the driver license is cancelled, suspended or revoked, there is imposed an additional fine of fifteen dollars ($15.00) for each such violation to be earmarked for and paid into the general fund reserve account created by § 68-55-401.

68-55-304. Additional fine for driving under the influence to be paid into general fund reserve.

Notwithstanding any other provision of law to the contrary, in addition to any other fines imposed by § 55-10-403, for driving under the influence of an intoxicant, marijuana, narcotic drug, or drug producing stimulating effects on the central nervous system prohibited under § 55-10-401, there is imposed an additional fine of fifteen dollars ($15.00) for each such violation to be earmarked for and paid into the general fund reserve account created by § 68-55-401.

68-55-305. Additional fine for accidents involving death or personal injury to be paid into general fund reserve for traumatic brain injury fund.

Notwithstanding any other provision of law to the contrary, in addition to any other fines imposed by § 55-10-101, there is imposed an additional fine of fifteen dollars ($ 15.00) for each violation to be earmarked for and paid into the general fund reserve account created by § 68-55-401.

68-55-306. Additional fine for drag racing to be paid into traumatic brain injury fund.

(a) Notwithstanding any other law to the contrary, in addition to any other fines imposed by title 55, chapter 10, part 5, for drag racing, there is imposed an additional fine of twenty-five dollars ($25.00) for each violation to be earmarked for and paid into the general fund reserve account created by § 68-55-401.

(b) On or before April 1 each year from 2009 through 2012, the commissioner of finance and administration shall report to the finance, ways and means committees of the senate and the house of representatives and to the office of legislative budget analysis total proceeds collected pursuant to subsection (a).

Texas TBI Trust Fund Profile

Background: The Comprehensive Rehabilitation Services (CRS) program was created based on need. There was a growing knowledge by consumers, providers, rehabilitation professionals and key legislators that many persons were living in nursing homes who could function more independently if they had rehabilitation services. There was also a growing understanding that spending dollars for rehabilitation could save dollars in the long run for public medical services. The legislature put together a workgroup of consumers, family members, providers, the Brain Injury Association of Texas (then Head Injury Association) and other interested parties. This workgroup helped define the program. There were several key legislators who were interested. The Moody Foundation was a key reporter as well. It was a collaborative process.

Legislative Authority: Senate Bill 195, ratified in 1991.

Revenue Source and Collections Process: The revenue source is 9.8218 percent (increased from 5.3218 per cent in 2011) of surcharges on felony and misdemeanor convictions. The Legislative Budget Board and State Comptroller calculated the fiscal impact and estimated revenue. Revenue has consistently been at least $10,500,000 and has not fallen short of that figure. In this biennium, the program will receive $17.123 million per year. Funds are collected in the counties, put in an escrow account, and transferred quarterly to the State fund. Any accrued interest is kept for administrative purposes.

Startup: The program began operation just a few months after legislation passed. Much of the startup work had already been completed by the time the legislation passed.

Advisory Board: Historically, there was an advisory board that reviewed and suggested changes to the program. This was discontinued in 2003.

Program Administration: The CRS program is administered by the Division for Rehabilitation Services which has responsibilities for Vocational Rehabilitation and Independent Living Services

Funding Priorities: Most funds are directed towards consumer services. Less than 5% of the budget is used for administrative services.

Eligibility Criteria: To be eligible for the Comprehensive Rehabilitation Services program, the individual must have a traumatic brain injury and/or spinal cord injury that resulted in a substantial impediment to functioning independently. There must also be a reasonable expectation that the individual's ability to function within the family and/or community will improve with provision of services. In addition, the applicant must be 1) at least 16 years of age when services are completed, 2) a U.S. citizen or immigrant alien of the United States, 3) a resident of Texas for at least 6 months or have a family member living in Texas for at least 6 months who is or will become the applicant's primary caregiver, 4) sufficiently medically stable to participate actively in a program of services, and 5) willing to participate in treatment.

