The National Pediatric Acquired Brain Injury Plan (Draft)
Developed by the International Advisory Board of
The Sarah Jane Brain Foundation

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FOREWORD
by Sarah Jane Donohue

When I was only five days old, the baby nurse my parents had hired to help them in my first two months of life shook me so hard that she broke four ribs, both collarbones and caused a severe brain injury. While I lay helpless for over a week, the monster told no one. I was unable to cry, became very lethargic and was finally brought back to the hospital where I had been born healthy just two weeks earlier. The monster quickly confessed to her crime and my family was left dealing with the fact that I would never be the same child again.

Several weeks later when it was time for me to go home, the pediatric neurologist told my parents my injury was an eight on a scale of one to ten. This doctor said I would never be a normal child and I would probably never walk or talk. The correct answer by this doctor should have been, "I don't know." Fortunately for me, my Daddy doesn't listen to bad doctors! He immediately enrolled me in Early Intervention. I began a rigorous therapy regimen that built up to physical, occupational, vision, feeding/speech therapies and special instruction - up to three hours of each therapy per week! When I was one year old my Daddy created a special crawler which allowed me to move independently. Then, for Christmas that year, he built me my very own walker and he even adapted it so I could walk on the treadmill!

My Daddy read as many books about neuroplasticity and neurology as he could handle (although I think some of the books he just skimmed because they were very complex). The more he read, the more he realized how little was known about the brain at all, let alone an infant's brain. He also realized there was no single repository of information about neurological breakthroughs or discoveries – it is an extremely fractured field. It reminded him of the computer science industry in the 1950s and 1960s, where brilliant people were working all over the world in the same areas, but no one knew specifically what anyone else was doing.

He took that idea and then asked himself, "Where are all the breakthroughs occurring today?" The answer was in Open Source Principles, which is basically the concept of shared knowledge. Since no one was using those principles in the field of neuroscience, Daddy decided to do it himself. He launched The Sarah Jane Brain Foundation (SJBF) in October 2007, and *Phase One* of The Sarah Jane Brain Project (SJBP) ensued putting all of my medical records and videos of my therapy sessions online in an Open Source format – the first time in medical history this had ever been done for anyone.

Phase Two of the Sarah Jane Brain Project involved recruiting other families of children like me who have brain injuries to participate, since the more of us who gather together, the stronger we are. During this phase, he also began to recruit the best in the field of pediatric acquired brain injury to help him develop the first-ever National Pediatric Acquired Brain Injury Plan (PABI Plan). Every family affected by brain injury my Daddy has ever connected with talked about having to reinvent the wheel in learning how to perform basic care and receive basic services for their child instead of being able to focus on the uniqueness of their child's specific issues.

Phase Three consisted of having the Working Group of the International Advisory Board of the Sarah Jane Brain Foundation develop the National PABI Plan. The PABI Plan was designed to outline a comprehensive continuum of care, from prevention of pediatric brain injuries to acute medical care to reintegration and rehabilitation in the community and transition into adult systems.

Three years ago today, my Daddy sent an important letter to the new President Barack Obama. My Daddy's letter was the first one the president received on his Inauguration Day, introducing the National PABI Plan and offering to work with his administration to implement this much-needed health care reform. Knowing that the federal government has never taken pediatric acquired brain injury seriously, my Daddy followed up his letter by educating Members of Congress and their staffs since he knew he would need political support to make systematic changes.

Phase Four involved fully funding and implementing the National PABI Plan across the country. My Daddy promised to begin Phase Four before my fourth birthday on June 5, 2009, and he did. As my birthday present, he announced the largest healthcare collaboration in U.S. history dealing with pediatric brain injury: 52 State Lead Centers, one leading institution or organization from every state plus the District of Columbia and Puerto Rico.

On August, 18, 2009, he submitted the largest grant proposal in U.S. history dealing with PABI. This $930 million, multi-year, grant using ARRA funds was designed to begin implementing the PABI Plan. My Daddy tells me the money for this initial two years of implementing the PABI Plan was going to come from "The Stimulus Funds" which he said were appropriated to create jobs, improve the lives of as many Americans as they can and fundamentally impact the delivery and service of health care using new technologies. It sounded like a perfect match to me! However, out of the $739 billion in Stimulus Funds spent since 2009, not a single penny was allocated towards implementing the PABI Plan.

On October 13, 2009, Congressman G.K. Butterfield (NC-1) along with 47 of his bi-partisan colleagues introduced House Concurrent Resolution 198, which had the United States Congress: 1) recognizing PABI as the #1 leading cause of death and disability for American youth, 2) endorsing the PABI Plan as the plan to prevent, identify and treat these brain injuries, and 3) encouraging federal, state and local governments to implement the PABI Plan. HCR 198 was able to generate broad-based, bi-partisan support with over 100 co-sponsors before the 111th Congress ended its session.

Building upon the success of HCR 198, Congressman Leonard Lance (NJ-6) along with 50 of his bi-partisan colleagues introduced House Resolution 2600 (the National Pediatric Acquired Brain Injury Plan Act) on July 20, 2011, which will fund a $2.9 Billion, seven-year national initiative to implement the PABI Plan. Within five months HR 2600 had over 100 broad-based, bi-partisan co-sponsors and it continues to gain momentum everyday!

While I still cannot talk or walk on my own yet, my Daddy has taught me his philosophy in life, "Things work out best for those who make the best out of the way things work out!" I cannot begin to thank the International Advisory Board enough for being my voice and the voice of the millions of children and young adults around the country who suffer from pediatric acquired

brain injury. Someday I will thank each and every one of them myself with my own voice! Until then, please keep talking for me.

January 20, 2012

(photo by Jason Grow)

Picture from May 2011 Reader's Digest

The Executive Summary

The #1 leading cause of death and disability in the United States for children, adolescents and young adults is Pediatric Acquired/Traumatic Brain Injury (PA/TBI). Incidence of PA/TBI is at epidemic levels: over 765,000 emergency department visits annually, over 80,000 hospitalizations and more than 11,000 deaths of children and young adults from PA/TBI. Treatment protocols, which are critical in the minutes and hours following an injury, are not always coordinated or informed by state-of-the-art, evidence-based research and practice that is necessary to save lives and maximize the probability of favorable outcomes for hundreds of thousands of American youth every year. In short, the nation's treatment of PA/TBI is not only a national disaster; it is a public health crisis!

Because a brain injury is typically "invisible," it remains unrecognized or under-recognized, thereby markedly increasing the immediate, intermediate and long-term burden of care and resulting costs in all aspects of society. For the purposes of this document and overall initiative, it is recognized that Traumatic Brain Injury (TBI) is a subset of Acquired Brain Injury (ABI). As such, to ensure that there is no gap in the discussion, issues, and services among these areas of Pediatric Acquired Brain Injury (PABI), the terms are being combined and will be herewith referred to as Pediatric Acquired/Traumatic Brain Injury (PA/TBI).

PA/TBI is **NOT** a "disease-specific" entity nor does it represent as a single disease state. There are many etiologies resulting in PA/TBI which is one of the significant complications to preventing, identifying and treating it. However, PA/TBI may need to be managed as a chronic disease since the original injury may create conditions that continue throughout a life-time. PA/TBI certainly needs to be followed during the stages of brain development since some of the medical conditions or symptoms may not present themselves until many years after the original injury. From a clinical perspective, there are many diagnostic groups under the heading of ABI so it represents many brain disorders, pediatric or otherwise.

Particularly because the brains of this target group are still developing, PA/TBI can result in wide-spread impairments and dysfunction not only in cognition and motor function but also in behavior and social function. The injury can also affect the developmental trajectory which in itself can increase dysfunction or exacerbate impairment. A developing child/young adult's recovery, rehabilitation and habilitation from a brain injury is a complex process. It is influenced by premorbid child and social environmental characteristics, acute monitoring and treatment, and the responses of family, school, and community during this process. Since the effects of a PA/TBI are so complex, successful treatment requires the integration of medical, educational, judicial and social service systems. As such, this coordinated interdisciplinary response is necessary to facilitate any long-term rehabilitation.

The Sarah Jane Brain Project (SJBP) acknowledges many of the practices described in this document are currently being implemented. It is also recognized that there are infrastructure in place in each state that could be built upon to increase the impact and effectiveness of the initiatives outlined throughout the PABI Plan. Each State Lead Center will work closely with existing partners in their states and regions to maximize funding and to build in sustainability as funding decreases. It is the purpose of this plan to build on the many individualized practices that exist. However, the consistent availability, coordination and integration of the numerous

well-established interventions, programs, and supports do not exist at the present time on a national level. **The mission of the Sarah Jane Brain Project is to develop a seamless, standardized, evidence-based system of care universally accessible for all children/young adults and their families dealing with PA/TBI regardless of where they live in the nation.** This PA/TBI Model System of care is called the National Pediatric Acquired Brain Injury Plan (PABI Plan). The International Advisory Board of The Sarah Jane Brain Foundation developed the PABI Plan. (To read the entire PABI Plan, please visit www.TheBrainProject.org). The SJBP will facilitate this nationwide integration along with ongoing development of effective interventions and support systems and services, and their validation through multi-disciplinary research and practice guided by theory, existing data across disability populations, and participant needs.

There are many definitions of pediatric acquired brain injury (PABI) and pediatric traumatic brain injury (PTBI). For the purpose of this document, the term PA/TBI will be used. This includes traumatic causes such as those sustained as a result of motor vehicle incidents, sports-related injuries, blast injuries from war, assaults/child abuse, gunshot wounds and falls along with non-traumatic causes including but not limited to anoxia, infection, brain tumor, stroke, seizure, inflammation, toxins, meningitis, substance abuse and metabolic disorders. The focus of the SJBP is on children, adolescents and young adults, ranging in age from birth to 25 who have sustained a traumatic or non-traumatic acquired brain injury. Young adults are included due to the fact that their brains are still developing, as indicated by biological measures (brain metabolism, myelination), neurocognitive measures (executive functions, inhibitions) and social measures (beginnings of independence, transition to adult privileges and responsibilities).

