Systems implications for Traumatic Brain Injury services

Manfred Tatzmann, Chairman
TBI Advisory Committee

Partners Panel Meeting
February 19, 2016
2015 Minnesota Statewide Brain Injury Needs and Resources Assessment

EXECUTIVE SUMMARY

JANUARY 2016

Prepared by Wilder Research

451 Lexington Parkway North | Saint Paul, Minnesota 55104 651-280-2700 | www.wilderresearch.org

Full report will be available in a couple of weeks on-line.
Why should TBI be of importance to your organization?

Because individuals with TBI or BI cross all sectors of human services!

Brain Injury – “The Silent Epidemic!”
TBI affects every human service program!

Human Services

- Education
- Rehabilitation
- Medical/Health
- Judicial
- Dept. of Health
- DEED Services
- Private Providers
- Veterans
- K-12 & Special Education
- Dept. of Corrections
- Law enforcement & Courts
- Medical community
History

- MN DHS has been awarded 4 Federal HRSA TBI Partnership grants

- Two partnership grants to DHS & MN Department of Health 1997-2001 & 2002-2003

- Two partnership grants to DHS & Department of Corrections 2006-2010 & 2010-2015
1) Information was gathered from the Minnesota Hospital Association data, Wilder Research’s Statewide Homelessness study, surveys and interviews.

2) Interviews and surveys were conducted with focus groups, brain injury survivors, caregivers, service providers, and county and tribal representatives, as part of the DHS 2014-15 Gaps Analysis.
KEY FINDINGS

The entire report will be available on the web
Within the next two weeks.
Minnesota brain injury picture

- While there are no good estimates of the frequency of Acquired Brain Injury (ABI), the MN Department of Health estimates that about 2 percent of the state’s population—roughly 100,000 people—lives with long-term effects of Traumatic Brain Injury (TBI).

- In 2014 alone, more than 12,300 people in MN were hospitalized or treated in an emergency department for a TBI.

- This number does not include individuals who did not seek care after getting a TBI or those who got care at a doctor’s office or urgent care center. It also does not include people whose TBI was not diagnosed.
How do people with brain injuries learn about services?

- 48% said through a health care provider
- 40% said from family or friends
- 40% said from a case manager, care planner, or social worker
- 31% said via service or advocacy organizations, such as the Minnesota Brain Injury Alliance or Centers for Independent Living
Do people with brain injuries feel they have appropriate choices about their living arrangements?

- When survey respondents were asked about housing choices, the majority, felt they could:
  - 57% Choose where they live
  - 51% Choose who they live with.
  - 57% Get the help they need to stay in or maintain the place where they want to live.
  - 47% agreed that they had more than one choice of places to live when they were making their housing decision.
How easy it is for persons with brain injuries to access their most valuable services (N=146)

- 29% Said they could *not* afford accessing the service they needed most.
- 39% Difficulty accessing services
- 38% Somewhat easy accessing services
- 22% Very easy accessing services
- 1% Don't know, not sure.
Most common barriers to accessing most needed services among persons with brain injuries (N=79)

- 29% I cannot afford it (high co-pays; no sliding fee)
- 25% It is too hard to get it (lack of time, confusing process)
- 22% It is not available near me
- 19% There is a long waiting list for it
- 14% I am not eligible for it
County and Tribal representatives perspective on the key barriers to accessing services.

- 59% Identified geographic location of providers or the distance to services as a significant barrier
- 54% Identified access to transportation
- 34% Identified lack of service availability on short notice or during crisis
- 32% Identified lack of housing
- 23% Identified lack of capacity to access service or navigate the system
Do available transportation options meet the needs of people with brain injuries?

Respondents indicated that transportation was an important area of need.

- County and tribal representatives and service providers indicated that non-medical transportation was among the top service gaps faced.

- 36% of respondents, said there was at least one time in the past month when they could not get where they wanted or where they needed to go because of lack of transportation.
Do available transportation options meet the needs of people with brain injuries?

- They most often indicated that they were unable to get transportation for non-medical reasons like running errands or social, spiritual, or recreational activities.

- Many focus group and interview respondents expressed frustration they were unreliable transportation and a need for increased availability and flexibility.
What do people with brain injuries need to help them feel better integrated into their communities and have improved quality of life?

Suggestions for changes including:

- Having more knowledgeable staff to provide help and services.
- Improving the accessibility and quality of assistance they receive.
- Enabling better access to social and recreational activities that are appropriate for them.
- Having better housing options.
Department of Corrections
2009 – 2014 Grant

- Measured prevalence rates of TBI in state correctional facilities.
- Provided TBI training & education to DOC employees & partners.
- Identified the need for specialized TBI release planning processes & community resources for offenders & ex-offenders.
In-depth Screenings / Interviews were completed with

- 998 of 1,029 adult male admissions at Stillwater MCF.
- 100 women @ Shakopee MCF.
- 52 adolescent boys @ Red Wing MCF.
RESULTS
2006-2009 Screenings

- 82.7% of 1150 offenders screened were found to have sustained one or more traumatic brain injuries.

- 43% of all offenders were found to have experienced a loss of consciousness due to one or more traumatic brain injuries.
School Nurses Concussion Survey
N=177

Would you like more training around on concussions?
Yes – 85%    No – 15%

In what areas specifically?

- Concussion identification – 70%
- Concussion Care – 70%
- Return to school protocols – 86%
- Online resources for return to school information - 51%

SOURCE: MN Department of Health, Epidemiology, 2015
Why is this all this information important?

Because both cognitive and physical changes imposed by a TBI can be invisible, yet lead to many other service challenges for human service agencies and staff.
## TBI Cost to the System Medicaid

**Fee For Services = 1999-2002**

<table>
<thead>
<tr>
<th>Category</th>
<th>Cost</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital - Inpatient</td>
<td>$28,388,959</td>
<td>64.8%</td>
</tr>
<tr>
<td>Hospital - Outpatient</td>
<td>$1,898,891</td>
<td>4.3%</td>
</tr>
<tr>
<td>Professional Services</td>
<td>$1,575,702</td>
<td>3.6%</td>
</tr>
<tr>
<td>Hospital Long Term Care</td>
<td>$3,136,854</td>
<td>7.2%</td>
</tr>
<tr>
<td>Nursing Homes</td>
<td>$7,718,285</td>
<td>17.6%</td>
</tr>
<tr>
<td>Home Health Agencies</td>
<td>$478,169</td>
<td>1.1%</td>
</tr>
<tr>
<td>Ambulance Services</td>
<td>$413,637</td>
<td>.9%</td>
</tr>
<tr>
<td>Other Claim Categories</td>
<td>$224,755</td>
<td>.5%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$43,835,253</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>
This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number #H21MC17234, TBI in Minnesota Correctional Facilities: Systems Change for Successful Return to Community, a Traumatic Brain Injury State Implementation Partnership Grant (Federal Funding Total: $990,385. No nongovernmental funding financed this project).

This information or content and conclusions included in this report are those of the author(s) and should not be construed as the official position or policy of, nor should any endorsements be inferred by, HRSA, HHS, the U.S. Government, or the Minnesota Department of Human Services (DHS).