Program Operation and Restrictions: Funding decisions are made by vocational counselors based on collected documentation. The trust fund will pay for three core services: 1) up to 90 days at an inpatient, comprehensive medical rehabilitation program if the consumer is making progress and all other resources have been utilized, 2) up to 120 hours of outpatient therapy if the consumer is making progress and all other resources have been utilized, and 3) up to 6 months of post-acute rehabilitation services - residential or non-residential - services, if the consumer is making progress and all other resources have been utilized.

Additional services may be purchased while the consumer is receiving one of these three core services. Additional services include transportation, medication, assistive technology, personal attendant services, psychological services, orthotics and prosthetics. Once the limit on service is reached, a person cannot receive any more of that service. The exception is if there is a new TBI or spinal cord injury. There are no annual or lifetime caps on the amount of funding.

Emergency Requests: This program does not provide emergency services. Services are provided on a first ready/first serve basis as availability of funds allow.

Most Requested Service or Support: Post-acute brain injury rehabilitation

Number of Individuals Served Annually: 419 to 629 in the last 6 years. Typically, 65% of the consumers served have TBI, 30% have SCI, and 5% have both

Average per Person Expenditure: Successful closures - $48,633, unsuccessful closures – $10,276, ineligible - $94

Waiting List: The agency maintains a waiting list. Sometimes, consumers must wait as long as 12 months for funding to become available. Currently, the program has a waiting list of 154 consumers who wait an average of 4.36 months.

Program Evaluation: A satisfaction survey for all division programs. Staff generally feels good about what the program has been able to accomplish but not good about consumers having to wait for services. 89% of consumers completing the program go on to live in private residential settings. 95% of funds are spent on cases that close as successful, meaning the consumer has substantially improved in the ability to function in the hone and community. The Mayo-Portland Adaptability Inventory-4 is used to assess consumer improvement in ability to function in the home and community.

Program Changes: Texas found it cumbersome to deal with traffic fines so went to surcharges on all felony and misdemeanor convictions. Several times over the years, the amount of these fines has changed and the share for the program has changed. Also, in 2005 the dedicated nature of the trust fund was removed so that funds could be used for emergency shortfalls (like Medicaid). The dedicated status was reinstated in the next legislative session.

The program began providing services, for contractures and for significant behavioral dys-control to assist consumers while they are on the waiting list.

The program began providing purchased case management services in September of 2011 to help consumers plan and do common therapy activities and develop habits conducive to healing and improving in the ability to function while they are waiting for purchased services to begin.
A change the administering agency would like to see is a better way to deal with the waiting list. It might be better to provide services over a longer period of time. Funds specifically for long term case management are critical but not included.

Advice to Other States:

- Collaborate with a broad base of people.
- Pick key supportive legislators. Utilize "big names" to bring weight to the process.
- Find consensus and a win/win scenario.
- Do not leave out consumers or their families.
- Utilize a funding source that is somehow tied to causes of TBI.
- Establish a process that can be sustained, change will be needed.

Additional Information: Policies are tied to vocational rehabilitation policies that also apply**.** The policy manual is huge and cannot be shared as a whole. Main principles can be shared. Contact Les Young, CRS Program Specialist at Les.Young@dars.state.tx.us.

Texas TBI Trust Fund Legislation

Establishment & Administration: Tex. Hum. Res. Code § 111.060

111.060. Comprehensive Rehabilitation Fund

(a) The comprehensive rehabilitation fund is created in the state treasury. Money in the fund is derived from court costs collected under Subchapter D, Chapter 102, Code of Criminal Procedure. Money in the fund may be appropriated only to the commission for the purposes provided by Section 111.052.

(b) The comptroller, on requisition by the commission, shall draw a warrant on the fund for the amount specified in that requisition for a use authorized in Section 111.052, except that the total of warrants issued during a state fiscal year may not exceed the amount appropriated for that fiscal year. At the end of each state fiscal year, the comptroller shall transfer to the General Revenue Fund any unexpended balance in the comprehensive rehabilitation fund that exceeds $500,000.

