

Sunset Public Hearing Questions for
Traumatic Brain Injury Advisory Council
Created by Section 68-55-102, *Tennessee Code Annotated*
(Sunset termination June 2015)

- 1. Provide a brief introduction to the Traumatic Brain Injury Advisory Council, including information about its purpose, statutory duties, staff, and administrative attachment. Also describe the Traumatic Brain Injury Program, its major activities, and its staffing.**

The Traumatic Brain Injury Advisory Council was legislatively established in 1993 to provide advice and guidance to the TBI coordinator in the development of the TBI program; to make recommendations and perform other duties as necessary to implement a comprehensive state-wide TBI plan. The nine-member Council is appointed by the Governor and includes representatives from the Departments of Education and Human Services, Division of Vocational Rehabilitation. The Departments of Mental Health/Substance Abuse Services and Intellectual and Developmental Disabilities share one representative. An additional member represents the Tennessee Hospital Association. Five of the nine members represent the category of TBI survivor/ Family member/Primary care giver. The Council was organized in 1994 and has met quarterly since that time.

The TBI Program was established in 1993 to address the special needs of survivors of brain injuries and their families. The legislation outlined several objectives for the program, most of which have been accomplished:

- A clearinghouse of information with a toll-free 800 number has been set up and the TBI Program established as the central location for information and referral in the state.
- A directory of programs and services has been developed and is updated and distributed statewide each year. The directory is also available on the program website.
- The Brain Trauma Registry is functional and all hospitals are in compliance with reporting requirements. All persons reported to the Registry receive an informational letter about the TBI program. For many the letter is the first link to needed programs and services.
- Since 1995, the TBI Program has awarded numerous competitive grants for a variety of projects including day programs, therapeutic recreation programs, camps, personal care services, service coordination, and as seed money to improve housing opportunities.

The TBI Program is housed in the Department of Health, Division of Community Health Services. Program staff consists of a Program Director (TBI Coordinator) who acts as staff to the Advisory Council. A Statistical Analyst oversees the TBI registry (currently the position is vacant).

2. **Provide a list of current members of the council. For each member please indicate who appointed the member, how the member’s presence on the council complies with Section 68-55-102, Tennessee Code Annotated, and the member’s county of principal residence. Please indicate each member’s race and gender and which members, if any, are 60 years of age or older. Are there any vacancies on the council? If so, what is being done to fill those vacancies?**

Traumatic Brain Injury Advisory Council members:

Council member	County of residence	Representation/ Region	Race, Gender, Over 60
Sonya Arnold	Washington	Primary Care Giver, East	W/F
Lana Bennett	Wilson	Survivor, Middle	W/F
Robert Bean	Hamilton	Survivor, East	W/M
Wanda Gardner-Slater	Shelby	Primary Care Giver, West	B/F
Brian Potter	Shelby	Primary Care Giver, West	W/M
Alison Gauld	Davidson	Department of Education	W/F
Joanne Morris	Sumner	Department of Human Services	W/F
Avis Easley	Davidson	Departments of Mental Health & Substance Abuse Services/ Intellectual & Developmental Disabilities	B/F
Vacant		Tennessee Hospital Association	

The composition of members on the council complies with TCA 68-55-102. Members are appointed by the Governor for two-year terms. No current member is over age 60. There is currently a vacancy for the representative of the Tennessee Hospital Association. The TBI Program has been working with Tennessee Hospital Association since November 2013 to fill the vacancy.

3. **How many times did the council meet in fiscal years 2013 and to date for 2014, and how many members were present at each meeting?**

Advisory Council meeting date	Number of members present
Mar. 22, 2013	7
May 6, 2013	7
Aug. 19, 2013	7
Nov. 4, 2013	6
Mar. 28, 2014	6 (one vacancy)
May 19, 2014	6 (one vacancy)

The Council met quarterly during FY13 and to date in FY14.