The first step in implementing the PABI Plan to fulfill this mission was to create a national structure providing complete national coverage and the ability to standardize the system of care while still providing the flexibility for each state to have its own pathway to universal accessibility. This will allow each state to address its unique population health needs. In order to ascertain and carry out this integrated seamless system of care, a network of 52 Sarah Jane Brain Family State Lead Centers of Excellence (State Lead Centers) have been created (one in every state plus the District of Columbia and Puerto Rico). Each State Lead Center has three main responsibilities: 1) developing and implementing a Statewide Master PABI Plan creating a seamless, standardized, evidence-based system of care, universally accessible for all PABI families within their state; 2) providing a specialized case management system for these PABI families within their state; and 3) providing a Regional and/or National leadership role around one of the seven Categories of Care within the PABI Plan.

The country was divided into seven regions of seven or eight states/territories in each region (Northeast, Mid-Atlantic, Southeast, Mid-Central, South-Central, Rocky Mountain and Pacific Regions). The seven Categories of Care within the PABI Plan are 1) Prevention, 2) Acute, 3) Reintegration/long-term care, 4) Adult Transition, 5) "Mild" TBI, 6) Rural/Tele-health, and 7) The Virtual SJBF Center.

The federal commitment of funding through HR 2600 was designed to fully fund the first three years of each State Lead Center's operation and then decrease the funding by 20% per year until the federal commitment is reduced to zero by the eighth year of operation. This creates a burden to establish long-term sustainability models including support from each state to maintain the

PABI Plan in effect; however, there is no mandate for state funding. The average annual cost for each State Lead Center to maintain its operations is about $12 Million, with some State Lead Centers requiring more money based upon larger populations, national responsibilities, etc… The overall seven-year budget is approximately $2.9 billion. Implementation of the PABI Plan will create over 6,000 jobs across every state and territory. The legislation was carefully designed to not increase the federal budget by a penny. The funds come from the already-appropriated discretionary budget within the United States Department of Health and Human Services (HHS), which is over $85 billion annually. The Secretary of HHS will recertify that each State Lead Center is capable and willing to implement the PABI Plan upon HR 2600 being enacted into law. In addition, the Secretary of HHS was given complete flexibility as to how it will be funded from the HHS discretionary budget.

With advances in technology, neuroinformatics and assessment including functional brain imaging and genomics, the establishment and funding of a SJBF Center of Excellence in every state will dramatically improve the lives of children and young adult patients by increasing our understanding of the determinants of rehabilitation from PA/TBI and to inform the development of innovative, empirically-based interventions. Such a system will offer significant cost efficiencies, funding efficiencies and independent revenue models.

The terms *recovery*, *rehabilitation*, and *habilitation* are used throughout this document and represent overlapping processes. Definitions of these terms are needed, as well as clarification of how they relate to intervention and key reintegration periods (transition from hospital to rehabilitation, reintegration from hospital to home, reintegration into the school system, and transitions into each stage of life).

Recovery is defined here as an ongoing process that begins as soon as the patient is medically stable and continues until the patient no longer shows improvement in any impaired functions. The process continues across acute, sub-acute, and chronic phases. In the acute phase, recovery represents stabilization of neurologic, metabolic, and/or medical status, usually through interventions targeted to brain and body health (i.e., stabilization of intracranial pressure, inflammation, etc.). The use of the term recovery in the sub-acute and chronic phases is used to reflect continuing biological changes in brain function and plasticity. These almost certainly interact with processes of normal brain development.

Neuroimaging research in humans suggests these recovery processes may continue for years after injury. The end of the acute recovery process is determined when the effects of injury on cognition, mood, and behavior can begin to be most accurately assessed. However, recovery may not occur spontaneously and should be actively promoted through rehabilitation and habilitation.

Rehabilitation in this document is intended to represent periods of active intervention that might include but are not limited to: pharmacological, physical, occupational, vision, speech-language, psychological, behavioral, and/or educational therapies. Rehabilitation should continue as long as it results in improvements in function. When interventions no longer yield improvements in function, the child transitions into a period of *habilitation*.

We must acknowledge these periods are not clearly definable stages nor do they necessarily occur along a continuum. The entire process of recovery from injury will include multiple periods of active rehabilitation interspersed with periods of habilitation as new concerns are identified such as when youth transition from one stage of life to another. The key is initial identification of brain injury, control of the cascade of injury processes during the acute phase, and active surveillance to identify any developmental stalls or new concerns.

In addition, while a TBI may be classified medically as "mild," the term can be misleading since there is nothing "mild" about any brain injury, thus the reason for quotation marks around the word throughout the document.

Conclusion

These anticipated 6,000 new jobs will make PA/TBI care better because they will immediately begin developing a seamless, standardized, evidence-based system of care for all PA/TBI families regardless of where they live in the United States. Families will no longer have to "reinvent the wheel" of PA/TBI care in our nation.

Principles for SJBF Centers of Excellence

Once the SJBF Centers are in operation, they will be guided by four over-arching goals:

1) To prevent PA/TBI through changes in social practices and policy.

2) To facilitate the provision of care and services to maximize the child/young adult's recovery and development after PA/TBI and to support the family though all stages of recovery.

3) To improve the capacity of schools and community agencies to deliver rehabilitative and educational services and support to the child/young adult and family.

4) To use research to better understand the effects of neurological insults on the developing brain, to research the individual, medical and social environmental determinants of recovery and function, as well as the most effective interventions for improving child/young adult and family outcomes.

These centers will serve as resources for individual physicians, caregivers, families, hospitals, schools and other community locations (see Figure 1). Data will be incorporated into a centralized SJBF Virtual Center (see Chapter 4), allowing for the efficient evaluation of best practices. Findings from research will be disseminated using methods developed by the SJBP to share knowledge gained with the entire brain injury community. The specific principles underlying these goals are outlined below.

Principle 1: Prevention is the best possible treatment for any brain injury and includes preventing the initial insult as well as preventing secondary medical, social, and behavioral consequences, including preventing a second injury.

Principle 2: The developmental stage of the child/young adult at the time of injury and recovery across the lifespan must always be considered, and all treatments and

interventions should be implemented by individuals with pediatric training and special expertise in PA/TBI.

Principle 3: Providers and all professionals should adhere to the principles of family- and person-centered care, engaging the family and child/young adult themselves in a collaborative process for setting and achieving treatment goals.

Principle 4: Early identification of PA/TBI is critical to improving long-term outcomes.

Principle 5: Best clinical practices need to be determined based upon evidence from research and then standardized to be effective and efficient.

Principle 6: Children's recoveries are strongly influenced by their environmental contexts (home, school, community). Beyond early hospitalization, interventions to improve outcomes for children and young adults with PA/TBI must occur in the settings in which children and young adults with PA/TBI live and function (school, home, and community), and must involve the "everyday people" in these settings such as parents/caregivers, teachers, and peers.

Principle 7: Interventions for children and young adults with PA/TBI must acknowledge the overlap among different disability populations in terms of treatment needs and useful interventions.

Principle 8: Research should use a variety of methodologies to examine hypotheses regarding recovery and intervention (prospective, naturalistic follow-up studies, randomized controlled trials, single subject experiments, qualitative studies, and animal models).

Principle 9: Interventions for youth with PA/TBI occur at multiple levels (e.g., physical, medical, psychological, family, school, community) and across a continuum of care (e.g., acute care, rehabilitation, re-entry, and ongoing educational, social, and vocational life). Research on the effectiveness and efficacy of intervention should link both vertically (i.e., across levels) and horizontally (i.e., across the continuum of care), must follow children and families long-term, recognize that needs are likely to change over time, use functional outcome measures, and measure generalization to a variety of functional contexts of application.

Principle 10: Interventions for youth with PA/TBI occur across a developmental spectrum that varies according to age at injury, time since injury, and age at intervention. The effectiveness and efficacy of any intervention may vary as a function of these developmental parameters because of critical variations both in neural developmental and environmental contexts.

Principle 11: Proper PA/TBI training and education for future medical and educational professionals should be integrated into current graduate and medical school programs in order to ensure continuity of care is taught to those just entering the medical or educational profession.

Figure 1: The Circle of Care Model

Seven-Year Milestones

Year 1 Quarter 1 (Y1Q1):

- Within 30 days, each State Lead Center will be recertified by the Secretary of HHS as "capable and willing" to develop and implement a Statewide Master PABI Plan for their respective state
- The 7 National Lead Centers will begin staffing, training and operating their State Lead Center and Category of Care Management responsibilities (over the course of Y1Q1 and Y1Q2)
- The National Lead Center for the Virtual Center Category of Care will further develop the SJB Family Health, Education and Social Registry
- All 52 State Lead Centers will meet to coordinate activities
- Each State Lead Center will organize a statewide meeting of key stakeholders to begin developing a Statewide Master PABI Plan
- All 52 State Lead Centers will begin any IRB requirements

Year 1 Quarter 2 (Y1Q2):

- The remaining 45 State Lead Centers will begin staffing, training and operating their State Lead Center and Category of Care Management responsibilities (over the course of Y1Q2 and Y1Q3)
- The 7 National Lead Centers will begin staffing, training and operating their Case Management Centers (over the course of Y1Q2, Y1Q3 and Y1Q4)
- The National Lead Center for the Virtual Center Category of Care will expand the SJB Family Health, Education and Social Registry

Year 1 Quarter 3 (Y1Q3):

- The remaining 45 State Lead Centers will begin staffing, training and operating their Case Management Centers (over the course of Y1Q3, Y1Q4 and Y2Q1)

Year 1 Quarter 4 (Y1Q4):

- All 52 State Lead Centers continue staffing, training and operating their Case Management Centers
- Updating the PABI Plan

Year 2 Quarter 1 (Y2Q1):

- The remaining 45 State Lead Centers continue staffing, training and operating their Case Management Centers
- Annual report across all Categories of Care including presentation of updated PABI Plan
- All 52 State Lead Centers will develop long-term funding plans (beyond federal funding)

Year 3:

- Annual report across all Categories of Care including presentation of updated PABI Plan
- All 52 State Lead Centers will have long-term funding plans (beyond federal funding)

Year 4:

- Annual report across all Categories of Care including presentation of updated PABI Plan

- All 52 State Lead Centers will begin implementing long-term funding plans (as 20% of federal funding decreases)

Year 5:

- Annual report across all Categories of Care including presentation of updated PABI Plan
- All 52 State Lead Centers will continue implementing long-term funding plans (as 20% of federal funding decreases)

Year 6:

- Annual report across all Categories of Care including presentation of updated PABI Plan
- All 52 State Lead Centers will continue implementing long-term funding plans (as 20% of federal funding decreases)

Year 7:

- Annual report across all Categories of Care including presentation of updated PABI Plan
- All 52 State Lead Centers will continue implementing long-term funding plans (as 20% of federal funding decreases)

CHAPTER 1: *Analysis of Pediatric Acquired Brain Injury Care Today*

Pediatric Acquired/Traumatic Brain Injury (PA/TBI) is a national public health crisis and is the #1 leading cause of death and disability for American youth. Because a brain injury is typically "invisible," it remains unrecognized or under-recognized, thereby markedly increasing the burden of care in all aspects of society. The effects of a PA/TBI are complex and require the integration of medical, educational, judicial and social service systems. For the purposes of this document and overall initiative, it is recognized that Traumatic Brain Injury (TBI) is a subset of Acquired Brain Injury (ABI). As such, to ensure that there is no gap in the discussion, issues, and services between these areas of Pediatric Acquired Brain Injury (PABI), the terms are being combined and will be herewith referred to as Pediatric Acquired/Traumatic Brain Injury (PA/TBI).

