

STATE OF COLORADO



Colorado Department of Human Services

people who help people

EXECUTIVE DIRECTOR
Reggie Bicha

1575 Sherman Street
Denver, Colorado 80203-1714
Phone 303-866-5700
www.cdhs.state.co.us



John W. Hickenlooper
Governor

Reggie Bicha
Executive Director

September 1, 2011

The Honorable Mary Hodge, Chairman
Joint Budget Committee
Legislative Services Building, 3rd Fl
200 East 14th Ave
Denver, Colorado 80203

Dear Senator Hodge:

On behalf of the Colorado Traumatic Brain Injury Board, I am pleased to provide the enclosed report on the operations of the Colorado Traumatic Brain Injury Trust Fund. This report is required under Section 26-1-310 of the Colorado Revised Statutes.

The report addresses 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 the statute.

This report reflects information for the period of July 1, 2010 through June 30, 2011 pursuant to the changes enacted under SB 09-005.

If you have any questions about this report, please contact Judy L. Dettmer, Traumatic Brain Injury Program Director, at 303-866-4085, or by email at judy.dettmer@state.co.us. Additional program information is available on the web at www.tbicolorado.org.

Sincerely,

Reggie Bicha
Executive Director
Department of Human Services

**Colorado Traumatic Brain Injury Trust Fund Program
Report to the Joint Budget Committee and
Health and Human Services Committee**

July 1, 2010 – June 30, 2011

Program Overview

The Colorado Traumatic Brain Injury (TBI) Program was created by Title 26, Article 1, Part 3 of the Colorado Revised Statutes to improve the lives of Colorado residents who have survived traumatic brain injuries. This statute created the Colorado Traumatic Brain Injury Trust Fund (Trust Fund) to finance program activities, and the Colorado Traumatic Brain Injury Board to advise the Program on operations of the Trust Fund. The TBI Board is administered within the Colorado Department of Human Services (CDHS). Three members are designated in statute and ten members are appointed by the Governor with the consent of the Senate. Please see below for a list of board members. The Board has established four ongoing committees to assist staff in policy-setting of program goals and strategic planning for the Trust Fund: Services, Research, Education and Futures.

TBI Trust Fund Program Operations

Program Administration

The TBI program is administered by the Department of Human Services. It is housed within the Division of Vocational Rehabilitation (DVR). The emphasis of DVR's mission on independence and its programs regarding rehabilitation services, training, and vocational guidance and counseling for individuals with disabilities provides an environment of highly supportive and complementary services. CDHS staff work closely with the TBI Board and perform the following functions for the program: financial management, policy development, program development and implementation, contract management, program monitoring, administrative support, web site maintenance, public assistance and information, reporting, and marketing and public relations.

Trust Fund Board of Directors:

Name	Employment/Affiliation
Holly Ann Batal, MD. MBA	Denver Health
Deborah Boyle	Douglas County Sherriff's Office
Susan Charlifue, PhD	Craig Hospital
Myriam DeLeon, RN MSN	Denver Public Schools
Aaron D. Sanchez	Denver Police Department
Kim Gorgens, PhD	University of Denver
Rhesia-Maria Ochoa	Salud Family Health Centers
Timothy Hurtado, MD	Front Range Emergency Specialists
Bill Levis, J.D.	Brain Injury Alliance of Colorado
Andria Ratchford	Colorado Department of Public Health and Environment
Nancy Smith	Department of Human Services, DVR
Laetitia Thompson, Ph.D.	University of Colorado School of Medicine

Governor's Executive Order – On December 8, 2008, Governor Bill Ritter signed an Executive Order requiring collaborative efforts across state agencies to assist in the coordination of services for those affected by a traumatic brain injury. As a result of this order a TBI Executive Order Work Group was

convened and met monthly from April 2009 – November 2009. The work group was comprised of representatives from the following State Departments; Corrections, Health Care Policy and Financing, Higher Education, Human Services, Labor and Employment, Military and Veteran's Affairs, Personnel and Administration, Public Health and Environment, Public Safety, Regulatory Agencies, Transportation and Education. In addition the work group worked closely with the Brain Injury Alliance of Colorado, the Brain Injury Collaborative and other interested stakeholders from the private sector. The purpose of the Executive Order was to increase the collaboration and effectiveness of state services to the growing population of people living with the effects of traumatic brain injury. The work group was tasked with submitting a report with recommendations to the Governor. This report was submitted on December 1, 2009.