4. What per diem or travel reimbursement do members of the council receive? How much was paid to council members during fiscal years 2013 and to date for 2014?

Council members are reimbursed travel expenses in accordance with Tennessee Comprehensive Travel regulations. During FY13 and FY14 to date, there have been six meetings. The time is usually arranged to allow members to drive to Nashville and return home in one day, if possible. Reimbursements in the amount of approximately \$5,710 were paid for all six meetings, an average of \$952 per meeting.

5. What were the council's revenues (by source) and expenditures (by object) for fiscal year 2013 and to date for 2014? Does the council carry a fund balance and, if so, what is the total of that fund balance? If expenditures exceeded revenues, and the council does not carry a fund balance, what was the source of the revenue for the excess expenditures? What were the Traumatic Brain Injury Program's revenues and expenditures for the same time period?

The Advisory Council does not have revenues or expenditures. Travel reimbursements described in #4 were paid with program funds. The TBI Program's revenues and expenditures in FY13 and FY14 to date are as follows:

Fiscal Year	Revenues	Expenditures
2013	\$1,110,452 (approx.)	\$846,688 (approx.)
2014 (through 4/14)	\$928,032	\$718,757

The TBI trust fund balance as of June 30, 2012 was \$397,311.73 (based on the most recent fund activity letter).

6. Is the council subject to Sunshine law requirements (Section 8-44-101 et seq., Tennessee Code Annotated) for public notice of meetings, prompt and full recording of minutes, and public access to minutes? If so, what procedures does the council have for informing the public of its meetings and making its minutes available to the public?

Yes, the Council is subject to Sunshine law requirements. A meeting notice is forwarded to the Department's Public Information Officer by the 15th day preceding the meeting, which includes the date, place, and time of the meeting as well as major agenda items to be discussed. All meeting notices are compiled into a single news release and distributed to all major media outlets in the state by the 28th day of the preceding month. The minutes are kept on file in the program office and are available to anyone upon request.

7. Describe the nature and extent of the council's activities and any major accomplishments of the past two years. Specially, detail how the council has complied with the duties outlined in Section 68-55-103.

The duties of the advisory council are to advise the TBI coordinator, to make recommendations and perform other duties as necessary for the implementation of a state-wide plan to assist TBI persons and their families. The Advisory Council is

composed of individuals dedicated to improving the lives of TBI survivors in Tennessee. Their advice and recommendations have been invaluable to the development of the TBI program. Council members have assisted in identifying the needs of survivors and designing grant programs to meet those needs. They recognized the benefit of providing education and awareness on brain injury issues and approved funding for a statewide brain injury conference.

8. Has the council set goals and measured its performance compared to the goals? What performance indicators or goals does management use to measure the effectiveness and efficiency of the council? How well has the council performed based on those performance indicators?

The enabling legislation outlines goals and objectives for the program. The role of the Council is to provide advice and guidance on achieving these goals, and to monitor progress on an on-going basis, which they provide at the quarterly meetings. The accomplishment and progress in the various program components as described in #9 below reflects the effectiveness and efficiency of the council.

9. To what extent has the Traumatic Brain Injury Coordinator accomplished the duties assigned in Section 68-55-202?

Tennessee Code Annotated (T.C.A.) is cited followed by a description of activities and progress.

T.C.A. 68-55-202. Duties. –

(a) The TBI coordinator shall:

(1) Aggressively seek and obtain funding, on an ongoing basis, from all available sources, including but not limited to Medicaid waivers and for expansion of the Medicaid program, private and federal funds needed to implement new state plans and services, and to expand and revise existing state plans and services for persons with traumatic brain injuries, including case management;

The TBI Program Director continuously seeks additional funding from all available sources.

Medicaid Waiver: The TBI Advisory Council members continue to promote the idea of a TBI specific Medicaid waiver. The TennCare Bureau has indicated that TBI survivors may be eligible to participate in existing waivers for the elderly and disabled or through the TennCare Choices program.