PA/TBIs are truly an epidemic. The Centers for Disease Control and Prevention (CDC) reports that for children and young adults aged 25 and under there are over 11,000 deaths, over 80,000 hospitalizations, and over 765,000 emergency room visits attributable to TBI annually (see Figure 2). As the incidence of PA/TBI is at its maximum for those aged 16 to 24 years, and due to the fact that not all individuals with TBI present to an acute care hospital, these staggering numbers can only be underestimates of the true rates of PA/TBI.

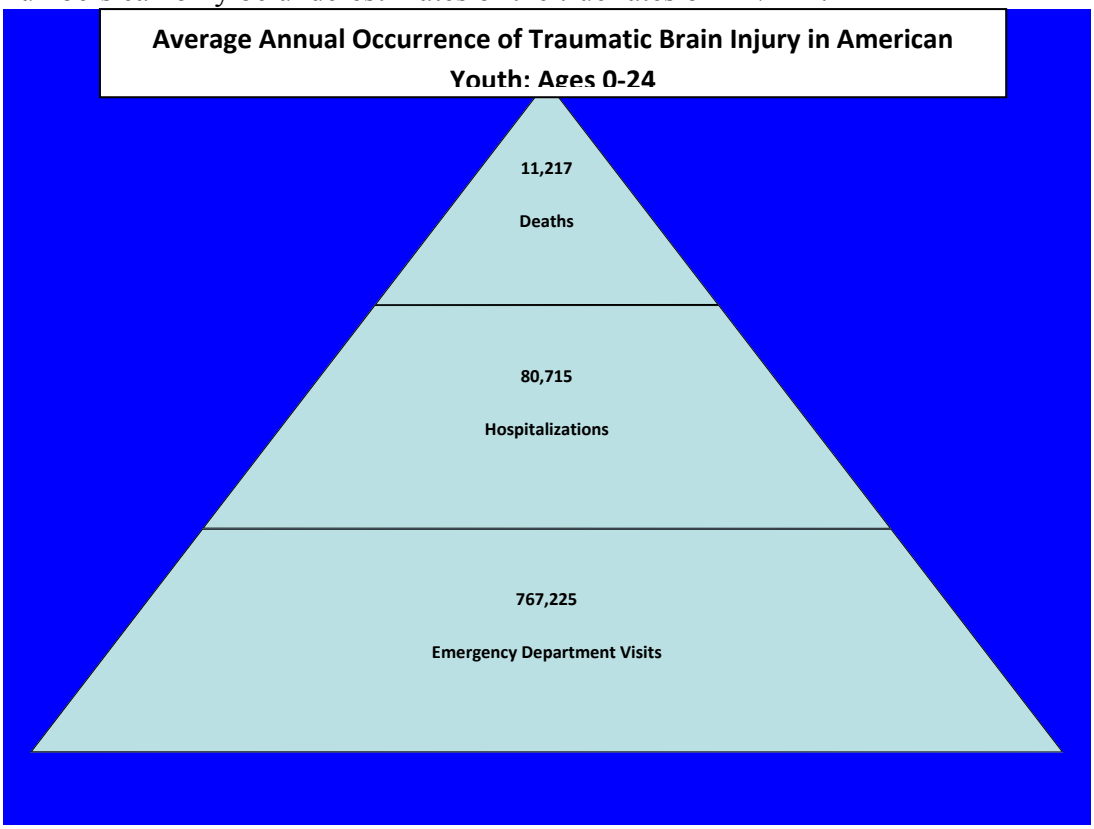


Figure 2: CDC Figures for ED Visits, Hospitalizations and Deaths Due to PTBI Annually

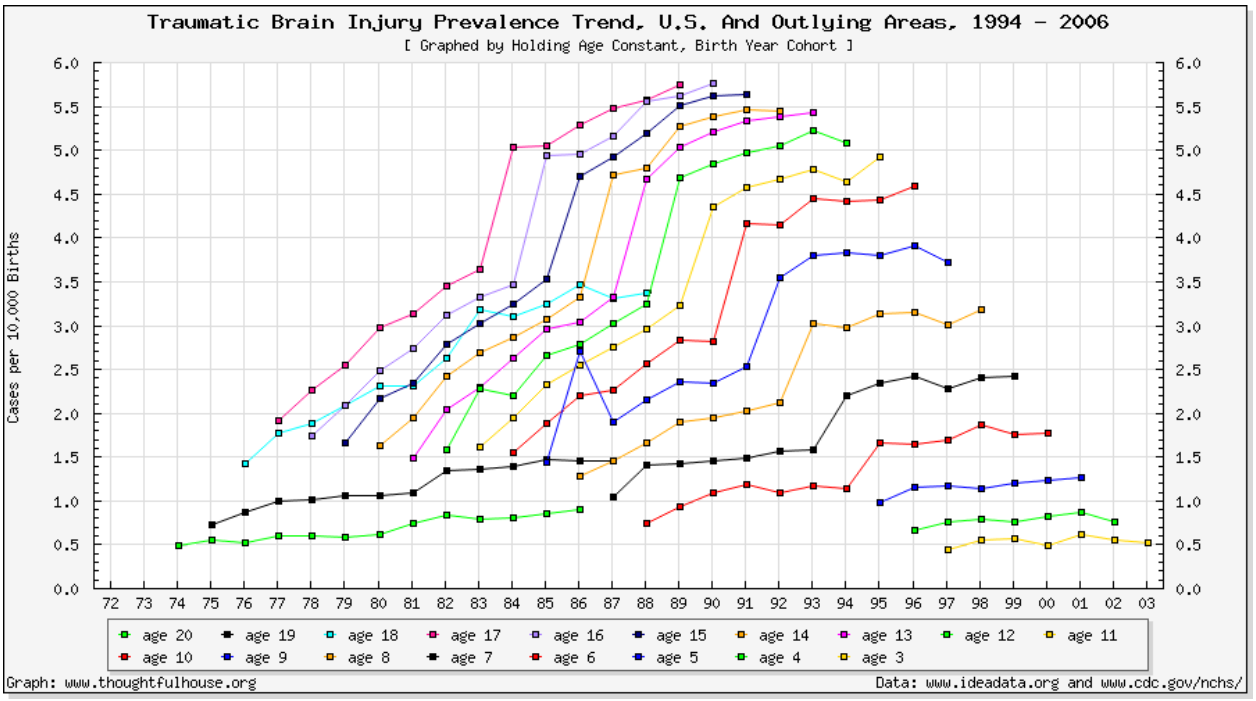


Figure 3: CDC Figures for TBI Prevalence by Age

The World Health Organization (WHO) has noted that PTBI is the NUMBER ONE cause of morbidity and mortality for children and young adults. Children are 20 times more likely to die from PTBI than from asthma and 38 times more likely to die than from cystic fibrosis. Additionally, the WHO reported in 2008 that there were twice as many children who suffered a brain injury than those who received stitches.

The financial burden of PTBI is estimated to cost well over $12 billion annually (2000 CDC data). This figure *does not* include the significant financial impact of those children and young adults, who because of their PTBI will never be able to contribute financially or otherwise to society as adults, *nor does it include lost productivity* of the child/young adult's parents and family. Startling as these numbers are, they *do not include those children who acquire their injuries from non-traumatic causes* such as stroke, brain tumors, infections of the brain and anoxic/hypoxic injuries.

While the very substantial economic cost of PA/TBI is clearly underestimated and growing every year, the positive impact of enacting the National PABI Plan is clear. Since there is an astounding decrease in lifetime earnings and other outcomes such as educational achievement of children/young adults with PA/TBI, any positive improvement in functioning and contributions to society has an enormous compounding impact. In addition, since the SJBF Centers are focused on supporting families as well as the child/young adults, the exponential positive increase in productivity of the parents/caregivers over time as a result of that support is staggering. Since most parents become the primary caregivers/case coordinators for their children, this becomes another distinguishing difference between the adult ABI and PA/TBI population.

Since these SJBF Centers will be gathering considerable quality information through a specially designed national registry, it will be possible to examine the economic benefit from a particular treatment or care management plan, whereby changes in said earnings could be measured compared to their counterparts that do not receive such treatment. It will be possible to combine the estimates of the change in the cost of care based on such treatment. Some potential outcomes to consider include the additional savings per life saved, the additional savings per life year gained, the additional net economic savings per life year gained, the additional savings per quality adjusted life year (QALY), the additional net economic benefit per QALY gained and the net economic benefit of any particular intervention. These types of economic analyses are currently unrealistic because of the dearth and quality of data.

For the families who have experienced a child/young adult with a PA/TBI, it is a terrifying and challenging experience. Their children are often not diagnosed and many are misdiagnosed. Access to comprehensive and integrative care is extremely rare. Most troubling, ongoing and coordinated support for the lifetime needs of someone with a PA/TBI is virtually nonexistent. Families have to be constantly searching and reinventing services because there is no coordinated, seamless circle of care for those with PA/TBI or their families.

Historically, PA/TBI has been studied and addressed primarily as a medical issue. Program development has taken place largely at the level of medical rehabilitative treatment. Most of the research has focused on this level of treatment as well as on children's outcome from the perspective of their neurological impairments. However, a number of important considerations mandate a sharpened focus on long-term issues from psycho-social, educational and environmental perspectives, as well as increased support for ongoing rehabilitative, educational, and support services provided by the school systems and other community providers.

