During 2005 and 2006, the Michigan Department of Community Health (MDCH) acted to fulfill a number of goals set out in the 2004 report *Addressing Michigan’s Public Service Gaps for Persons with Traumatic Brain Injury.* This report highlights those accomplishments.

### Quantifying Need and Measuring Progress

A traumatic brain injury (TBI) is an injury to the head caused by blunt or penetrating trauma or from acceleration-deceleration forces, such as from a fall, car crash, or being shaken. TBI may or may not be combined with loss of consciousness, an open wound, or skull fracture.

In 2004 there were 1,502 deaths in Michigan in which TBI was a contributing cause, and 9,817 hospitalizations in which TBI was a diagnosis. There were an estimated 39,000 emergency department visits associated with TBI based on a sample of Michigan emergency department visits in 2001. TBI is complex and unpredictable in its outcomes. Not everyone who experiences a TBI will suffer long-term harm, however, but many will. The Centers for Disease Control and Prevention estimate that two percent of Americans are living with a disability due to TBI – approximately 200,000 Michigan residents.

#### Incidence of TBI in Michigan

<table>
<thead>
<tr>
<th>Year</th>
<th>TBI-related fatalities</th>
<th>TBI-related nonfatal hospitalizations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Rate/100,000</td>
</tr>
<tr>
<td>2004</td>
<td>1,502</td>
<td>14.85</td>
</tr>
<tr>
<td>2003</td>
<td>1,538</td>
<td>15.25</td>
</tr>
<tr>
<td>1999-2002</td>
<td>1,566</td>
<td>15.71</td>
</tr>
</tbody>
</table>

In the public sector, the State of Michigan does not have many specialized services for individuals with TBI. Rather, individuals with TBI may be served through local agencies and state and federal programs that focus on physical health, mental health and substance abuse, and other social services – each with their own referral processes, scope of services, eligibility rules, and payment sources. The 2004 report notes it can be difficult for individuals with TBI to piece together an appropriate service package from multiple agencies.

In planning for future systems improvements for people with TBI, Michigan planners knew it was important to obtain consumer feedback data in a manner that could be quantified and monitored over time. Therefore, a consumer satisfaction and feedback survey was designed and administered to 58 beneficiaries (and/or their caregivers) of the small MDCH Traumatic Brain Injury Rehabilitation Program. Surveys were sent to 98 living individuals who had been enrolled in the program during the past five years for whom MDCH had current addresses. Program beneficiaries were invited to fill out the survey themselves or with assistance, and to nominate a close relative or caregiver to respond. Responses were received from 42 beneficiaries and 16 caregivers.
Full results of the survey have been reported elsewhere. In general, respondents are fairly satisfied with service providers. However, respondents report less satisfaction with accessing services to meet needs in the following areas: education, employment, advocacy, and support services. Barriers to receiving services are most commonly related to paying for services.

**Creation of the MDCH TBI Services and Prevention Council**

MDCH established the TBI Services and Prevention Council in April 2005 to advise the MDCH Director on the implementation of services for persons with TBI and the promotion of prevention efforts to lessen the incidence and cost of TBI in Michigan. Janet Olszewski, MDCH Director, appointed the 27-member Council that includes consumers and family members, TBI service providers and professionals, and representatives of local public agencies that serve persons with TBI. The Council also includes ad hoc members representing state agencies, including: Michigan Department of Human Services, Michigan Department of Education, Michigan Department of Military and Veterans Affairs, and MDCH. Staff from the Michigan Public Health Institute, who provide contractual services under the state's federal TBI grant project, also participate in Council meetings. Mr. Michael Dabbs, President of the Brain Injury Association of Michigan (BIAMI), chairs the Council. Council members participate in Task Forces to guide and monitor specific activities.

**Training Michigan’s Public Service Professionals**

MDCH and its partners created a new web-based training for providers who serve clients with TBI. Targeted to human service professionals in public agencies and non-profit organizations, the online course is an innovative means to reach and educate more individuals than traditional courses for professional development. Since April 2006, over 500 people have registered to use this online training, including Michigan service providers and professionals from more than 24 other states and at least two other countries (Canada and Australia). The training has received extremely positive feedback at both the state and national levels. State board continuing educational credits will soon be available toward the following professional licenses: education, nursing, and social work.