Federal Grant award: Beginning in 2000, the Traumatic Brain Injury Program was awarded a grant from the U.S. Health Resources and Services Administration (HRSA). The original three-year grant had as its focus the provision of education and training for educators, families, and health professionals who support students with TBI. The overall goal of Project BRAIN is to improve educational outcomes for children with brain injuries in Tennessee.

Fiscal Year 2013 was the fourth year of a four year, \$375,000 per year HRSA grant awarded in March 2009 to continue the work of Project Brain. The Tennessee Department of Education is providing the match money, currently \$100,000 per year. In February 2013, HRSA extended the existing cohort of H21 grants originally scheduled to end in March 2013. The grant was continued for one year with current level funding. Since the original grant award in 2000, the TBI Program has received a total of \$2,100,000 in federal funding, and \$700,000 from the Department of Education for matching funds. Project BRAIN seeks to link hospital and community health providers with school professionals for identifying and addressing the needs of students with brain injuries.

A specially designed TBI curriculum, *Brain Injury 101*, is used to train educators, health professionals and families. Community-based TBI Resource Teams have been recruited and trained to provide expertise and sustain educational support for students with brain injury. In FY13, Staff provided 52 trainings to approximately 1,109 educators and related professionals. Project BRAIN provides training in any school system in the state upon request.

Project BRAIN funds a transition liaison program in three children's hospitals across the state. The Brain Injury Transition Liaisons (BITLs) work in Monroe Carell Jr. Children's Hospital at Vanderbilt in Nashville, LeBonheur Children's Hospital in Memphis and T.C. Thompson in Chattanooga. A BITL follows up with families after they leave the hospital emergency department when their child has been treated for TBI. When families consent to receive follow up calls, they can also be supported by the Department of Education.

Since the inception of the BITL process in May 2011, they have served 1,694 families.

Case management: There are currently eight Service Coordinators assisting TBI survivors and their families in all 95 counties through contract arrangements with various non-profit agencies. Each agency has established a Family Support Center in their respective area for the purpose of providing service coordination for children and adults with TBI. These services include: providing information; referring consumers to appropriate services and agencies; assisting consumers in applying for and accessing services; advocacy; support group development; and the development of new programs and activities. The role of the Service Coordinator is to work with the individual survivor to assess needs and to collaborate and coordinate resources within the community on behalf of the client. The eight service coordinators are serving an average case load of fifty survivors and families.

Expansion of services: The expansion of services for TBI survivors is accomplished through the grants program, as outlined in TCA 68-55-402. In addition, program staff collaborate with other relevant agencies to improve services for all persons with disabilities in the state.

(2) Seek funding, on an ongoing basis, and, in conjunction with other state agencies, prepare, coordinate, and advocate for state appropriations needed to fund and to develop services to implement the state plan:

The TBI Program Director and the Advisory Council seek funding on an ongoing basis. The composition of the Council, which includes representatives from the three state departments that also serve persons with brain injury - Education, Human Services, Mental Health and Intellectual and Developmental Disabilities, provides an opportunity for cooperation and collaboration.

(3) Identify available programs and services and compile a comprehensive directory of identified programs and services:

A comprehensive resource directory, “*The Traumatic Brain Injury Services Directory and Resource Information Guide*” has been developed and distributed statewide. The first edition was produced in December 1995 and has been updated each year. These directories have been distributed to health care facilities and TBI professionals across the state and have served to increase awareness of the TBI program. The directory is also available on the program web site: <http://health.tn.gov/TBI/Index.htm>

(4) Provide technical assistance and define gaps in service delivery and spearhead the development of those services needed for a comprehensive system of service delivery;

Needs Assessment surveys of TBI providers and TBI survivors and families conducted in 1995 and 1999 were used to identify gaps in the service delivery system. The results served as the basis for the Request for Grant Proposal (RFGP) issued in 1997, 2001 and 2002, which listed examples of services that could be developed by applicants. The subsequent grant awards allowed for the development of programs that address those gaps in services. The TBI Program is currently conducting an updated Needs Assessment of providers and survivors/families.