The TBI Program is currently working with the Executive Director of the Department of Human Services to determine the best approach to ensure that the recommendations outlined in the report are implemented. Many of the recommendations are being addressed currently using a public and private partnership approach.

Revenue and Expenditures

During the 2009 Legislative Session, SB09-133 and SB09-005 were passed. The TBI Trust Fund receives revenue from surcharges assessed for convictions of certain traffic offenses. SB 09-133 raises the surcharges by \$5.00 across the existing violations; driving under the influence of alcohol (DUI) or driving while ability is impaired (DWAI), speeding and youth under eighteen years of age riding a motorcycle or motorized bicycle without a helmet. The surcharges are now \$20.00 for drinking and driving related convictions and \$15.00 for speeding convictions and helmet convictions.

Previously, the funds were divided across program areas with percentages that were not flexible; 65 percent for services, 30 percent for research and 5 percent for education. The passage of SB09-005 allows for more flexibility of the percentages. Now a minimum of 55 percent of the funds go to services, 25 percent research, and 5 percent education.

During the reporting period of July 2010– June 2011, the Trust Fund received \$2,529,381 and expended \$3,310,293. The TBI Program was approved a spending authority of \$3,313,149 for FY 2010. This increase in spending authority allowed the program to eliminate a waitlist for adult services and to fund all research projects in the queue that had developed in FY 2009. The TBI Program had a fund reserve which allowed the program to spend over the revenue for FY 2011.

A focus of the TBI Program, Trust Fund Board of Directors and the Brain Injury Collaborative is to increase participation of municipalities and counties who opt into collecting the surcharge on behalf of the TBI Trust Fund. Currently, the Model Traffic Code for Colorado, allows those municipalities and counties who have adopted this code to determine if they choose to collect surcharges on speeding violations written under the municipal or county ordinance. Through our research we have determined that approximately 18 municipalities and 28 counties are choosing to contribute to the Trust Fund. The TBI Program will be engaging in an educational campaign with the aim of increasing participation to collect surcharges to benefit the Trust Fund Program.

Services

All individuals receiving assistance from the Trust Fund receive care coordination services. Care coordination is designed to provide clients with skills they can use throughout their lifetimes, and to connect clients with resources in their communities that will be available following their participation in the Trust Fund Program. In addition, the Trust Fund may be used to purchase a variety of other services including but not limited to:

- community residential services;
- structured day program services;
- psychological and mental health services for the individual with the traumatic brain injury and the individual's family;

- prevocational services;
- supported employment;
- companion services;
- respite care;
- occupational therapy;
- speech and language therapy;
- cognitive rehabilitation;
- physical rehabilitation; and
- one-time home modifications.

These additional services (beyond care coordination) are referred to as “purchased services.” The Trust Fund may not be used to pay for institutionalization, hospitalization, medications, rent, utilities, vehicles or appliances.

During FY 2011 the TBI Program and Board of Directors, with input from stakeholders, decided to eliminate purchased services support for children and youth (under 21 years of age) in the program. In evaluating the children’s program it was determined that approximately 50% of the children’s program budget was being spent on purchased services support for a relatively small number of children. Additionally, purchased services are a once in a lifetime opportunity as outlined in program rules. Stakeholders felt that these services could have a greater impact for these individuals when they become adults as resources for these services are more difficult to access as adults. Finally, by eliminating purchased services we were able to build a greater infrastructure and safety net of support for children including support navigating community, health and education systems.

The TBI Program and the Board have also made changes to improve adult services including; providing resource navigation to those waiting for care coordination services and facilitating classes and workshops for survivors and families in an effort to improve life and advocacy skills.

Services Provided During the Reporting Period of July 1, 2009 – June 30, 2010

Intake, Eligibility and Referral Services:

	Children	Adults
Applications Received	106	544
Eligible Applicants	100%	99.6%
Eligible Veteran Military Applicants	1%	29%

Clients Served:

Children Served	Adults Served*	Children Waitlist	Adult Waitlist
124	782	0	0*

26 percent of adults served were veterans or active military personnel.

There is currently a waitlist for adult care coordination and purchased services. This waitlist is approximately 6 months. This is a significant improvement from a year ago when the waitlist was approximately 18 months. With the improvement and flexibility to the adult program, all adults eligible for the Trust Fund will have access to resource navigation, classes and workshops while they wait to be assigned a care coordinator.