“Introducing professionals to the complex issues surrounding brain injury is no easy task, but the Michigan Brain Injury Training website has distilled the most important information and made it available in an easily accessible format. Professionals who have not worked with clients with brain injury will find this introduction concise and practical…. Nicely done!”

**John D. Corrigan, PhD, ABPP**
Professor, Department of Physical Medicine and Rehabilitation, Ohio State University
Getting the Message Out

The project has been actively disseminating information to individuals within the state and at a national level to educate and inform about TBI. During 2005 and 2006, one to three hour presentations were provided in Grand Rapids, Kalamazoo, Lansing, and Detroit. Other outreach efforts include:

- **Special Education**
  Three project leaders collaborated to publish an article, “Traumatic Brain Injury Impacts Education and Learning” in the March 2006 newsletter, *Focus on Results: Guidance and Technical Assistance from the Office of Special Education and Early Intervention Services*. This publication targets special education professionals and clinicians throughout Michigan, has broad circulation, and is available online at: [http://www.cenmi.org/focus/curriculum/march06/article-06-02.asp](http://www.cenmi.org/focus/curriculum/march06/article-06-02.asp).

- **Crime Victims Services Providers**

- **Brain Injury Association of Michigan (BIAMI)**
  Each year TBI project leaders and staff present information and distribute informational products at the annual BIAMI conference in Lansing – reaching over 900 service providers and consumers in Michigan.

- **Veterans**
  MDCH and BIAMI, in cooperation with the Michigan Department of Military Affairs and Veterans Affairs, Michigan Paralyzed Veterans, and the Veterans Integrated Service Network (VISN) 11, are discussing development of a process that would allow veterans and their family members to seek help for TBI, using existing state and federal programs. Data from both the Department of Defense and the Veterans Administration indicate that upwards of 60% of wounded returning soldiers may have suffered at least one concussive type of injury.

- **National Association of State Head Injury Administrators (NASHIA)**
  Michigan shares experience and products with other states through annual participation, presentations, and product displays at NASHIA and other national meetings. Manfred Tatzmann, Michigan TBI Project Director, chaired the NASHIA 2006 “State of the States” conference, and in 2006 presented a workshop entitled, ”How to Nurture the Nature of Advisory Boards.”
Planning for Improved Public Services for People with TBI

MDCH has convened an interagency workgroup to explore the feasibility of designing a Medicaid Waiver for persons with TBI. The proposed target population for the waiver would be people with TBI who would otherwise be at risk of living in a nursing home or other institution. It is called a 'waiver' because certain Medicaid regulations are waived by the federal government as long as the state promises to meet specific criteria.

Preventing Future Injuries and Informing Public Policy

Two additional task forces of the TBI Services and Prevention Council meet regularly to guide priorities and plan activities in the areas of prevention and public policy. These two task forces worked together to disseminate information regarding the proposed repeal of Michigan’s motorcycle helmet law. A letter to Governor Granholm on behalf of the Council noted: “The existing mandatory motorcycle helmet law has prevented countless head injuries and spared many families the personal and financial hardships that result when a person incurs a TBI. Based on [the experience of other states]... repeal of this law has the potential for significantly impacting Michigan’s already overburdened Medicaid system....”

A series of educational materials about TBI and services for eligible individuals is available for free download at www.Michigan.gov/tbi. Products may also be ordered by contacting: Clare Tanner, (517) 324-7381 or info@mitbitraining.org.

For the General Public and Consumers

  (Available in English, Spanish, and Arabic)
- “Resources for Persons with Brain Injury and their Families”
  (Brochure available in English, Spanish, and Arabic)
- Addressing Michigan’s Public Service Gaps for Persons with Traumatic Brain Injury
  (Full and brief reports available)

For Service Providers

- Traumatic Brain Injury Online Training for Service Providers: www.mitbitraining.org
  (Also available on compact disc)
- Access Guidelines to State Services for Persons with Traumatic Brain Injury
- Traumatic Brain Injury Provider Training Manual
- “Important Information about Working with Persons with Brain Injury and their Families”
  (brochure)

For more information about public services for people with TBI, please contact:
John Jokisch, TBI Project Director at: jokisch@michigan.gov or (517) 335-0244.

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4 Data came from Michigan Vital Statistics and the Michigan Inpatient Database, Calendar Years 1999-2004; Rates were calculated using population estimates from the US Census. 1999-2002 figures represent annual averages.