The TBI office provides technical assistance as requested by consumers, families, and providers. Examples include providing information on services and programs, referrals to rehabilitation programs and other types of facilities, and making connections to support groups. The TBI office also conducts annual technical assistance site visits with all TBI contractors.

The Service Coordination project described above is designed to assist survivors and their families overcome the gaps in services in their communities.

(5) Implement, oversee and receive surveillance data from the Tennessee Brain Trauma Registry to use in developing and revising the state plan to meet the changing needs of this population:

The TBI registry data has been a valuable tool in documenting the need for TBI services and in program planning. Using data from the TBI registry made the critical difference in securing the federal grant award in 2000 that resulted in Project BRAIN. Updated data

was included in the new grant application submitted in March 2014 to continue the work of Project BRAIN. According to the registry, in 2012, there were 1,071 children and youth ages 3-21 in Tennessee who were admitted to the hospital as a result of a TBI. In 2012, the Department of Education classified 307 students in the category of TBI. The discrepancy in the number of children identified through the TBI Registry in comparison to the number of children classified by DOE indicates a need for correct identification of students with TBI. The goal of Project BRAIN is to address that need.

The TBI Coordinator serves on the Department's Council on Injury Prevention and Control and participated in the development of a state plan for injury control. The project is funded by a grant from the CDC. The TBI registry data is one of the major data sources being used to develop the plan.

(6) Evaluate surveillance data regarding the quality of services provided and outcome and impact on the quality of life of this population, including reintegration and productivity in the community;

Surveillance data is limited. The type of information being collected in the registry does not include the quality of services provided. The TBI program at the Tennessee Rehabilitation Center provides reports on the outcome and impact of the quality of life of this population, particularly in community reintegration and productivity.

(7) Promote research on the causes, effects, prevention, treatment and rehabilitation of head trauma injuries;

The development of the state registry and the resulting availability of statistics are directed toward encouraging research on the causes, effects and treatment of brain trauma injuries. The collection of all types of information on TBI through the Clearinghouse will further identify areas for research development. Education and injury prevention activities for health care providers and the public provide baseline data for pursuing further investigations.

(8) Serve as a clearinghouse for the collection and dissemination of information collected on available programs and services. A statewide, toll-free telephone line shall be established and operated during normal business hours for the express purpose of providing such information to callers.

The Clearinghouse with the toll-free 800 number has been operational since 1994. Information is constantly updated on available programs and services across the state. A log system has been developed and the types of calls are categorized. Information is provided on service coordination, rehabilitation facilities, day programs, respite care, transportation and financial issues. To publicize the Clearinghouse, TBI staff designed and developed a TBI brochure which has been broadly distributed. The TBI newsletter, *TBI Headlines*, is available on the program webpage: <http://health.tn.gov/TBI/Index.htm>

(b) Utilizing the services and expertise of the advisory council to the greatest extent possible and in cooperation with the advisory council, the TBI coordinator shall:

(1) Develop a coordinated case management system, a short-term state plan, a long-term state plan, affordable and accessible home and community based services, and criteria to identify training needs and priorities for all persons serving TBI clients;

The case management system, known as Service Coordination and described in 68-55-202 (a)(1), now covers all 95 counties in the state. The Advisory Council and TBI coordinator have developed short term and long term goals and objectives for the program following the outline of the legislation. Efforts to provide affordable and accessible home and community-based services are on-going through the TennCare Choices program. Currently, the TBI program is providing personal care services on a limited basis through a contract arrangement in select facilities in Memphis and Johnson City.

(2) Establish and provide for the centralized organization of a statewide family clearinghouse of information, including availability of services, education and referral to survivors, professionals, and family members during the early stages of injury in the acute hospital setting.

