

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

**July 1, 2011 – June 30, 2012**

**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 board 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.

**Colorado Brain Injury Program Operations**

**Program Administration**

CDHS administers the Brain Injury program which is housed within the Division of Vocational Rehabilitation (DVR). DVR's mission is to provide an environment of highly supportive and complementary services to emphasize independence and its programs regarding rehabilitation services, training, and vocational guidance and counseling for individuals with disabilities. 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:**

<b>Name</b>	<b>Employment/Affiliation</b>
Holly Ann Batal, MD. MBA	Denver Health
Deborah Boyle	Douglas County Sherriff's Office
Aaron D. Sanchez	Denver Police Department
Kim Gorgens, PhD	University of Denver
Rhesia-Maria Ochoa	University of Denver, Graduate Student
Timothy Hurtado, MD	Front Range Emergency Specialists
Bill Levis, J.D.	Brain Injury Alliance of Colorado
Indira Gujral	Colorado Department of Public Health and Environment
Nancy Smith	Department of Human Services, DVR
Laetitia Thompson, Ph.D.	University of Colorado School of Medicine

## Overview of Significant Program Changes for FY 2011-12:

During FY 2011- 12, important changes were made to the program. Notably, the Colorado Traumatic Brain Injury (TBI) Trust Fund celebrated the 10 year anniversary of the signing of the legislation that created this program. In light of this and after significant consideration, discussion and evaluation by program staff and the TBI Trust Fund Board of Directors it was decided that it would be beneficial to the program and program participants to change our program names to better reflect what we do. Previously, our services were referred to as the TBI Trust Fund services for children and adults. We felt strongly that by calling our program by our funding source it was sending the wrong message to potential participants of our services. In surveying stakeholders (including individuals with brain injury and their family members), it was clear that the name "Trust Fund" gave people the perception that this program's focus was on giving money to participants. Equally unanimous was the opinion that it did not convey nor promote the cornerstone of what we offer which is care coordination services. The adult services program was called the Colorado TBI Trust Fund Services for Adults. It is now called Colorado Adult Traumatic Brain Injury Connections. Finally, the children's services were called the Colorado TBI Trust Fund Services for Children. This program is now named Colorado Youth Brain Injury Connections. The program has modified our logos and marketing materials to reflect these changes and to encourage greater participation.

Additionally, significant changes have been made to the children's program. In 2010, the Brain Injury Program and TBI Trust Fund Board of Directors decided to eliminate purchased services for children and youth. After carefully reviewing the cost versus the benefit of purchased services, it was determined that the cost outweighed the benefit. When it was decided to discontinue purchased services for children, the Brain Injury Program Director started negotiating for an Inter-agency Agreement with the Colorado Department of Public Health and Environment (CDPHE) to provide care coordination for children in the program. In November 2010, CDPHE reported that it would not be able to enter in an Inter-agency Agreement and that it no longer had the capacity to manage the program nor did it fit with its evolving mission. At that point, the Brain Injury Program and Board of Directors decided to revamp the children's program to include a focus on care coordination and to add educational support. It was determined that to best serve this population the new model should include both direct care coordination and education supports along with capacity building and infrastructure support from birth to 21. Youth Brain Injury Connections (YBIC) was developed to address this need. In July 2011, the Brain Injury Program entered into an Inter-agency Agreement with the Colorado Department of Education (CDE) to manage this program. The Brain Injury Program also maintained an informal partnership with all Health Care Program for Children with Special Needs (HCP) offices across the state to continue to provide care coordination for children/youth with brain injury. Additionally, the Brain Injury Program continues to partner with CDPHE to maintain the care coordination infrastructure and to collect data related to children served through care coordination.

This program was implemented in FY 2011-12 with the goal of providing comprehensive support to children/youth who have sustained a brain injury and to build capacity of the professionals and school personnel that work with children with a brain injury across the state. YBIC has three key components with the goal of effectively addressing the needs of children/youth with a brain injury. These include impacting the system of care at the state level via a partnership with CDE, influencing the local/community level by supporting Regional Brain Injury Liaisons and through direct services including care coordination and education support.

## **Revenue and Expenditures**

The TBI Trust Fund receives revenue from surcharges assessed for convictions of 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 \$20.00 for drinking and driving related convictions and \$15.00 for speeding convictions and helmet convictions.

Funds are divided across program areas with the following percentages; a minimum of 55 percent for services, 25 percent research, and 5 percent education.

During the reporting period of July 2011– June 2012, the Trust Fund received \$2,261,764 and expended \$2,802,544. The TBI Program was approved a spending authority of \$3,307,484 for FY 2011 - 12. 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 2008 - 09. The TBI Program had a fund reserve which allowed the program to spend over the revenue for FY 2011 - 12.