(c) The court costs remitted to the comptroller and deposited in the state treasury pursuant to this section are dedicated to the commission.

Revenue Source: Tex. Local Gov't Code § 133.102

133.102. Consolidated Fees on Conviction

(e) The comptroller shall allocate the court costs received under this section to the following accounts and funds so that each receives to the extent practicable, utilizing historical data as applicable, the same amount of money the account or fund would have received if the court costs for the accounts and funds had been collected and reported separately, except that the account or fund may not receive less than the following percentages:

(6) comprehensive rehabilitation [107 account] 5.3218 percent.

***82nd Legislative Session* (2011)**

HB442, increased revenues to the comprehensive rehabilitation 107 account to 9.8218 percent of surcharges on all felony and misdemeanor convictions.

Virginia TBI Trust Fund Profile

Background: In the late 1990s, when Federal funding for research was becoming scarce, a neurosurgeon at one of Virginia's Level I Trauma Center teaching hospitals approached the late Senator Emily Couric about sponsoring legislation that would establish a fund for research on brain and spinal cord injury. The Brain Injury Association of Virginia and the Department of Rehabilitative Services were invited to the early discussions. Both groups agreed that research was critical but they also wanted legislation that included funding of post-acute, community rehabilitation projects.

The late Senator Couric put together a work group to look at various funding mechanisms. The Code of Virginia states that revenue from fines must support Virginia's Literary Fund. In addition, the Courts of Justice was not supportive of collecting additional fines. However, the Department of Motor Vehicles was amenable to adding a fee onto the cost of reinstating a driver's license following revocation or suspension for certain, specified offenses. A lobbyist was secured to advocate for the fund.

Legislative Authority: In 1997 Senate Bill 1132 established the CNI trust fund for the purpose of improving the treatment and care of Virginians with traumatic spinal cord or brain injuries, and established the CNI Advisory Board for the purpose of administering the fund, in cooperation with the Commissioner of Health. State Bill 1132 did not include a funding mechanism for the CNI fund, but indicated that funding sources could include foundation and grant money, as well as private donations. In 1998 the General Assembly passed an amendment establishing a source of revenue for the CNI fund. Legislation is codified in 51.5 – 12.1 through 12.4 of the Virginia Code.

Revenue Source and Collections Process: The CNI Fund is an interest bearing, non-reverting fund. Its source of revenue is funds collected through a reinstatement fee that is charged upon restoring a driver operator's license to any person whose license has been revoked or suspended. This typically involves conviction for specified dangerous driving offenses such as DUI, hit-and-run, reckless driving, and failure to comply with conditions imposed upon license probation. In these cases, the Virginia Department of Motor Vehicles is authorized to collect an additional fee of $30. Of this fee, $25 goes to the Commonwealth Neurotrauma Initiative Fund and $5 goes to the Department of Motor Vehicles. However, if the driving offense is DUI-related, the $5 goes to the Virginia Alcohol Safety Action Program Commission (§ 46.2-411). The DMV deposits money into the State Treasury. The Department of Rehabilitative Services requests funds needed for operational and grant expenses during the upcoming fiscal year. Funds are transferred monthly from the State Treasury into the trust fund account. Monthly revenue into the Fund used to average $100-$110K/month but declined substantially during 2010 to average $85-$88,000/month. The reason for the decrease is unknown, but it coincided with the downturn in the economy, likely resulting in fewer individuals being able to pay the reinstatement fee.

Startup: It took about 3.5 years from the time of initial legislation in 1997 to initiating the first grant cycle in 2001.