In the process of maintaining a resource guide and the TBI registry, contacts have been made in the hospitals where acute care is provided. Copies of the updated Resource Directory are distributed to facilities statewide and awareness of the TBI Clearinghouse is increasing. With the improved system of reporting to the registry and letters being sent to survivors, coupled with service coordinators in place across the state, information and assistance is available to survivors and family members in the early stages of injury.

(3) Assure statewide compliance with licensure, if any, and performance standards through regular service monitoring, site visitation, and self-appraisal;

(4) If licensure is required, monitor and update licensure requirements specific to this population;

The Department of Health oversees certification and licensure of health care facilities in Tennessee. The TBI Program coordinator works with appropriate staff to ensure licensure compliance and to monitor and update licensure requirements specific to this population.

(5) Seek funding and other resources to assure that state personnel working with this disability group are properly trained and provided, at least annually, an opportunity to attend formal or informal education programs through colleges, workshops, seminars, or conferences;

TBI staff participate on the Council on Injury Prevention and have planned and presented at the annual Injury Prevention Symposium. The TBI program collaborates with the Brain Injury Association of Tennessee in the planning and presentation of an annual

statewide conference. The TBI staff regularly present at seminars and workshops, enhancing the ability of state personnel to meet the needs of survivors.

(6) Ensure updates and compliance standards from the National Head Injury Foundation's quality standards committee are made available to professionals and providers, on a timely basis, to help educate providers and professionals regarding the latest technology available to this disability group;

In addition to regularly scheduled trainings and the biannual newsletter, the TBI program has developed a TBI Community Listserv to provide information on the latest technology available for the TBI community.

(7) Oversee efforts to better educate the general public concerning the need for head injury prevention programs and the need for early intervention, including but not limited to, developing plans and programs for affordable post-acute rehabilitation services, long-term care programs, respite services, and day treatment programs to deal with those who have lifelong disabilities, as well as developing plans and programs to deal effectively with TBI students in the educational system;

The TBI Program collaborates with the Brain Injury Association of Tennessee to present an annual conference focusing on current topics including prevention and the need for early intervention. In addition, the TBI Service Coordinators provide prevention programs in their service area. Project BRAIN, the HRSA funded grant project, is a program designed specifically to deal effectively with TBI students in the educational system. Information on post-acute rehabilitation services, respite services, and day programs are included in the TBI clearinghouse.

(8) Work with vocational rehabilitation and other state agencies to offer incentives and to obtain cooperation of private industries to initiate on-the-job training and supported employment for TBI persons;

The TBI staff maintains a close working relationship with Voc-Rehab counselors and the TBI program at the Tennessee Rehabilitation Center in Smyrna. The comprehensive program provides job skills training and placement for approximately 45 students a year. The Voc-Rehab TBI program staff work with VR counselors located throughout the state. This helps promote incentives and obtain cooperation of private industry to initiate on-the-job training and supported employment opportunities for persons with traumatic brain injury. TBI staff are available to provide technical assistance as requested.

(9) Assist in obtaining grant funding and provide technical assistance for the Tennessee Head Injury Association (THIA) to develop policies and procedures to maximize self-determination and self-advocacy of a person suffering a TBI.

The TBI program is fortunate to have established an excellent working relationship with the staff and board of the Brain Injury Association of Tennessee (BIAT).

The TBI Service Coordinators facilitate BIAT support groups across the state. These monthly meetings of the support groups provide a way to meet educational, social and emotional needs of survivors and families.

In FY13 the TBI Program continued to support BIAT's work with survivors and their families. The Executive Director acts as an advocate to improve funding for services benefiting TBI survivors. In addition, the Nashville Area Service coordinator is housed at BIAT. The service coordinator works with the individual survivor to assess needs and to identify resources within the community on behalf of the client. Having the service coordinator at the BIAT office allows a direct connection for BIAT callers, resulting in the survivors receiving services in a more efficient manner.