The school systems are now acknowledged to be the major provider of rehabilitative as well as educational services for children and adolescents with PA/TBI. Following a severe brain injury at age 10, for example, a child/young adult may receive services for three months in acute and rehabilitative medical care, followed by eight years of services in the school system, a ratio of 1:32. Investigators agree that rehabilitative needs evolve and often grow in number and intensity over the years after PA/TBI, resulting in seriously compromised adult outcomes.

Furthermore, because among some professions, school practitioners may have less training than medical and rehabilitation professionals in understanding and managing PA/TBI-related issues, their need for training and support is greater than that of medical and rehabilitation professionals. Fortunately, the few studies that exist suggest that well-conceived interventions and supports delivered after discharge from medical rehabilitation can be effective, significantly benefitting the child/young adult, family members and education staff.

For all of these reasons, the SJBF Centers of Excellence will provide leadership in designing, studying, and disseminating long-term interventions and supports for children/young adults with PA/TBI and their families, delivered by effectively trained and supported community professionals.

Sarah Jane Brain Project (SJBP):

In an effort to address this major gap in care, the Sarah Jane Brain Foundation organized and consulted with the Working Group of its International Advisory Board. These experts in the field of PA/TBI have over 1,000 years of collective experience and their task was to analyze the continuum of care for PA/TBI, identify the problems along this continuum and then propose solutions. Over 75 of these experts gathered in New York City the first week of January in 2009 to create a draft document. As a result of this effort, the National PABI Plan was drafted and made public along with the first letter sent to President Barack Obama on January 20, 2009, at 12:01 p.m. (a copy is available on the website www.TheBrainProject.org). This document is the updated version of this comprehensive, integrative, accessible, culturally sensitive, long-term and child/family centered circle of care for PA/TBI. These experts included families and family advocacy organizations, physicians, allied health care professionals, educators and researchers.

Wherever possible, recommendations are based on evidence derived from "good" science. However, there is little research being done in the broad field of PA/TBI in comparison to the magnitude and severity of the problem. A working group of research and clinical scientists as well as various health practitioners and advocates focusing on translational research and scientific investigative research identified the following two key fundamental research questions that will guide efforts to improve the management and long-term treatment of PA/TBI: “What are the questions that should be asked and what data is needed to ensure the PABI Plan is tested, evidence-based, and replicable?” and “What are the questions needed to be asked and answered to advance the field of PA/TBI?”

The long-term research agenda of the SJBF Centers will be formed by emerging clinical and research evidence and reflect an interdisciplinary integration of recursive research questions and methodology. It should be noted this research agenda is by no means complete, but does represent the areas of research that can provide the maximum help in the management of PA/TBI as quickly as possible with future research needs to be delineated over time. Indeed, the entire circle of care will need to be modified as more evidence of best treatments is documented.

This working group was asked to address (1) prevention, (2) acute care needs, (3) transition to the community and ongoing rehabilitation, (4) long-term needs, (5) research which will span all phases and (6) child/young adults, parents/caregivers, siblings and other family considerations at each stage. Where necessary, the severity and cause of the PA/TBI was also addressed.

Because physiological development of the brain continues into the third decade of life, the definition of PA/TBI extends from birth to age 25 and encompasses the care of over 104.8 million children and young adults within the United States of America based on the 2010 census.

The PABI Plan has been developed into seven “Categories of Care” for treating brain injuries in children and young adults: 1) Prevention, 2) Acute Phase, 3) Reintegration / Long-term care, 4) Adult Transition Phase, 5) “Mild” TBI Assessment / Treatment, 6) Rural / Tele-health and 7) The Virtual Center. Each Category of Care will establish a nationwide standard for collecting translational data, a standard set of training, education and dissemination of information, and the ability to develop and monitor scientific investigative research.

The entire program is based on the premise that the most important way to treat PA/TBI is to prevent it in the first place. Prevention has been conceptualized broadly to include programs that

are available to prevent PA/TBI caused by everything from motor vehicle collisions to programs addressing other forms of acquired brain insult such as those to encourage sound immunization regimens and improved nutrition.

Prevention can and must be evident throughout various phases including primary prevention which entails forestalling PA/TBI in the first place, secondary prevention which involves limiting the impact of PA/TBI, and tertiary prevention, or preventing repeat brain injury. The efficacy of prevention programs must be continuously evaluated to prove they make a difference and actually decrease the incidence of PA/TBI. Existing programs that have been or are being shown to be effective should be expanded and results and practices instituted nationwide, when replicable. New evidence-based programs should be developed and wide-spread dissemination of prevention information promoted to effect diffusion and adoption of proven and tested practices.

As a critical component in the circle of care, education should address numerous important aspects of PA/TBI, including: definition, prevention, diagnosis and treatment, facilitation of recovery, provision of needed assistance in schools and participation in the community. Education must target children and young adults, parents and extended family, educators, health care providers across the care continuum, and mental health specialists to optimize appropriate identification and treatment over time. Direct service care providers to children/young adults with PA/TBI and their families must be well informed and have access to the most current research and leading practice information. Although many health care professionals with PA/TBI expertise are disbursed throughout the nation, current accessibility to these experts is not well orchestrated and their overall numbers are insufficient to address the full scope of this public health crisis.

Between 1 to 3 million children/young adults experience a “mild” TBI annually. “Mild” TBI, which is the largest sub-group of TBI incidences, is largely undiagnosed and often untreated. In addition to the problem of under-identification and resultant latent symptomatology, few specialty clinical service systems exist for active treatment and management of the condition. Contributing to this problem, few trained pediatric clinical specialists are available with a focus on “mild” TBI. Hampering service, evidence-based models of pediatric “mild” TBI care are not articulated and therefore, clinicians do not have clear guidance regarding the development of these clinical care systems within the continuum. With a shortage of specialized clinics to treat “mild” TBI and the requisite professional expertise, a variety of problems are evident. Most importantly, without a knowledgeable and accessible system of care, the post-injury clinical problems children and families face include dramatically increased risk for worse outcomes including re-injury, prolonged recovery, and possible catastrophic medical and psychological outcomes and substantial familial and societal economic losses.

Persons with disorders of consciousness (DOC) including those in coma, MCS (minimally conscious state) and VS (vegetative state), like persons with “mild” TBI, are a special group of patients with acquired brain injury requiring a greater level of professional expertise (i.e., sub-specialty training) for adequate assessment and treatment.

The SJBF Centers will seek to standardize acute care for PA/TBI during field-side assessment, Emergency Department triage and stabilization, critical and acute care management in hospital

and rehabilitation based on state-of-the-art evidence. This standardized approach must encompass and integrate all areas of healthcare delivery and healthcare personnel education/training. In addition, the Centers will emphasize the importance of timing rehabilitative interventions appropriately in the care of the child/young adult with a brain injury. Ongoing research is essential and will be conducted in the best way to care for children with PA/TBI, and as new information emerges it will be disseminated to other sites as rapidly as possible. Each Center will have exceptionally-trained Sarah Jane Brain Family (SJBF) Specialists who will operate as "super-caseworkers" for each family.

Rehabilitation begins during the acute recovery phase and can continue throughout the child or young adult's life. The SJBF Centers will seek to expand understanding of how much, what kind and when rehabilitation is necessary for various kinds of PA/TBI. Timely, effective and supportive communication with the family and the professional and expedient initiation of the family's transition process is imperative. Initiating rehabilitation programs early is paramount, but so is the recognition that the rehabilitative process continues in the child/young adult's community. This rehabilitation needs to be ongoing as the child/young adult develops and grows and the brain undergoes the physiologic preplanned growth and refinement necessary for brain maturation. Indeed, one of the reasons why PA/TBI is so different from adult A/TBI, is the fact the brain is maturing and new skills are emerging. Infants, children and young adults often manifest their PA/TBI when they fail to meet expected developmental milestones at the appropriate times.

It is equally important to recognize that transitioning from the pediatric system into the adult system of care is one of the most difficult and challenging phases throughout the continuum of care. Thoughtful attention is required to coordinate the transition for individuals, caregivers, educators and the community since the adult system of care is more directed towards independent living and vocational training without the structured support system of the ideal pediatric system. There is very little research done within the Adult Transition Category of Care.

In order to develop a system of care that is universally accessible for all children/young adults and their families no matter where they live in the nation, it is imperative we have an emphasis on the families living in rural America, which encompasses over 75% of the landmass in our country and almost 25% of our population. In order to accomplish this mission, tele-health and tele-rehabilitation programs must be developed, tested and implemented throughout the country.

In order to standardize the system of care, evidence and data will be collected, analyzed and stored through The Virtual SJBF Center. In addition to serving as a data collection pool, the Virtual Center will be an online resource for individuals, families, professionals and the general public for all stages of the continuum of care and an opportunity to use advancements in healthcare I.T. to improve the system of care. By sharing experiences through a worldwide, online ecosystem, The Virtual SJBF Center and rural/tele-health initiatives will deliver better outcomes for those with brain injuries and their families.

Long-term Revenue Models:

An additional component of the National PABI Plan is the National Legal Advocacy Group (NLAG). The purpose of the NLAG is to provide children and adolescents with the best means of accessing the supports and services necessary for individuals with PA/TBI. The legal center

will incorporate education about and the most effective means for obtaining these services from the medical, educational and social services communities or organizations, as well as other legal entities, in the most efficient manner. Always taking into consideration the needs of the child/young adult and family, the legal center will ensure a continuum of service delivery into, through and beyond the legal age for those services. The legal center will serve as a legal hub for any legal issues the child/young adult and family needs and also facilitate appropriate transition and access of services into the adult world and support continuity of those services. Due to federal and state rules and regulations, the NLAG will operate independent from SJBF.

The International Advisory Board has also begun looking at long-term revenue models so the system of care is not solely reliant upon public financing. The NLAG will serve as one source of non-public funding. In addition, The Sarah Jane Brain Project will develop its own contract research organization (CRO) focused around pediatric acquired brain injuries which should be able to generate significant funding for the system of care over time as well and generate additional research projects. There are numerous other revenue and fund-raising plans which are in the process of being developed including working with all of our strategic partnerships. We expect these non-public revenues to eventually generate hundreds of millions of dollars annually and become a large component of the budget.