Evaluation - The TBI Program also reports on the following Key Indicator for the Division of Vocational Rehabilitation; “How satisfied were you that the services that you received connected you to appropriate resources and supports which facilitate your rehabilitation?” The Overall average client satisfaction for the reporting period for adults was 3.79 out of 5.0. For children the overall average client satisfaction was 4.0 and the combined average was 3.38.

Research

The TBI Trust Fund Board awards grants to support research in Colorado related to the treatment and understanding of traumatic brain injuries. The Research Program has established the following three research priorities for the research program: basic science, clinical science and health services and outcome research. Research is funded at three levels; Type I (up to \$50,000/year for two years), Type II (up to 150,000/year for two years) and Type III (up to \$250,000/year for five years).

During the period of July 2010 – June 2011, four research grants were completed, with the exception of a no cost extension granted to one researcher. Additionally, there were four grants funded in FY 2010 that are active currently. Expenditure on the eight research grants totaled \$1,007,840 for FY 2011.

Title: The Role of Eicosanoids in Traumatic Brain Injury

Principal Investigator: Kim Heidenreich, Ph.D.

Institution: University of Colorado Health Sciences Center

Award: \$415,762

Status: Completed at the end of FY 2011

Description: Traumatic brain injury results in two types of neuronal damage: the primary injury, or mechanical damage from impact; and the secondary injury resulting from a complex cascade of physiological reactions leading to inflammation, swelling, lack of oxygen in tissue, and additional neuronal death. Eicosanoids detected in brain tissue after TBI are thought to play a role in the secondary injury processes. The goal of this study is to determine if pharmacological manipulation of eicosanoid production or function can prevent or minimize secondary brain injury after TBI.

Title: Improving Neurobehavioral Outcomes in Adult TBI

Principal Investigator: Theresa Hernandez, Ph.D.

Institution: University of Colorado at Boulder

Award: \$405,244

Status: Completed at the end of FY2011

Description: There is a great need for effective neurobehavioral intervention following TBI, as current drug therapy treatments are often disappointing. Ideally, such interventions would be low cost, highly accessible, self-administered, without side effects and would effectively improve neurobehavioral function, even when initiated months after injury. Jin Shin, a type of acupressure which fulfills many of these requirements, is shown to be effective in chronic stroke patients. This study aims to determine the potential of Jin Shin to improve neurobehavioral outcome after TBI.

Title: Use of a TBI Screen in a Veteran Mental Health Population: Prevalence, Validation and Psychiatric Outcomes

Principal investigator: Lisa Brenner, Ph.D.

Institution: Eastern Colorado Health Care System VISN 19 MIRECC

Award: \$322,574.96

Status: Funding completed at the end of FY 2011, a no cost extension was granted through FY 12

Description: The primary aim of this study is to assess the utility of four TBI screening questions (TBI-4) by establishing the validity of this screening method and comparing psychiatric outcomes (e.g., suicidal behavior) of those identified with a history of TBI to those with no history of TBI. Pilot data indicate that the TBI-4 may serve as a means for increased identification of lifetime exposure to TBI in a veteran mental health setting. Moreover, in conjunction with current Veterans Affairs (VA) and Department of Defense (DoD) efforts regarding assessment of Operation Enduring Freedom (OEF)/ Operation Iraqi Freedom (OIF) deployment-related-TBI, findings from this project may provide the VA with a comprehensive TBI screening system. Ultimately it is hoped that that increased identification of TBI in this high-risk population will facilitate appropriate intervention, decrease long-term negative psychiatric outcomes, and reduce overall cost associated with TBI. Dissemination of findings throughout the VA and other systems will include webinars, presentations, collaborations with other VA and DoD facilities, and publications in peer reviewed journals.

Title: The "TBI Screening Tool Inventory": Expanding Psychometric Properties to Support School Team Use

Principal Investigator: Pat Sample, Ph.D.

Institution: Colorado State University

Award: \$294,000.00

Status: Completed at the end of FY 2011

Description: In 2005/2006, this research team piloted The *TBI Screening Tool Inventory for School-Aged Children (STI)* with a grant from the Colorado TBI Trust Fund. This tool is under serious consideration to become CDE's screening mechanism of choice. While the STI's psychometric properties are still being studied, school professionals already request the tool and report it valuable in facilitating students' access to targeted services, not available if they remain unidentified or misclassified. The proposed study is critical to achieve our long-term goal of ensuring that the STI psychometric properties are acceptable for on-going school use. This project will expand the psychometric properties of the STI, and gather valuable information about the use of the STI in the five participating school districts, in order to: determine the normative performance on the STI of typically developing students by age; determine the test-retest reliability of the STI; determine whether the STI can differentiate students with traumatic brain injury (TBI) from those with IEP-identified learning disabilities (LD); and describe the process parents and students experience, following the parents' completion of the STI with positive results and the subsequent educational identification process.