The Brain Injury Program, Trust Fund Board of Directors and the informal Brain Injury Collaborative have focused on increasing the participation of municipalities and counties who opt into collecting surcharges 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 collect surcharges on speeding violations written under the municipal or county ordinance. Through our research, we have determined that approximately 20 municipalities contribute to the Trust Fund. The Brain Injury Program has engaged in an educational campaign to increase participation in collecting surcharges to benefit the program. The economy is proving to be a significant barrier in terms of municipalities wanting to implement the surcharge. In our communication with a few municipalities, we have found that the “failure to pay rate” has significantly increased over the past few years. What this means is that individuals who are being convicted of traffic violations are not able to pay their fines. Therefore, it seems cities are hesitant to add additional surcharges to tickets for which people are already struggling to pay.

In addition to working to increase participation of municipalities to collect the surcharge, the Brain Injury Program and Board of Directors are also working to explore diverse funding options to include gifts, grants and donations as authorized through our statute. Both of these efforts are becoming increasingly important as our revenue has declined over the past three years and the demand for our services continues to increase each year.

## **Services**

All individuals receiving assistance from the Colorado Brain Injury Program funded by the TBI 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 following their participation in the Brain Injury Program. In addition for those accessing the adult program, they may have access to limited funds to purchase services that other funding sources cannot pay for. These services include but are 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.

Additionally, Colorado Adult TBI Connections provides resource navigation to those waiting for care coordination services and classes and workshops for survivors and families in an effort to improve life and advocacy skills.

In addition to care coordination, youth accessing Youth Brain Injury Connections are provided education linkage support. The goal of the YBIC is to develop a comprehensive safety net to support the family as they navigate medical, community and educational systems.

### **Services Provided During the Reporting Period of July 1, 2011 – June 30, 2012**

#### **Clients Served:**

##### **Colorado Adult TBI Connections:**

During FY 2012, 794 adults received care coordination services with an additional 310 individuals receiving support by the Resource Navigator while on the waitlist for care coordination services. Twenty percent of adults served were veterans or active military personnel. Twenty six percent of the wait list for care coordination services was comprised of veterans or active military personnel. There is currently a waitlist for adult care coordination and purchased services. This waitlist is approximately six months. With the improvement and flexibility to the adult program, all adults eligible for the Trust Fund have access to resource navigation, classes and workshops while they wait to be assigned a care coordinator.

##### **Colorado Youth Brain Injury Connections:**

The youth program uses an on-line referral process to enroll children in the program. This referral is managed by the Brain Injury Alliance of Colorado (BIAC) which contacts the Local Health Agency and HCP with the referral information and the child/family receives care coordination. Additionally, BIAC sends the referral to CDE. The Brain Injury Consultant at CDE then notifies the school and school district of the child. CDE and the Regional Brain Injury Liaisons then provide coaching and consultation support to the school to ensure the child is receiving effective support. Children can also access services by contacting their HCP office or school directly. When this occurs, the HCP and school staff are encouraged to refer the child through the on-line referral process to ensure they also receive educational support. This is an area that the program is working to improve. Because children can enter the program in a couple different ways, the data for FY 2011 - 12 is not very clear. However, we do know that a minimum of 86 children benefited from care coordination across the state.

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?" Overall the combined average satisfaction rate was 4.11 (82%), which exceeds the state's required benchmark of 3.7.

## Research

The Brain Injury Program 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 2011 – June 2012, one research grant was completed, with no cost extensions granted to two researchers. Additionally, there are three current active grants funded. Expenditure on the six research grants totaled \$826,146 for FY 2012.

**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 2010 - 2011, a no cost extension was granted through FY 2011 - 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:** Funding completed at the end of FY 2010 - 2011, a no cost extension was granted through FY 2011 - 12

**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:** Improving the Mental Health Outcomes of Child Brain Injury in Colorado

**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:** \$1,024,753

**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.

Additional to the current grants, the Colorado Brain Injury Program released a competitive request for proposals (RFP) in January 2012. This RFP resulted in 12 letters of intent submitted, five accepted and six requesting revisions with one not invited to submit a full proposal. Nine researchers submitted full research grant applications. Two grants were awarded. Both grants will begin FY 2013 with one starting in July and the other November 2012.

## Education

For Fiscal Year 2012, 21 grants for a total of \$91,763.50 were awarded, with individual awards ranging from \$2,000 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
El Grupo Vida	\$10,000	State of Colorado	Provide Traumatic Brain Injury education and resources to the monolingual Spanish speaking community of Colorado.
Explorer Elementary, Academy School District 20	\$6,000	Pikes Peak Region	Provide Traumatic Brain Injury education and resources to the Pikes Peak Region.
Dept. of Health Sciences	\$6,360	State of Colorado	Provide Traumatic Brain Injury education and resources to educate the youth rodeo participant and family community of Colorado.
Summit Medical Center health Foundation	\$5,000	Summit County	Collaborate with local area ski patrols, ambulance service and hospital and clinic staff within the county to man booths at three local ski areas to provide education regarding helmet use and snowrider injury prevention to the public during 2012 Skier Safety Week.