10. How does the council ensure that its members and staff are operating in an impartial manner and that there are no conflicts of interest? If the council operates under a formal conflict of interest policy, please attach a copy of that policy.

All state employees are required to sign a conflict of interest statement which is kept in the personnel files. Committee members are requested to sign the Department's policy for committees; copies are kept on file in the program office.

11. Describe any items related to the council that need legislative attention and your proposed legislative changes.

No changes are needed.

12. Should the council be continued? To what extent and in what ways would the absence of the council affect the public health, safety, or welfare?

Yes, the Council should be continued. This is a relatively small Council and all members take their role as representatives of the TBI community very seriously. The designers of the legislation that describes the Council composition recognized that the voices of survivors and their families need to be heard; that home and community based services developed by the TBI program need to address their unique needs. With a majority membership in the category of Survivor/Family member/Primary Care Giver, survivors from across the state have representation at the table. The additional representation from state departments that serve TBI survivors provides opportunity for collaboration and sharing of resources. The quarterly meetings of the TBI Advisory Council are attended by a wide variety of TBI related professionals, other disability-related organizations, as well as TBI survivors and family members. The meeting is an opportunity to network, to discuss current issues, and to gain insight into the TBI community. The meeting is a rich source of information which enables Council members to make informed decisions regarding the direction of the TBI program. The absence of the TBI Advisory Council would affect the public health and welfare of survivors statewide, with the loss of the opportunity to provide input into the program that is charged with addressing their needs.

13. Please list all council programs or activities that receive federal financial assistance and, therefore are required to comply with Title VI of the Civil Rights Act of 1964. Include the amount of federal funding received by program/activity.

The Council does not receive federal assistance.

[Federal financial assistance includes:

- (1) Grants and loans of Federal funds,
- (2) The grant or donation of Federal Property and interests in property,
- (3) The detail of Federal personnel,
- (4) The sale and lease of, and the permission to use (on other than a casual or transient basis), Federal property or any interest in such property without consideration or at a nominal consideration, or at a consideration which is reduced for the purpose of assisting the recipient, or in recognition of the public interest to be served by such sale or lease to the recipient, and
- (5) Any federal agreement, arrangement, or other contract which has as one of its purposes the provision of assistance.

28 C.F.R. Sec. 42.102(c)]

[The term recipient means any State, political subdivision of any State, or instrumentality of any State or political subdivision, any public or private agency, institution, or organization, or other entity, or any individual, in any State, to whom Federal financial assistance is extended, directly or through another recipient, for any program, including any successor, assign, or transferee thereof, but such term does not include any ultimate beneficiary under any such program.

28 C.F.R. Sec. 42.102(f)]

If the council does receive federal assistance, please answer questions 14 through 21. If the council does not receive federal assistance, proceed directly to question 20.

Questions 14-19 do not apply.

14. Does your council prepare a Title VI plan? If yes, please provide a copy of the most recent plan.

NA

15. Does your council have a Title VI coordinator? If yes, please provide the Title VI coordinator's name and phone number and a brief description of his/her duties. If not, provide the name and phone number of the person responsible for dealing with Title VI issues.

NA

16. To which state or federal agency (if any) does your council report concerning Title VI? Please describe the information your council submits to the state or federal government and/or provide a copy of the most recent report submitted.

NA

17. Describe your council's actions to ensure that council staff and clients/program participants understand the requirements of Title VI.

NA

18. Describe your council's actions to ensure it is meeting Title VI requirements. Specifically, describe any council monitoring or tracking activities related to Title VI, and how frequently these activities occur.

NA

19. Please describe the council's procedures for handling Title VI complaints. Has your council received any Title VI-related complaints during the past two years? If yes, please describe each complaint, how each complaint was investigated, and how each complaint was resolved (or, if not yet resolved, the complaint's current status).