Title: The "TBI Screening Tool Inventory": Expanding Psychometric Properties to Support School Team Use

Principal Investigator: Michael Kirkwood, Ph.D.

Institution: The Children's Hospital, Denver

Award: \$637,520

Status: 4 year active project

Description: This study seeks to compare the efficacy of Counselor-Assisted Problem Solving (CAPS) versus Internet Resources (IRC) for families following pediatric TBI. CAPS addresses cognitive appraisals, behavior management, problem-solving skills, and family communication through a skill-building website coupled with synchronous 1:1 video conference sessions with a therapist. In contrast, IRC provides families with access to online TBI education and resources, but they will not be able to access the CAPS website skill-building content or the synchronous sessions. CAPS reflects an innovative integration of cognitive-behavioral theory, efficacious treatment strategies and the emerging technology of the World Wide Web. Allowing families in both groups to access help online has the potential to significantly reduce both physical and psychological barriers to care. This project will provide critical information about: 1) the efficacy of online interventions following TBI; and 2) the types of families and children most likely to benefit from this type of approach. The investigation represents the logical continuation of previous work developing and testing theoretically-grounded interventions for pediatric TBI. It will lay the foundation for subsequent investigations of the effectiveness of this approach when translated to clinical settings. The results from the project could provide knowledge, skills, and support to families of children with TBI throughout the state of Colorado, as well as the country, at a relatively low cost. The findings and methodology also have broad applicability to other groups of children with chronic medical and neurological conditions.

Title: *"Executive Dysfunction and Suicidal Behavior: An Examination of Veterans with Traumatic Brain Injury, Post Traumatic Stress Disorder or Both"*

Principal Investigator: Marie T. Banich, Ph.D.

Institution: University of Colorado at Boulder

Award: \$342,711

Status: 2 year active project

Description: The purpose of this study is to determine whether tasks taken from cognitive neuroscience can distinguish the contribution of mild TBI versus PTSD to patterns of impairment in executive function. This focus is important because at present there is controversy regarding both the degree to which symptoms of executive dysfunction are related to TBI versus PTSD in individuals with co-occurring conditions (e.g., Moore, Terryberry-Spohr, & Hope, 2006), and the utility of measures (standard clinical and/or neuroscience tasks) to identify such differences (Vanderploeg, Curtiss, Belanger, 2005; Brenner et

al., 2008; Brenner et al., in press). Differentiating the causative effect of neuropsychological dysfunction is important because treatment programs for executive dysfunction may be quite different when associated with TBI, as compared to PTSD. For example, whereas methylphenidate is often used in the treatment of attentional and executive function deficits after TBI (Neurobehavioral Guidelines Working Group, 2006), it is contraindicated for symptoms commonly observed in PTSD such as "marked agitation, anxiety, and tension", and "may aggravate symptoms" (VA Medical Center Micromedex Healthcare Series). A secondary goal is to determine whether performance on our tasks of executive function is predictive of psychiatric symptoms, in particular suicidality. An exploratory aim is to determine whether tissue loss in specific brain regions can provide any additional information above and beyond task performance to help distinguish between the three groups of interest (mild TBI, PTSD, mild TBI+PTSD).

Title: "The role of Natural Antibodies in Pathophysiology of TBI"

Principal Investigator: Philip F. Stahel, M.D.

Institution: Denver Health Medical Center, University of Colorado School of Medicine

Award: \$1,024,905

Status: 5 year active project

Description: The initial goal of the proposed study is to evaluate the role of *natural antibodies* on the secondary neuroinflammatory response following TBI. As *natural antibodies* are a relatively new area of inflammation research, we are just beginning to understand their intricate and complex mechanisms of interaction with neoantigens exposed after trauma. An intimate and more sophisticated understanding of *natural antibodies* and their roles in the neuroinflammatory response after head injury is a prerequisite for a future successful "bench-to-bedside" translation of basic research into therapeutic modalities. This project is ultimately aimed at a long-term "bench-to-bedside" transfer of insights from experimental models into new therapeutic modalities for reducing the extent of secondary brain damage and attenuating the overall mortality and long-term neurological morbidity in patients suffering from TBI. Excessive local complement activation in the CNS may be triggered by *natural antibody*-neoantigen interactions. Thus, experimental pharmacological blockade using novel CR2-chimeric molecules may represent a "cutting-edge" approach to inhibit complement-mediated local brain tissue damage resulting from *natural antibody*-induced activation of the 18 complement cascade. This therapeutic approach may limit the inflammatory downstream events prompted by *natural antibodies* with amelioration of secondary brain injury. Should this approach be successful, pharmacological blockade of *natural antibodies* or utilization of CR2-chimeric molecules may represent a therapeutic option to be tested in clinical trials in the longterm.