CHAPTER 2: *The TBI Model System and the PA/TBI Model System*

The Current Status of The TBI Model System

The TBI Model Systems came into existence in 1984 when the National Institute of Disability and Rehabilitation Research (NIDRR), United States Department of Education funded four centers as five-year grants. The four centers were located at Medical College of Virginia, Mount Sinai Medical Center, Rehabilitation Institute of Michigan and Santa Clara Valley Medical Center. A data center at SUNY Buffalo was funded as well.

The initial funding for the centers was about $250,000 per year (direct and indirect costs). Every five years the Model Systems are re-competed and some centers are re-funded, some centers are de-funded and new centers are funded. Therefore, the "cadre" of TBI Model Systems has not been stable over the 25 years of the program. The current cohort of the TBI Model Systems was funded in October 2007 and consists of 16 centers, a data center that is located at Craig Hospital in Denver, Colorado and a Knowledge Translation Center that is located at the University of Washington. Current funding is about $420-450,000 per year (direct and indirect costs).

These 16 programs are located at: Baylor College of Medicine, Craig Hospital, Dallas Rehabilitation Center, JFK-Johnson Rehabilitation Institute, Kessler Institute for Rehabilitation, Medical College of Virginia, Mass Rehabilitation Hospital, Mayo Clinic, Mount Sinai Medical Center, the Ohio State University, Rehabilitation Institute of Chicago, Rehabilitation Institute of Michigan, Santa Clara Valley Medical Center, Shepherd Center, University of Alabama, and University of Washington.

Although there is no standardization of the rehabilitation programs provided by the TBI Model Systems, the programs are CARF and JCAHO accredited. Each program is supported for its "local" research as well as its contribution to multi-site knowledge development projects and clinical trials. Currently, there are more than 50 research projects ongoing within the TBI Model Systems. Thus, the TBI Model Systems are research centers.

In addition, each center contributes between 35-40 new cases each year of individuals with moderate-severe TBI who receive their acute care and rehabilitation within the model system. These individuals are followed at intervals of 1, 2, 5, 10, 15 and 20 years post-injury. Currently, there are about 8,000 individuals with TBI included in the TBI Model System database that are being followed. Thus the TBI Model System represents the only longitudinal database on the long-term outcome and challenges of individuals with TBI.

The TBI Model System includes only those individuals who are older than 16 years of age. The age was originally set based on the JCAHO parameters and not based on any specific neurological evidence. Most of the TBI research over the years has been targeted towards the adult TBI population. It is worth noting children are not "little adults."

Challenges for Developing a PA/TBI Model System

There are several challenges that are barriers to developing and implementing a PA/TBI Model System. They include the following:

1. There is little, if any, basic laboratory research on the acute stage of PA/TBI regarding pharmacological or surgical treatment, nor are there any studies on interim or long-term neurological outcomes resulting from early stage interventions.

2. The epidemiology of pediatric moderate-severe TBI is not well studied, therefore the number and characteristics of children who would meet the inclusion criteria in a national database (however defined) is not known.

3. The pediatric "model system" has not been defined because the pathways of care are not well defined. In other words, what percentage of those with moderate-severe PA/TBI receive inpatient rehabilitation as opposed to being discharged to their homes directly from acute care? Once home they receive community-based or home-based services. Appropriate models of care or transition remain ill-defined. Standardized methods for identification, service delivery, and tracking children with "mild" TBI are lacking. The nature of the problem remains ill-defined: is a model system for those with moderate and severe injuries or for those with "mild" injuries as well?

4. The model of care for children and adults is very different. More specifically for adults there are diverse programs of post-acute inpatient and outpatient services available. There is no such care network available for children. Indeed the panoply of outpatient programs available to adults is replaced by "educational" systems that are not prepared to provide adequate services to children with PA/TBI. There are few "model" programs of either outpatient or school-based programs of care that could be used as models for system development.

5. School systems are ill-equipped to deal with children with PA/TBI and are more comfortable classifying them with disabilities that are more consistent with ongoing service delivery schemes.

6. There is no standardized method for identifying children with PA/TBI when they enter school or in the years that follow. Thus, the true number with children with PA/TBI is not known and is a deduction; therefore, the extent of the problem remains unknown.

7. While there is some longitudinal data on "recovery" from moderate-severe PA/TBI, follow-up periods are limited and the long-term follow-up data on those with all ranges of PA/TBI severity remains unknown. Thus, we do not know the social consequences of PA/TBI in terms of unemployment, substance abuse, psychiatric disability, delinquency, violence, etc…

8. There are few Departments of Rehabilitation Medicine currently admitting a sufficient number of children with PA/TBI so they are unable to create specialized PA/TBI rehabilitation programs.

Solutions for Developing a PA/TBI Model System

1. Epidemiological studies need to be funded examining the epidemiology and longitudinal course of PA/TBI. Better information is needed in terms of the number of children with "mild," moderate, and severe injuries who are injured each year, what services they receive and what happens to them over time.

2. Data from epidemiological studies need to be applied to the development of an interdisciplinary basic research program to develop early-stage interventional treatments using PA/TBI laboratory models.

3. States need to "buy into" identification of PA/TBI. Children must be identified when they enter school and each subsequent year thereafter. An integrated system of services is necessary to address the unique needs of children with PA/TBI and their families along the full continuum from "mild" to severe injuries and disabilities.

4. Best practices need to be established for statewide programs of identification, teacher training and classroom interventions.

5. Evidence-based practices for classroom intervention need to be established.

6. Evidence-based programs of cognitive rehabilitation for children with PA/TBI need to be developed consistent with the child's developmental age.

7. Evidence practices for family-based intervention need to be established.

8. Models of care need to be developed consistent with the child's cognitive, behavioral, physical, sensory and emotional challenges.

9. Model programs for points 2-7 need to be identified and replicated.

CHAPTER 3: *Implementing the PABI Plan and Organizational Structure*

National Structure to implement the National PABI Plan

The mission of the PABI Plan is to develop a "seamless, standardized, evidence-based system of care universally accessible for all children/young adults and their families regardless of where they live in the nation." The first step in developing a PA/TBI Model System to fulfill this mission is to create a national structure which provides complete national coverage with the ability to standardize the system of care while still providing the flexibility for each state to have its own pathway to universal accessibility. This network of 52 institutions will serve as State Lead Centers of Excellence, one for each state plus the District of Columbia and Puerto Rico. In order to achieve the goals as outlined in the PABI Plan, each State Lead Center has collaboration experience, case management experience and a strong understanding of the existing structures within their state.

SJBF organized a seven-person, independent Center Selection and Support Committee (CSS), made up of leading experts in the field of pediatric brain injury, one Member from each region along with a specialty for each Category of Care, to develop the application process and review and approve the applicants to become a State Lead Center. SJBF will maintain this CSS Committee as oversight of the overall project and this committee will be responsible for creating periodic reports to our federal partners as well as to Congress and the public. Upon HR2600 becoming law, the Secretary of Health and Human Services will recertify each State Lead Center within 30 days to ensure they are capable and willing to implement the PABI Plan and will also either reappoint or replace each Member of the CSS Committee based on their ability to provide proper oversight of the implementation of the PABI Plan.

Each State Lead Center has certain essential, desirable and optional capabilities with the main responsibility to develop and implement a Statewide Master Plan to accomplish the goals and premises as outlined in the PABI Plan for their entire state. They will work through and within the existing structures within their state, while helping to build the capacity of these structures to provide complete coverage to these children/young adults and their families. We will not duplicate current services and create further fragmentation within each state.

Part of each State Lead Center's Master Plan for their state will be providing a specialized case management system for the children/young adults and their families. Once a PA/TBI is diagnosed in their state, the State Lead Center will "attach" themselves to the families and never let go unless they move to another state, in which case the State Lead Centers in both the original state and the destination state will collaborate to ensure a seamless transition for that family from one location to the next. These SJB Family Specialists will be highly-trained case managers who understand the needs of PA/TBI families and have a great understanding of the services offered in their state. At the same time, these SJB Family Specialists will ensure the family is integrated into The Virtual Center and the appropriate data is being captured.

There will be different Levels of designation for institutions and organizations throughout each state based upon their capabilities and experience. For example, each State Lead Center will also need to serve as a Level 1 SJBF Center with a dozen SJB Family specialists, a Field Specialist for educational training capabilities and a Center Manager with administrative support for a specific geographic/demographic range. A Level 2 SJBF Center will have fewer capabilities (six

SJB Family Specialists, a Field Specialist and no administrative support) and a Level 3 SJBF Center will have even fewer capabilities (three SJB Family Specialists only). As an example, Texas' Master Plan has five Level 1 SJB Family Centers (Austin, Dallas, Houston, El Paso and San Antonio) an additional eight Level 2 SJB Family Centers in smaller communities and four Level 3 SJB Family Centers in rural parts of their state (see Figures 4 and 5), whereas Kansas has only two Level 1 SJB Family Centers (Kansas City and Wichita), four Level 2 SJB Family Centers operating in smaller communities throughout their state and no Level 3 SJB Family Centers. These Centers and resources will be dispersed throughout each respective state into infrastructures that already exist (i.e., other medical centers, school systems, etc…) or where none currently exists, the State Lead Center will help establish a Center.

In order to encourage increased regional collaboration, the country was divided into seven Regions with seven or eight states/territories for each Region.

Northeast Region: Connecticut, Maine, Massachusetts, New Hampshire, New York, Rhode Island, Vermont

Mid-Atlantic Region: Delaware, District of Columbia, Maryland, New Jersey, Pennsylvania, Virginia, West Virginia

Southeast Region: Alabama, Florida, Georgia, Mississippi, North Carolina, Puerto Rico, South Carolina, Tennessee

Mid-Central Region: Illinois, Indiana, Iowa, Kentucky, Michigan, Minnesota, Ohio, Wisconsin

South-Central Region: Arkansas, Kansas, Louisiana, Missouri, New Mexico, Oklahoma, Texas

Rocky Mountain Region: Colorado, Idaho, Montana, Nebraska, North Dakota, South Dakota, Utah, Wyoming

Pacific Region: Alaska, Arizona, California, Hawaii, Nevada, Oregon, Washington

In addition, within each Region, one of the State Lead Centers will have a leadership role in one of the seven Categories of Care with the purpose of establishing a standard collection of translational data, a standard set of training, education and dissemination of information and the ability to monitor and develop scientific investigative research within each Category of Care. There will also be one State Lead Center within each Region which will serve as the National Lead Center for each Category of Care (see detailed breakdown below). The National Lead Centers will also serve as the coordinating Regional Lead organization within their respective regions.