Here is the chronology:

- The law establishing the fund was passed in 1997.
- The funding mechanism was determined via legislative amendment in 1998.
- On December 14, 2000, the State Board of Health adopted final regulations for administering the fund.
- The CNI fund became effective February 14, 2001.
- The first grant cycle was initiated March 1, 2001. Initial legislation called for a 50-50 split in revenue between research and rehabilitation projects without regard to the cost of program administration. The language also referred to "prevention"—an activity normally associated with Department of Health—so the program was placed administratively within the Department of Health.
- An Act to amend and reenact section 46.2-411 of the Code of Virginia was approved on February 28, 2002, authorizing transfer of administrative authority from the State DOH to the Department of Rehabilitative Services. The act eliminated references to "prevention", and changed the proportionate shares to 47.5 percent for research on mechanisms and treatment of neurotrauma and 47.5 percent for community rehabilitative programs. Five percent was allowed for administration.

Advisory Board: There are seven members appointed by the Governor to the Commonwealth Neurotrauma Initiative Advisory Board for 4-year terms:

1) One person licensed to practice medicine in Virginia experienced with brain or spinal cord injury
2) One person licensed by a health regulatory board within the Department of Health with experience in brain or spinal cord injury rehabilitative programs or services
3) 4One Virginian with traumatic spinal cord injury or a caretaker thereof
4) One Virginian with traumatic brain injury or a caretaker thereof
5) One citizen-at-large who shall not be an elected or appointed public official
6) The Commissioner of Rehabilitative Services or designee
7) The State Health Commissioner or designee

Responsibilities include recommending 1) program regulations, 2) criteria for reviewing and ranking grant applications, 3) distribution of funds, 4) areas of research, 5) selection of reviewers, 6) reporting data. Recommendations are presented to the Governor and legislature on an annual basis. Board members are eligible to serve up to two, consecutive, 4-year terms.

Program Administration: Brain Injury Services Coordination Unit of the Virginia Department of Rehabilitative Services.

Funding Priorities: 47.5 percent of the revenue is used to support applied research on the mechanisms and treatment of neurotrauma, 47.5 percent to support community-based rehabilitation projects, and 5 percent is set aside for program administration. Also, a provision in 2004 legislation gives the Commissioner of the Department of Rehabilitative Services the authority to reallocate up to $500,000 each year in unexpended balances to fund research grants.

Eligibility Criteria: Per legislative intent, funds are directed to projects that focus on traumatic brain or spinal cord injuries. Other eligibility criteria are project-specific.

Program Operation and Restrictions: DRS staff issues Requests For Proposals (RFPs) for research projects or community rehabilitation projects as grant funding is available. In the past, this has been done on a staggered schedule. Grants are awarded up to $150,000 per year on a reimbursement basis for no more than 3 years. A grant review committee reviews and ranks the proposals and makes recommendations for funding to the Advisory Board. The Advisory Board gives final approval. Out-of-state reviewers may be brought in to help review research project proposals. A fiscal specialist from the DRS Community Based Services Division sits on the review committee to assist with budgetary questions or concerns. At the present time, all funds have been committed through June 30, 2012 (however, the Board anticipates 80% of those projects will request a no-cost extension). Due to a decline in Revenue, the Board is not planning to issue another Request for Proposals until 2013.

Examples of some community rehabilitation projects include: case management programs, brain injury clubhouses, handheld technology, rehabilitative equipment recycling, resource coordination, neuromuscular training, and laban movement analysis via dance.

Program Evaluation: In 2004 the Trust Fund Advisory Board approved use of administrative funds for formal, independent evaluation of community-based, rehabilitative, grant programs. Ongoing monitoring and evaluation occur via staff review of quarterly, or semi-annual, and annual reports required of grant recipients, as well as monthly fiscal review.

Program Changes: Historically suggested changes to the Fund include a) raising the license reinstatement fee to generate additional revenue (this has not happened), and b) extending legislation that grants discretionary authority to the Commissioner to reallocate unexpended monies for research grants to community-based rehabilitation programs (this extension of the Commissioner's authority has not yet happened). There is no current plan for program changes.