Title: "*Neuroendocrine Dysfunction in Traumatic Brain Injury: Effects of Testosterone Therapy*"

Principal Investigator: David L. Ripley, MD, MS, CRC, FAAPM&R

Institution: CNS Medical Group, Craig Hospital

Award: \$1,468,582

Status: 5 year active project

Description: Neuroendocrine dysfunction following traumatic brain injury (TBI) has recently been an area of significant investigation. As many as 80% of men with severe TBI experience low testosterone (T) levels, or *hypogonadism*, following injury. Testosterone therapy has been shown to be effective in improving strength, cognition, and function in hypogonadal men, although this has yet to be evaluated in hypogonadal men with TBI. We propose to assess the hormonal status of men on admission to an inpatient TBI rehabilitation program. Individuals with low T levels will be randomized to receive either physiologic T therapy or placebo. Individuals with sufficient levels of T will be followed as a second control group. All three groups will undergo serial assessment of neurological function and functional independence to correlate with hormone levels. These findings will have direct impact on optimizing the rehabilitation of individuals with TBI. *Objective 1:* Determine the effects of physiologic testosterone (T) therapy on neurological function and functional independence following traumatic brain injury (TBI) in hypogonadal men during inpatient rehabilitation. *Objective 2:* Document the natural history of neuroendocrine dysfunction and recovery in men during inpatient rehabilitation after TBI. *Objective 3:* Obtain data to validate the NIH toolbox, a novel assessment of neurological function for use in the TBI population. Long-term Objectives: *Objective 1:* Utilize study findings to design a multicenter trial to further assess the impact of T therapy in hypogonadal men following TBI. *Objective 2:* Impact TBI practice

management with new information about neuroendocrine dysfunction after TBI and hormone treatments to improve outcomes.

Due to the high interest and demand for these research dollars the TBI Program has spent all research dollars through FY 2012. A new grant competition will be announced and awards will be made for FY 2013. Updates on research grants are available on the Trust Fund website under Research at www.tbicolorado.org.

Education

For Fiscal Year 2011, a total of 29 grants for a total of \$144,465 were awarded, with individual awards ranging from \$1,800 to \$10,000. All education grants are awarded for a one year period. Education grants were awarded for the following projects:

GRANTEE NAME	AWARDED AMOUNT	GEOGRAPHIC LOCATION	EDUCATION OBJECTIVE
Asian Pacific Development	\$8,000	Denver/C-Springs	Provide TBI education and resources to the Asian American community of Colorado
Denver Osteopathic Foundation	\$3,750	State of Colorado	Conduct a CME program targeting physicians to educate about concussion management guidelines.
Tri-County HCP	\$3,944	Arapahoe, Adams Douglas Counties	Provide education materials to individuals and families including Spanish BrainSTARS, Spanish education materials, and sponsor one educational presentation by Aurora Public Schools. Provide continuing education for care coordinators/school personnel to attend conferences.
Grupo Vida	\$5,200	Denver, Adams, & Araphoe Counties	Provide educational information for monolingual Spanish speaking families with children who have a TBI. Support the Latino support group and purchase Spanish version of BrainSTARS

Children's Hospital	\$8,000	State of Colorado	Provide BrainSTARS manuals to families of children hospitalized at least one night at TCH, DH and provide individualized consultation for families and schools
Children's Hospital	\$8,000	State of Colorado	Develop collateral education materials to guide and support educations and parents in optimally using the BrainSTARS manual. Specifically, a multimedia "familiarization tour"
Adams County School District #50	\$1,800	Adams County	Continue to build the capacity of the Adams #50 school district brain injury team through continued education opportunities
Thompson School District	\$5,000	Loveland	Support for the Thompson School District Brain Injury Team, continued education as well as REAP training for coaches and concussion training for athletes
University of Denver (GSPP)	\$2,500	Denver Metro	Present a series of 2 professional development dinners and 2 didactic luncheon events focused on the assessment and treatment implications of various neuropsychological deficits
Adams County School District #27J	\$3,435	Brighton	Provide training to Adams School District 27J Brain Injury Team, provide concussion management training to coaches/athletic directors, health care providers, and mental health providers.
BIAC-Educators Conference	\$5,000	State of Colorado	Support National Key Note speaker and scholarships for rural educators to attend BIAC Educator's Conference titled "When Mild TBI is not Really Mild".