The seven Categories of Care and their respective State Lead Centers are:

1) Prevention (of all types of PA/TBI)
   Northeast Region: Massachusetts – National Lead Center
   Mid-Atlantic Region: Delaware
   Southeast Region: Georgia

Mid-Central Region: Wisconsin
South-Central Region: Arkansas
Rocky Mountain Region: Wyoming
Pacific Region: Alaska

2) Acute Phase (time of accident/diagnosis through completion of formal inpatient rehab care)
Northeast Region: New Hampshire
Mid-Atlantic Region: Pennsylvania
Southeast Region: Florida – National Lead Center
Mid-Central Region: Indiana
South-Central Region: New Mexico
Rocky Mountain Region: Utah
Pacific Region: California

3) Reintegration / Long-term care (post-discharge, home, community and school-based care)
Northeast Region: New York
Mid-Atlantic Region: Maryland
Southeast Region: North Carolina
Mid-Central Region: Ohio
South-Central Region: Kansas
Rocky Mountain Region: Nebraska
Pacific Region: Oregon – National Lead Center

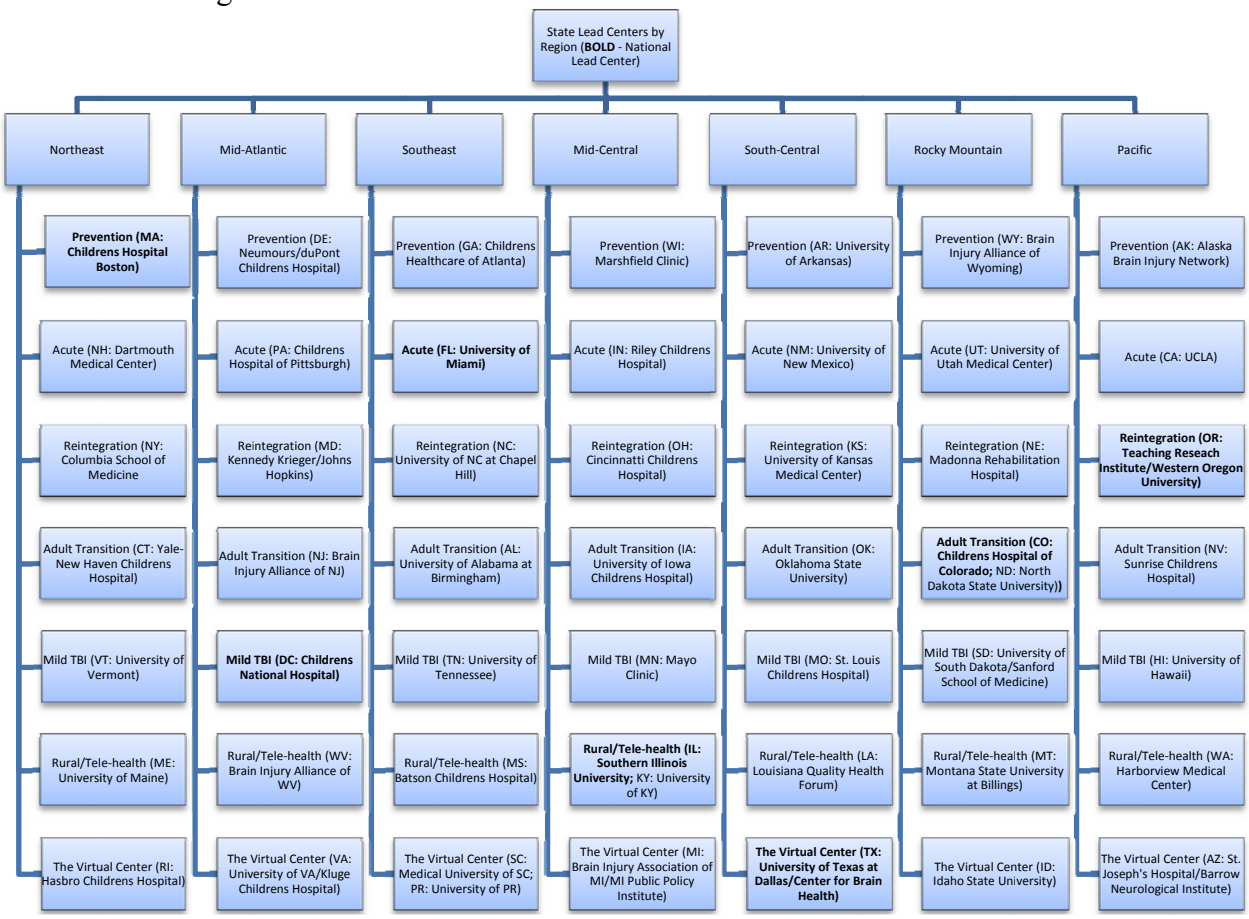
4) Adult Transition (post-discharge, 16-25 years of age transitioning into adult system of care)
Northeast Region: Connecticut
Mid-Atlantic Region: New Jersey
Southeast Region: Alabama
Mid-Central Region: Iowa
South-Central Region: Oklahoma
Rocky Mountain Region: Colorado – National Lead Center
Rocky Mountain Region: North Dakota
Pacific Region: Nevada

5) "Mild" TBI Identification / Assessment / Treatment
Northeast Region: Vermont
Mid-Atlantic Region: District of Columbia – National Lead Center
Southeast Region: Tennessee
Mid-Central Region: Minnesota
South-Central Region: Missouri
Rocky Mountain Region: South Dakota
Pacific Region: Hawaii

6) Rural / Tele-health (technology, distance healthcare and delivery of services)
Northeast Region: Maine
Mid-Atlantic Region: West Virginia
Southeast Region: Mississippi
Mid-Central Region: Illinois – National Lead Center

Mid-Central Region: Kentucky
South-Central Region: Louisiana
Rocky Mountain Region: Montana
Pacific Region: Washington

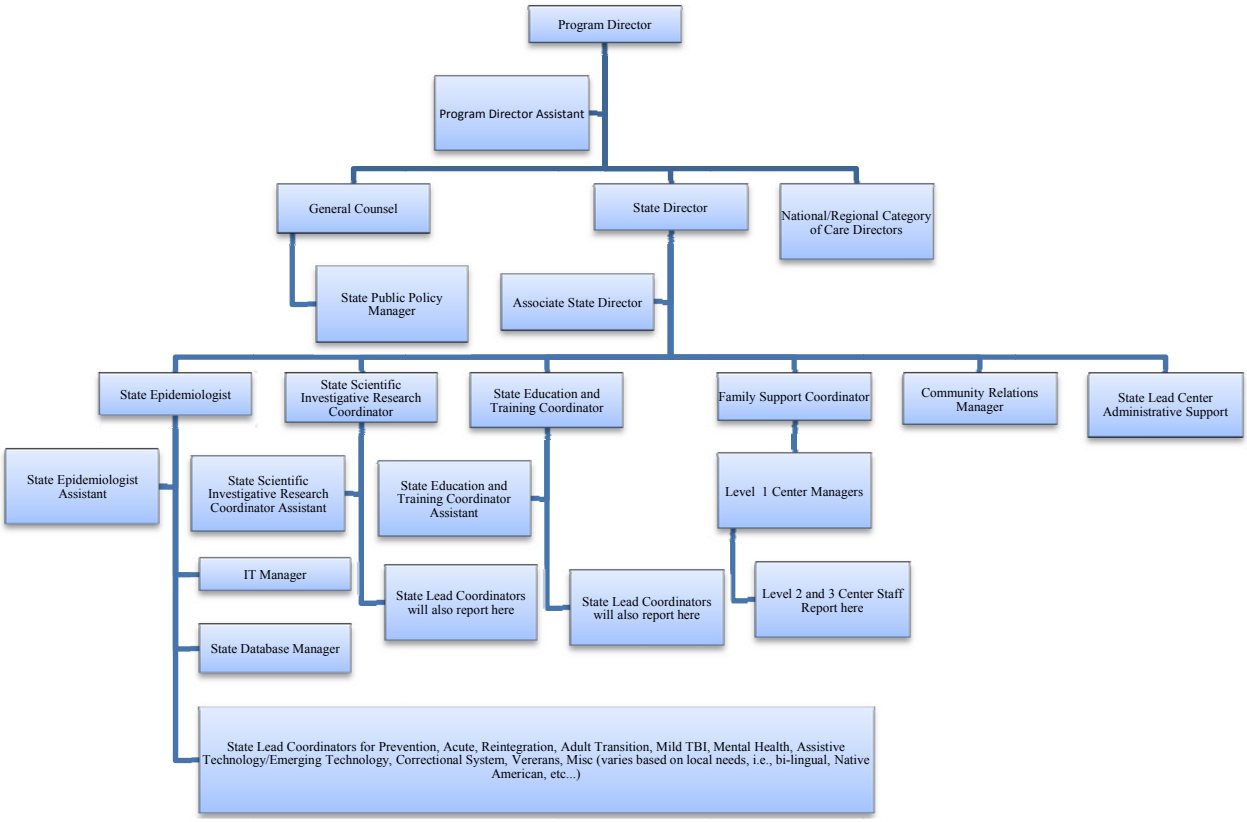
7) The Virtual SJBF Center (family registry, electronic medical records and healthcare IT)
Northeast Region: Rhode Island
Mid-Atlantic Region: Virginia
Southeast Region: South Carolina
Southeast Region: Puerto Rico
Mid-Central Region: Michigan
South-Central Region: Texas – National Lead Center
Rocky Mountain Region: Idaho
Pacific Region: Arizona



The State Lead Center Organization Chart

Each State Lead Center will have a standard staffing organization beginning with the Program Director who will oversee the operation of the State Lead Center and ensure the mission of the PABI Plan is being fulfilled by providing support and advice to the State Director who will be responsible for the day-to-day management of the State Lead Center. The Program Director is equivalent to a non-executive Chairman of an organization. The State Director is equivalent to the Chief Executive Officer of an organization. The staffing organization is broken up into the three main responsibilities for each center: developing a Statewide Master Plan and Statewide

Coordination, the Category of Care Responsibility and Case Management Responsibility. (Each State Lead Center will have the flexibility to either hire a specific person for the line item associated with that responsibility or out-source it to an already-existing organization that can accomplish those responsibilities more efficiently.)