Advice to Other States: Operating a trust fund using a grant dissemination mechanism works well for research projects that a) use State dollars for lab techs and seed projects, and b) can ultimately attract Federal funding. Funding of community-based, rehabilitation programs has been more challenging because the need for direct services is so great. Once programs are up and running successfully, it has been difficult for them to face the reality of grant funds coming to an end. Many grant-funded programs approached the legislature for permanent funding and were awarded $825,000 in FY 2005 and $1,075,000 in FY 2006, keeping doors open for six brain injury services programs.

Additional Information: Contact Kristie Chamberlain, Program Specialist, CNI Trust Fund Program, Kristie.Chamberlain@drs.virginia.gov, 804/662-7154, or Patricia Goodall, Manager, Brain Injury Services Coordination Unit, Patti.Goodall@drs.virginia.gov, 804/662-7615. Also, see http://www.vacni.org.

Virginia TBI Trust Fund Legislation

Establishment & Administration: Va. Code Ann. § 51.5-12.2

51.5-12.2. Commonwealth Neurotrauma Initiative Trust Fund established

A. For the purpose of preventing traumatic spinal cord or brain injuries and improving the treatment and care of Virginians with traumatic spinal cord or brain injuries, there is hereby created in the state treasury a special nonreverting fund to be known as the Commonwealth Neurotrauma Initiative Trust Fund, hereinafter referred to as the "Fund." The Fund shall be established on the books of the Comptroller as a revolving fund and shall be administered by the Commonwealth Neurotrauma Initiative Advisory Board, in cooperation with the Commissioner of Rehabilitative Services. The Fund shall consist of grants, donations and bequests from public and private sources and funds collected as provided in § 46.2-411. Such moneys shall be deposited into the state treasury to the credit of the Fund and shall be used for the purposes of this article.

B. Any moneys remaining in the Fund, including interest thereon, at the end of each fiscal year shall not revert to the general fund but shall remain in the Fund. The Fund shall be distributed according to the grant procedures established pursuant to § 51.5-12.4. Moneys in the Fund shall be used to support grants for Virginia-based organizations, institutions, and researchers as follows: (i) forty-seven and one-half percent shall be allocated for research on the mechanisms and treatment of neurotrauma, (ii) forty-seven and one-half percent shall be allocated for rehabilitative services, and (iii) five percent shall be allocated for the Department of Rehabilitative Services' costs for administering and staffing the Commonwealth Neurotrauma Initiative Advisory Board.

C. The Fund shall be administered by the Department of Rehabilitative Services.

Revenue Source: Va. Code Ann. § 46.2-411(C)

46.2-411. Reinstatement of suspended or revoked license or other privilege to operate or register a motor vehicle; proof of financial responsibility; reinstatement fee

C. Whenever the driver's license or registration cards, license plates and decals, or other privilege to drive or to register motor vehicles of any resident or nonresident person is suspended or revoked by the Commissioner or by a district court or circuit court pursuant to the provisions of Title 18.2 or this title, or any valid local ordinance, the order of suspension or revocation shall remain in effect and the driver's license, registration cards, license plates and decals, or other privilege to drive or register motor vehicles shall not be reinstated and no new driver's license, registration cards, license plates and decals, or other privilege to drive or register motor vehicles shall be issued or granted unless such person, in addition to complying with all other provisions of law, pays to the Commissioner a reinstatement fee of thirty dollars. The reinstatement fee shall be increased by thirty dollars whenever such suspension or revocation results from conviction of involuntary manslaughter in violation of § 18.2-36.1; conviction of maiming resulting from driving while intoxicated in violation of § 18.2-51.4; conviction of driving while intoxicated in violation of § 18.2-266 or § 46.2-341.24; conviction of driving after illegally consuming alcohol in violation of § 18.2-266.1 or failure to comply with court imposed