Greeley Center for Independence	\$5,000	Northern CO, Weld County	Conduct a series of educational in-services on TBI for entry-level professionals and care providers in healthcare, human services, mental health and education
Brain Injury Professional Network (BIPN)	\$3,500	State of Colorado	Support a working retreat for the Brain Injury Professional Networks for the purpose of development, education and collaboration.
Denver Health (Think First)	\$6,500	7 County Denver Metro, statewide	Present 6 educational events and create an educational kit on distracted driving for 9 Health Fair in the classrooms program, targeting middle school aged youth.
Cherry Creek School District	\$9,570	Metro, I-25 & I-70 corridor	Grant awarded for the production of a DVD. The focus of the DVD would be: <ul style="list-style-type: none"> • The origin & importance of the Multi-Disciplinary Team approach • Information that involves and empowers the parent • Information that involves and empowers the educator • Lastly, a reminder to the medical professional that he/she should consider using the Multi-Disciplinary Team input (data from the parent, the educator and the coach/athletic trainer) when making the Return-to-Play decision.

Saint Anthony Central	\$4,400	Denver Metro	Provide health education interventions, strategies and programs that address older adult falls that can lead to TBI in collaboration with the Fall Prevention Network and St. Anthony Central.
NE Colorado Health Department	\$10,000	6 rural frontier counties, NE CO	Through the S.T.O.P. (Safety Tips for Participants) Rodeo TBI Helmet Safety Project, facilitate on-site prevention and safety education including safety fairs and rodeo helmets
CTAT Employment Conference	\$2,500	State of Colorado	Plan, design and host an informative two hour Employment tele-training-based on the topics identified from Survivor Series surveys.
CTAT Professional Training	\$7,500	State of Colorado	Provide educational training pilot. Providing an overview of TBI basics for people new to the TBI profession, family and community members.
BIPN Western Slope	\$3,366	Mesa County	Present an educational program to professionals in criminal justice system, including: parole & probation officers; staff in adult & juvenile correction systems, law enforcement, Mental Health
Moving Forward	\$3,500	Northern Colorado	Conduct a day of creative learning opportunities for persons with TBI as well as family. The educational focus will be on developing health habits, managing stress and impulse control.

Four Corners (BIPN)	\$2,200	Four Corners	Develop resource packets for consumers in the four corners area. Continuing education for BIPN members via conference attendance.
Poudre School District	\$5,000	Larimer Co./Northern CO	Increase capacity of the PSD Brain Injury Team to identify, support and intervene on behalf of students with TBI. Increase training in the district, secure educational resources for families.
Douglas County SD	\$2,000	Douglas & surrounding counties	Continue the education of the Douglas County School Dist. Staff regarding TBI. Specifically focusing on training for the Mental Health team. Continuing education for BI Team members.
Think 1st Vail	\$6,000	Eagle, Lake, Pitkin & Grand Counties	Through the Think First program, provide education to youth, parents, school personnel related to the prevention of brain injuries. Target Teens and grades 1-3.
BOCES	\$2,500	NE CO, Centennial BOCES 11 Districts	The Centennial BOCES TBI Team will develop a 2-3 hour training on TBI that can be presented to general audiences. Additionally, they will offer training targeting parents and educational staff.
BRAIN (Boulder BIPN)	\$2,500	Boulder County	Host the 2nd annual Brain Injury Awareness Training and Resource Exchange special event entitled "Brainstorm".
SafeKids	\$9,800	7 Denver Metro Counties	Continue to provide the Safe Kids Ride this Way interactive education program in schools and at community events & expand the program to middle school students with YouTube video contest.

SW CTR for Independence	\$4,000	Southwest CO, 5 county area	Provide a series of trainings in each of the 5 county area of SW Colorado. Including Ute Reservation.
TOTAL AMT REQUESTED	\$262,827		
TOTALS AWARDED FY 2011	\$144,465		

For additional information on the Traumatic Brain Injury Program, please visit the program website at www.tbicolorado.org or contact: Judy Dettmer, TBI Program Director at 303-866-4085 or via email at judy.dettmer@state.co.us