STAFFING FOR STATEWIDE COORDINATION

Each State Lead Center will develop and implement a Statewide Master Plan to create a seamless, standardized, evidenced-based system of care universally accessible for all children/young adults and their families regardless of where they live in their state.

List of positions/responsibilities for Statewide Coordination:

State Lead Center Program Director (this position is equivalent to a non-executive Chairman of an organization)

- Program Director Assistant

State Director (this position is equivalent to the CEO of an organization)

- Associate State Director
- State Epidemiologist
  - State Epidemiologist Assistant
- State Scientific Investigation Research Coordinator
  - State Scientific Investigation Research Assistant
- State Education/Training Coordinator
- State General Counsel
- State IT Manager
- State Family Support Coordinator

State Prevention/Awareness Coordinator
State Acute Care Coordinator
State Reintegration Coordinator
State Adult Transition Coordinator
State "mild" TBI Coordinator
State Mental Health Coordinator
State Assistive/Emerging Technology Coordinator
State Correctional System Coordinator
State MISC Coordinator: each state has a staff person that is unique to their particular state (i.e., Texas requires a Bi-lingual Coordinator for their growing Hispanic population, Montana requires an American Indian Coordinator for their large population on reservations, Nebraska requires a Cultural Diversity Coordinator since it is home to several Native American tribes as well as a growing Hispanic population.)
State Veterans Coordinator
State Data Manager
State Public Policy Manager
State Community Relations Manager
State Administrative Support

Charity care: each State Lead Center will have a limited budget in order to provide certain services to populations who have very limited resources or access to these services; decisions about the type of service will be made by each State Lead Center based on the needs of their state.

Human Resources Support: each State Lead Center will be screening and hiring applicants as well as processing their benefits and will determine the best method for implementing (i.e., some State Lead Centers will handle this within their primary institutions while some will hire HR personnel).

Training Support: $250 is allocated per employee/per year for orientation and training for new employees and continuing education for existing employees

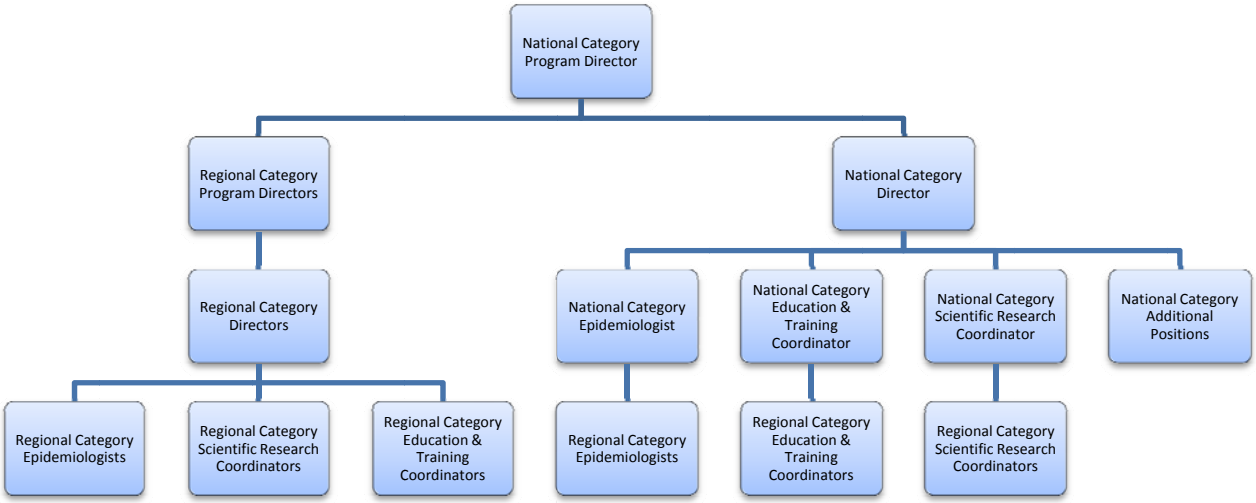
Other Costs (associated with each State Lead Center included in the itemized budget are)

- State Lead Center Office Space Cost
- State Lead Center Transportation/Travel
- State Lead Center Office Equipment/Communications
- State Lead Center Supplies
- Annual and Regional Conferences

Statewide Brain Injury Organizations Pediatric Programs: each State Lead Center is allocated an amount to be directed to their respective statewide Brain Injury Organization to develop programs for the pediatric acquired brain injury community. (For those states where a statewide Brain Injury Organization does not exist, the funds will be used to establish one with an emphasis on the pediatric acquired brain injury community.)

STAFFING FOR REGIONAL/NATIONAL CATEGORY OF CARE RESPONSIBILITY

Each State Lead Center will be responsible for continuity and standardization of translational data collection, dissemination of education/training and monitoring basic science research for ONE Category of Care for their region (one State Lead Center will also serve as the National Lead Center for each specific Category of Care)



<u>List of positions/responsibilities for Regional/National Category of Care:</u>

National Category Director

National Category Epidemiologist
National Category Education/Training Coordinator
National Category Scientific Investigation Research
National Category Additional Staffing positions

Some Categories of Care will need additional specific leadership positions that are unique to their Category; (these positions will only be in the seven National Lead Centers)

<u>Prevention Category</u>
National Intentional Brain Injury Prevention Coordinator
National Unintentional Brain Injury Prevention Coordinator
National non-Traumatic Acquired Brain Injury Prevention Coordinator
<u>Acute Category</u>
National Acute Category Assistant Director
<u>Reintegration Category</u>
National Assistive/Emerging Technology Director
<u>Adult Transition Category</u>
National Veterans Coordinator
<u>Virtual SJBF Center</u>
National Database Manager
National Content Manager
National Help Desk Support Manager

National Business Development Manager
National HIPAA Compliance Officer

National and/or Regional additional technology: Additional technology, hardware, software or capital spending may be needed and is included in the specific State Lead Center budget (i.e., strategic telemedicine and telecommunication technologies, development of SJBF Registry and Personal Health/Education Records Portal and Open Source Initiative)

Regional Category Director
Regional Category Epidemiologist
Regional Category Education/Training Coordinator
Regional Category Scientific Investigation Research
Regional Category Additional Staffing positions

Some Categories of Care will need additional specific leadership positions that are unique to their Category

Reintegration Category
Regional Assistive/Emerging Technology Coordinator
Adult Transition Category
Regional Veterans Coordinator
Virtual SJBF Center
Regional Business Development Managers

Regional Category Administrative Support: general clerical and administrative support for the Category of Care staff

Other costs associated with each Category of Care included in the itemized budget

- Regional Category Office Space Cost
- Regional Category Transportation/Travel
- Regional Category Office Equipment/Communications
- Regional Category Supplies

STAFFING FOR CASE MANAGEMENT RESPONSIBILITY

Each State Lead Center will also serve as a SJB Family Level 1 Center for case management. To serve as a Level 1 Center each institution must be able to manage a specialized case management system for the children/young adults and their families (this would be the staffing for all Level 1 Centers within each state to cover a certain geographic region/demographic population). A Level 1 Center will have a Center Manager, a Field Specialist, a dozen SJB Family Specialists, additional Research Associates, administrative support and office space. A Level 2 Center will have a Field Specialist, six SJB Family Specialists, and additional Research Associates without any administrative support or office space. A Level 3 Center will only have three SJB Family Specialists and additional Research Associates. Both Level 2 and Level 3 Centers will be managed by the Center Manager within their region. (see Figures 4 and 5 below as an example of the Texas Statewide Case Management System)

List of positions/responsibilities for Case Management Responsibility:
Center Manager
Field Specialist

Research Associates
Sarah Jane Brain Family Specialists

Additional Itemized Budget Items for the Case Management Responsibility

- Transportation/Travel
- Office Equipment/Communications
- Supplies

A profile for each State Lead Center is attached which provides contact and biographical information for each Program Director, an overview of the funds that State Lead Center will be receiving as well as an itemized breakdown of the costs associated with each position and line item described above.