conditions pursuant to subsection D of § 18.2-271.1; unreasonable refusal to submit to drug or alcohol testing in violation of § 18.2-268.2; conviction of driving while a license, permit or privilege to drive was suspended or revoked in violation of § 46.2-301 or § 46.2-341.21; disqualification pursuant to § 46.2-341.20; violation of driver's license probation pursuant to § 46.2-499; failure to attend a driver improvement clinic pursuant to § 46.2-503 or habitual offender interventions pursuant to former § 46.2-351.1; conviction of eluding police in violation of § 46.2-817; conviction of hit and run in violation of § 46.2-894; conviction of reckless driving in violation of Article 7 (§ 46.2-852 et seq.) of Chapter 8 of Title 46.2 or a conviction, finding or adjudication under any similar local ordinance, federal law or law of any other state. Five dollars of the additional amount shall be retained by the Department as provided in this section and twenty-five dollars shall be transferred to the Commonwealth Neurotrauma Initiative Trust Fund established pursuant to Chapter 3.1 (§ 51.5-12.1 et seq.) of Title 51.5. When three years have elapsed from the termination date of the order of suspension or revocation and the person has complied with all other provisions of law, the Commissioner may relieve him of paying the reinstatement fee.

Washington TBI Trust Fund Profile

Background: The state recognized that its programs and services were not funded or designed to address the diverse needs of individuals with traumatic brain injuries. Tommy Manning, an individual who had sustained a brain injury, approached his legislators about sponsoring a bill which would establish an Advisory Council and a TBI Account. His advocacy efforts spanned several years before enabling legislation was approved. He was supported in his efforts by the Brain Injury Association of Washington and other stakeholders. The TBI account would be used to fund the following: (1) expenses associated with the operation of a Strategic Partnership Advisory Council; (2) a staff person to coordinate policies, programs, services, and provide support to the Council; (3) a public awareness campaign with leveraged private advertising resources; (4) programs selected through an RFP that facilitate support groups for persons with brain injury and their families; (5) information and referral/resource facilitation. Per the original legislation, the account could be used during SFY 2009 – 2011 to fund long-term care services to persons with TBI contingent upon availability of funds and recommendations of the Department and Council. This provision was removed by amendments to the statute in 2011.

The bill – HB 2055 (TBI – a Life Altering Impact)– was sponsored by Rep**.** Dennis Flannigan, Rep**.** John McCoy, Rep. Timm Ormsby, and Rep**.** Sharon Tomiko Santos. It became alternatively known as the Tommy Manning Act.

Legislative Authority: HB 2055 was ratified in May, 2007 and signed into law (74.31 RCW (.020 - .060) by Governor Christine Gregoire. Amendments to the statute were made via HB 1614, ratified in February 2011.

Revenue Source and Collections Process: The Traumatic Brain Injury Account is created in the state treasury. RCW 46.63.110 (7) (c) states that a person found to have committed a traffic infraction shall be assessed a monetary penalty. No penalty may exceed two hundred and fifty dollars for each offense unless authorized by this chapter or title. Two dollars of each penalty fee imposed under RCW 46.63.110 (7) (c) is forwarded to the state treasurer for deposit in the traumatic brain injury account established in RCW 74.31.060. Funds in the TBI Account must be appropriated by the legislature before they can be spent. Revenues for the current fiscal year are estimated at $1.86 million.

Startup: The program became operational in March, 2008. The following public awareness activities helped to launch the program.

- Tagline on enabling legislation: **Traumatic Brain Injury: A Life Altering Impact**
- http://www.TBIWashington.org
- Helpline: **1-877-TBI-1766**
- Launch event March 12th at Capitol Building
- Governor's Proclamation (March 2008)
- Pyramid Communications contract for media stories in Seattle and Spokane (March 3-14th)
- Online advertising (Access.wa.gov, online search engines)
- Public Service Announcements (Donated)
- GoMobile Advertising Trucks

Seattle March 3-14
Yakima/Tri-cities March 24-April 4

- Support Group funding begins

Advisory Board: The Strategic Partnership Advisory Council, which was established at the same time as the TBI Account, advises the Governor, the Legislature, and the Department of Social and Health Services. It makes recommendations for using the TBI Account to form strategic partnerships and fostering the development of services and supports for individuals impacted by TBI. It provides recommendations regarding funding priorities and expenditures, input into the development and implementation of the TBI Comprehensive Statewide Plan, and recommendations for providing adequate support for Council activities.