NA

20. Please provide a breakdown of current council staff by title, ethnicity, and gender.

Jean Doster, Traumatic Brain Injury Program Director, White female

21. Please list all council contracts, detailing each contractor, the services provided, the amount of the contract, and the ethnicity of the contractor/business owner.

The Council does not have contracts.

**Traumatic Brain Injury Program
Sunset Review 2014
Additional Questions**

1. What are your key measures for ensuring that your organization is meeting its goals?

The intent of the legislation that established the Traumatic Brain Injury (TBI) Program and that outlines the composition of the Advisory Council, is to provide an opportunity for persons who have knowledge of brain injury and its consequences to provide input on the direction and goals of the state TBI program.

In accordance with the legislation, the Council was established in 1994 and has met quarterly since that time. There is always at least a quorum in attendance and usually 90% of membership is present. The legislation outlined a number of program components to develop, including a state plan, a TBI registry, a clearinghouse of information, and a statewide case management system. In addition, the program is authorized to award grants for home and community based services to address the needs of TBI survivors and their families. Since the council is composed of survivors, family members and related professionals, Advisory Council members possess the unique insight and understanding of the issues related to brain injury that are needed to guide the program. Informed by periodic needs assessments, data from the TBI registry, reports from the TBI Service Coordinators, and their own experiences, the Advisory Council has provided input and guidance on all the aspects of the program, thereby meeting the intent of the legislation.

The goal of the Advisory Council is to ensure that the mandates of the legislation are addressed. The key measures for meeting that goal are described in the accomplishment of the various program components, as depicted in the *Traumatic Brain Injury Program Annual Report*: http://health.tn.gov/TBI/PDFs/TBI_AnnualReport_2012-13.pdf

2. What are the statistical reliability and accuracy (for objective measures) or validity and repeatability (for subjective measures) of your key measures?

Although the key measures do not readily lend themselves to statistical analysis, a review of the minutes from twenty years of quarterly meetings illustrates the value of the Advisory Council. It is because of their input and suggestions that the TBI Program has awarded numerous grants for a wide variety of home and community based programs, including the extremely popular camp for adult and youth survivors of brain injury. In addition, funds have been provided for regional and statewide educational conferences on brain injury issues. Council members served on the planning committee which led to the state receiving federal TBI funds to provide education and training to school personnel working with students with TBI. Since 2000, the state program has received \$2,350,000 in federal funding. The Council approved grants for case management which mean that now all 95 counties in the state are served by a TBI Service Coordinator; survivors and their families can get assistance with finding the programs and resources they need. Council members recognize that they represent survivors and their families from across the state and they take their responsibility very seriously. They continue to provide an extremely valuable role in the implementation of the TBI Program.

3. What is the record (over time) of those key measures in relation to what they should be to accomplish the goal of the organization? (I would like to see charts that have a performance mean and 3-standard deviation limits marked on them for these measures. Note: if these cannot be provided, I would like a valid explanation and a plan for future implementation.)

The TBI Advisory Council has met quarterly for twenty years. Members are reimbursed for travel in accordance with Tennessee Comprehensive Travel Regulations but receive no other compensation. These costs have constituted a very small portion of the overall TBI Program budget. In terms of value over time, the Council continues to have a critical role in the TBI Program. While members are appointed for two-year terms, with their approval they are often reappointed for multiple terms. These long-term members have an historical knowledge of the program, a keener understanding of state systems, and a broader perspective on the gaps in services, enabling them to provide educated and informed guidance to program staff. The cost of maintaining the TBI Advisory Council is very low relative to their value to the program.

Questions 4-7 are NA

4. Explain any excessive variation in your key measures.

5. What unique events or special causes have driven your key measures beyond 3 standard deviations from the mean in the past and what have done about them?

6. What impediments, if any, prevent you from driving those key measures to the desired point?

7. How are you addressing/correcting the impediments, if any, that prevent you from driving those key measures to the desired point?