<b>GRANTEE NAME</b>	<b>AWARDED AMOUNT</b>	<b>GEOGRAPHIC LOCATION</b>	<b>EDUCATION OBJECTIVE</b>
Tri County Health Dept	\$5,000	Adams, Arapahoe, Douglas County and the State of Colorado	Provide individuals with TBI, their family members and educators with English and Spanish BrainSTARS Manuals and TBI educational materials in Spanish. Provide training regarding TBI to nursing students.
Thompson Valley School District	\$4,500	Thompson Valley School District, Loveland	Support 48 identified students with TBIs in the district, as well as help educate and provide support to students who suffer from concussions in our schools. Work with coaches, athletic trainers, counselors etc, to educate and train in caring for students with mild TBI post concussion.
DU Graduate School of Professional Psychology	\$2,500	Denver Metro	Present a series of 2 professional development dinners and 2 didactic luncheon events that would focus on assessment and treatment implications of various neuropsychological deficits including TBI on various populations (e.g., underserved, geriatric, and forensic).
GCI Brain Injury Services	\$4,000	Northern Colorado	Conduct second annual "The SCENE" - Survivor & Caregiver Education and Networking Experience, a day of interactive education for survivors of traumatic brain injury and their caregiver.
GCI Brain Injury Services	\$2,800	Northern and Eastern Colorado	Conduct a full or partial day seminar for mental health and domestic violence service providers on traumatic brain injury through a collaborative effort with North Range Behavioral Health.
Children's Hospital, Safe Kids	\$9,906.50	Denver Metro: counties of Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, and Jefferson	Partner with network of public health advocates to: implement (4) concussion trainings for coaches involved in youth sports/recreation activities; develop (2) playground safety assessment/education kits for schools and/or cities; sponsor a YouTube Contest for school students to promote concussion prevention among their peers; disseminate multi-sport helmets and provide education related to proper fit and use and evaluate traumatic brain injury prevention activities currently implemented through the 9Health Fair in the Classroom program.
<b>GRANTEE NAME</b>	<b>AWARDED AMOUNT</b>	<b>GEOGRAPHIC LOCATION</b>	<b>EDUCATION OBJECTIVE</b>

BRAIN of Boulder County	\$2,000	Boulder County and surrounding areas	Host the 3rd annual Brain Injury Awareness Training and Resource Exchange special event entitled "Brainstorm" in March of 2012. The full-day event will be held at an accessible and reasonably priced venue in Boulder, Colorado.
Jefferson County Health Department	\$2,500	Jefferson County	Provide BrainSTARS Manuals to parents of children with a Traumatic Brain Injury (TBI) and professionals who work with them. Provide continuing ed. for nurses at Jefferson County Health.
Brighton SD 27J	\$3,000	Northeast Colorado and surrounding areas	Provide training to Brain Injury Resource Team members and provide brain injury basics and concussion management training to teachers, paraprofessionals, coaches/athletic directors, health care providers, mental health providers, and professionals from neighboring school districts and community agencies.
University of Denver	\$3,000	State of Colorado	Create and distribute a ConcussionAlert.org bracelet for people to wear while they heal from a concussion. The campaign will educate coaches, trainers, teachers, parents, athletes and friends that recovery takes time and rest.
Tri County Health Department	\$6,250	Denver-Metro counties: Adams, Arapahoe, Denver, Douglas, Jefferson	Provide training for two additional Master Trainers to provide an evidence based fall prevention curriculum, Matter of Balance.

GRANTEE NAME	AWARDED AMOUNT	GEOGRAPHIC LOCATION	EDUCATION OBJECTIVE
Denver Juvenile Probation	\$2,735	Denver Metro	Collaborate with the Brain Injury Alliance of Colorado to provide a training series to Probation Officers and other key Court Personnel in the identification and assessment of Traumatic Brain Injury (TBI), as well as supervision strategies and techniques in working with clients who have been diagnosed with TBI.
Cherry Creek School District	\$2,212	Denver Metro	Continue the leadership role by mentoring private high schools within the CCSD catchment area.
Moffat County School District	\$5,000	Moffat County	Provide a Concussion Management Training in Moffat County for health care providers, school personal and community members in Moffat County and TBI Team's in Rio Blanco and Route County. Focus on prevention of Traumatic Brain injuries by providing bike helmets to children in our community.
Aging & Adult Services	\$5,670	State of Colorado	Provide education about the prevention of traumatic brain injury among Coloradans aged 60 years and older. This project will provide printed materials for <i>A Matter of Balance</i> classes and Coach trainings throughout Colorado.
CTAT	\$5,000	State of Colorado	Develop, design and implement an online training designed to give TBI survivors helpful tips and techniques on applying for Social Security disability benefits.
CTAT	\$2,000	State of Colorado	Plan, design, and host all aspects of a two hour teletraining on the topic of brain injury prevention for seniors and the elderly. Targeting caregivers and seniors alike, this training will be offered at no charge on up to 100 phone lines throughout Colorado.
<b>TOTAL AMT REQUESTED</b>	<b>\$171,477.92</b>		
<b>TOTALS AWARDED FY 2012</b>	<b>\$91,763.50</b>		

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