Program Administration: The Department of Social and Health Services administers the fund.

Funding Priorities: Priorities are determined by needs and recommendations cited in the Comprehensive Statewide Plan and the areas designated in statute RCW 74.31.

Eligibility Criteria: Individuals receiving resource facilitation services must live in the state of Washington in one of the designated service areas, have sustained a traumatic brain injury within the past five years, and be willing to share health information with a Resource Manager in order to complete an assessment of needs. Individuals receiving Resource Management services have historically been 18-years of age or older. Effective April, 2012, services will be available to all ages.

Program Operation and Restrictions: The fund is used for assessments of community needs (like Housing, Veterans, TBI Clubhouse, First Responder training, law enforcement, etc) The Department of Social and Health Services sends out a request for proposals to operate a helpline, deliver resource facilitation, and develop/undergird support groups for persons with brain injury and their families. The Brain Injury Association of Washington has the current Client Services contract for the Resource Line and Resource Management. This is $483k per year (over 2 years) starting in July 2011. Resource Facilitation services are provided in six regions of the state. BIAW receives referrals from the Resource line, hospitals/rehab centers, etc. It operates a statewide toll free line at 1-877-824-1766 between 9 a.m. and 5 p.m. Monday through Friday.

There is another non-profit, the Tacoma Area Coalition of Individuals with Disabilities (TACID), which has the current contract for the Support Group infrastructure and Support Grants. The Trust Fund program is restricted only by the amount of funding available in the TBI Account, legislative intent, and eligibility criteria.

Emergency Requests: N/A

Most Requested Service or Support: The Resource Line offers information and referrals to Resource Management, Clinical Case Management, and Specific Programs, Physicians, facilities, attorneys, etc. It received 5,014 Calls between July 2010 and July 2011.

Number of Individuals Served Annually: There were approximately 5,400 served between the two organizations in 2011. This includes individuals that benefited from infrastructure

monies, resource management (including resource line) and support group grants ($2,000 per 30 groups).

Average per Person Expenditure: $128 per person.

Waiting List: No

Program Evaluation: BIAWA sends out a link to a survey monthly to customers involved in Resource Management. Results are shared with the Department of Social and Health Services.

Program Changes: While there have been no changes in amount of fees related to infractions or the revenue collection/deposit process, there have been amendments to the statute – primarily related to the composition of the Council.

Advice to Other States: It is a good idea to tie the fund to a revenue generating source that is not economically sensitive.

Additional Information: Contact Terry Redmon, TBI Council Coordinator
Department of Social & Health Services at Redmot@dshs.wa.gov

Washington TBI Trust Fund Legislation

Establishment and Administration RCW 74.31.060

The traumatic brain injury account is created in the state treasury. Two dollars of the fee imposed under RCW 46.63.110 (7) © must be deposited into the account. Moneys in the account may be spent only after appropriation, and may be used only to support the activities in the statewide traumatic brain injury comprehensive plan, to provide a public awareness campaign and services relating to traumatic brain injury under RCW 74.31.040 and 74.31.o50, for information and referral services; and for costs of required department staff who are providing support for the council under RCW 74.31.020 and 74.31.030. The secretary of the department of social and health services has the authority to administer the funds.

Revenue Source RCW 46.63.110 (7) c

A person found to have committed a traffic infraction shall be assessed a monetary penalty. No penalty may exceed two hundred and fifty dollars for each offense unless authorized by this chapter or title.

> (7) c A fee of two dollars per infraction. Revenue from this fee shall be forwarded to the state treasurer for deposit in the traumatic brain injury account established in RCW 74.31.060.