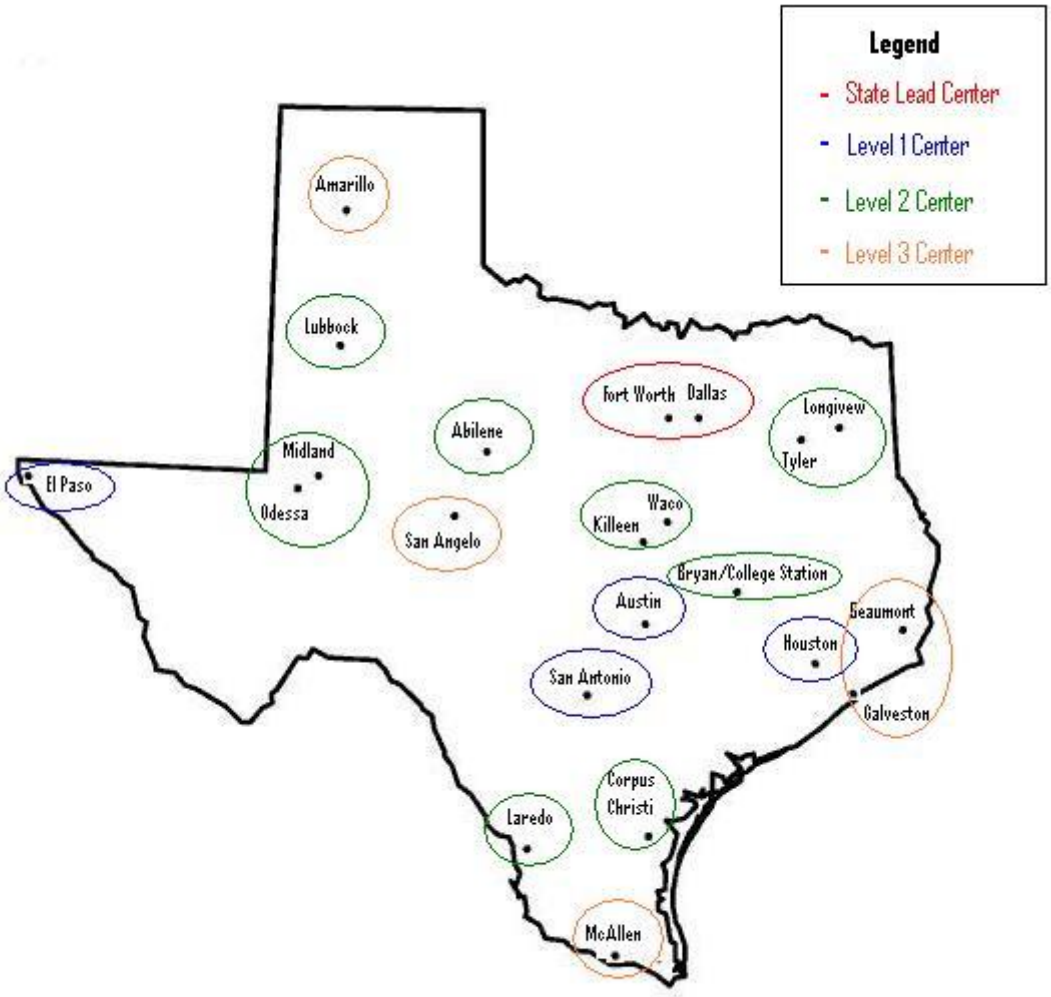


Figure 4: Map of Texas Case Management Statewide System

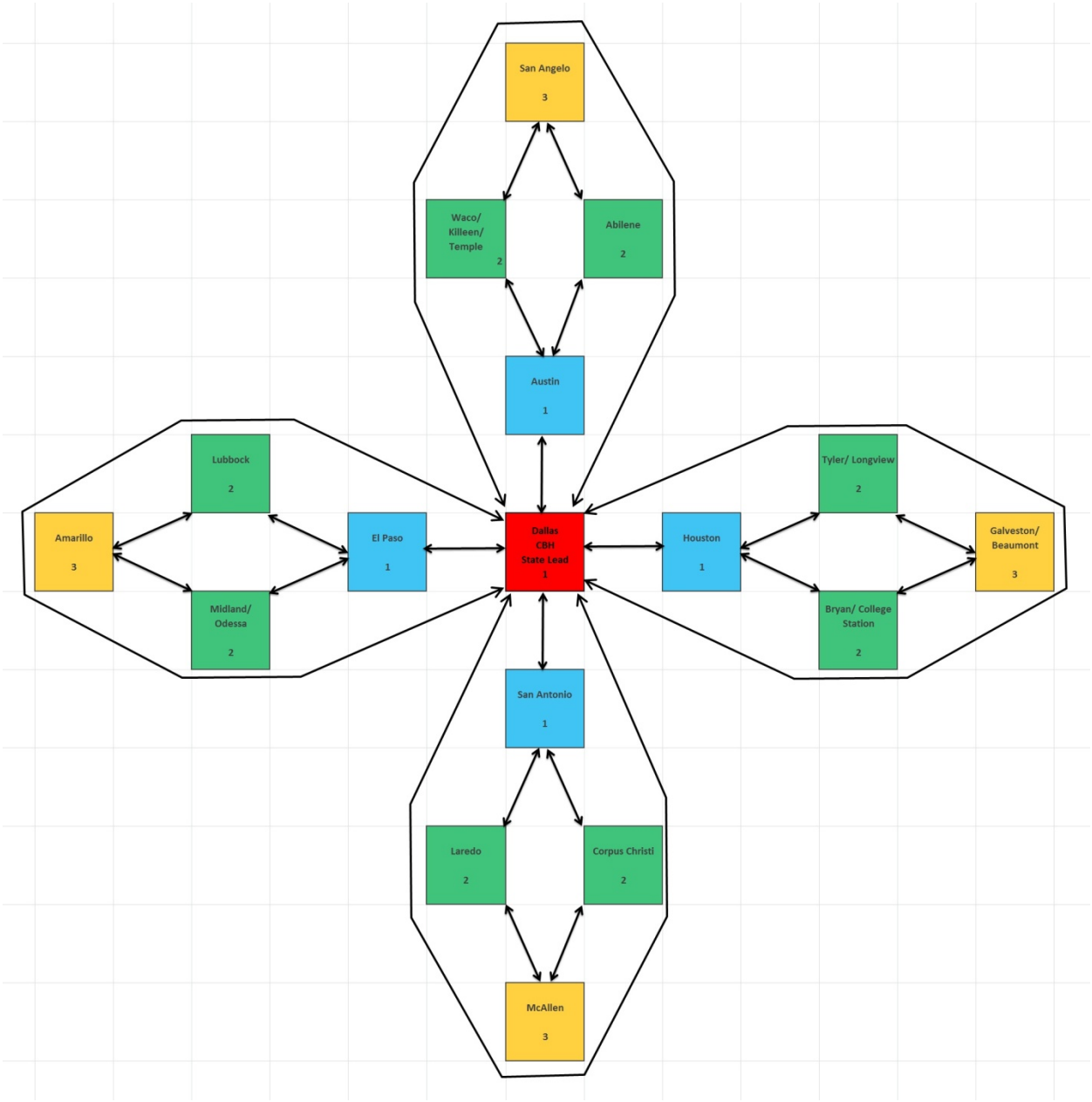


Figure 5: Texas Case Management Statewide System

Chapter 4: Category of Care: The Virtual SJBF Center - An Ecosystem for the PA/TBI Community

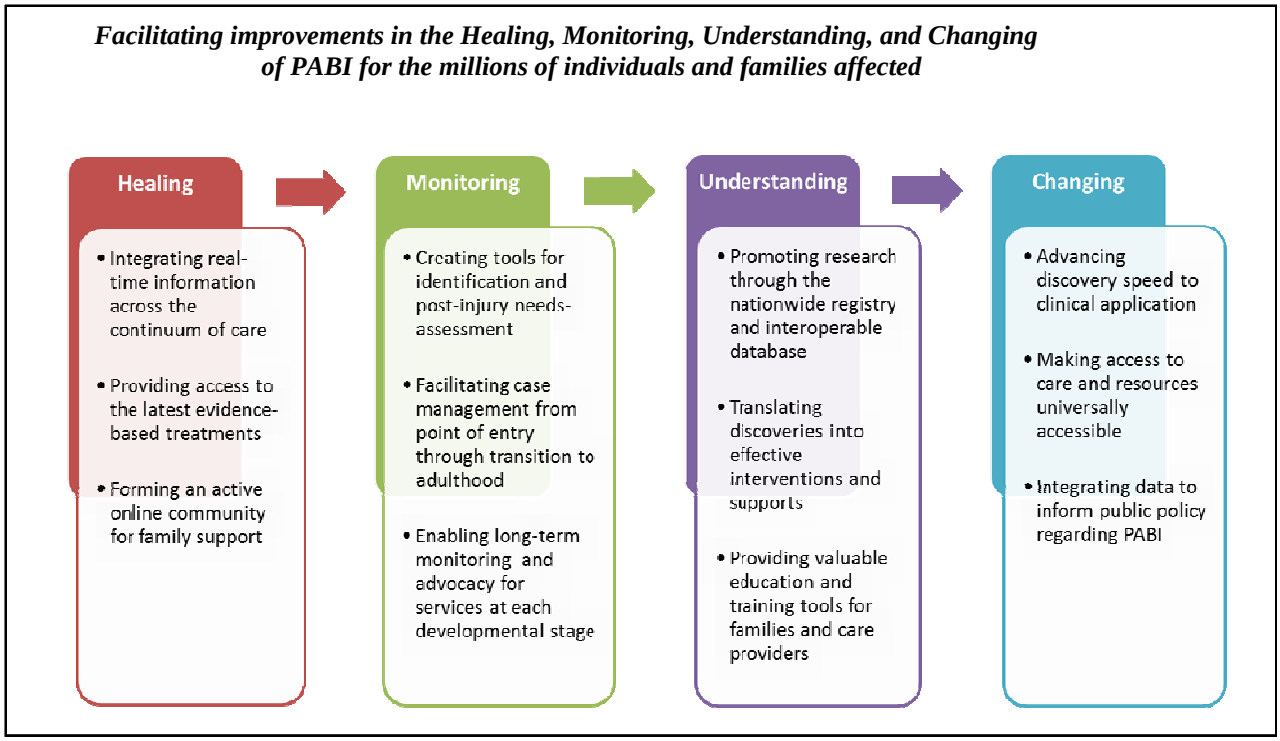
I. INTRODUCTION:

Definition of Category:

The new Virtual Center will function as a centralized, online ecosystem created for families of those with pediatric acquired brain injury (PABI) and the professionals who work with them. The full power of technology will be leveraged to dramatically change PABI for patients, providers, and researchers. Data management, communications, outcomes measures, and education are some of the technologies required to advance the continuum of care for those with PABI and their families, with the potential to help millions in need.

Key benefits of the Virtual Center include:

- Providing a HIPAA-compliant and highly-linked care system to facilitate case management and long-term monitoring
- Furthering and promoting research through development of a nationwide PABI registry and interoperable database across the continuum of care, fostering open collaboration for better care and research
- Empowering patients and reaching the community through interactive social media, targeted educational resources, and evidence-based training tools
- Advancing discovery speed to clinical application
- Integrating data to inform public policy



Current Status:

Scientific methods and data analyses are the cornerstones of medical research and care. In the traditional model, there is a hypothesis, a question: "If I do this, will the patient benefit?" However, most projects are often done in isolation and typically centered on a particular researcher's practice. At times, researchers collaborate in hopes of increasing the number of patients to find answers sooner.

In many ways, research reflects clinical medical practice. Although the public believes there is a free exchange of ideas and best practice technique, typically individual practices are relatively isolated. Treatment choices may be based on geography and what the caregiver is most familiar with, rather than best practice standards, or outcome-based choices.

The advent of the Internet and related technologies offers a new model, one allowing active patient and caregiver collaboration.

II. GOALS and OBJECTIVES:

Technology solutions for the Virtual Center will be deployed in phases, with a key goal of beginning nationwide data collection right from the outset of the program. Initial data collection will be over web- and mobile-based interfaces and entered manually by care providers and patients/patients' families. In subsequent phases, data will flow automatically and securely from hospital EMR systems into the central repository. Opt-in patient records will be marked for availability through the "Open Source Initiative" worldwide researcher portal. Also, in subsequent phases, a PABI community portal will be introduced to disseminate evidence-based guidelines derived from the PABI health records and other research data. The PABI community portal will facilitate collaboration and support between members of the community to assist self-management.

Components of the Virtual Center:

1. The first component entails launching the first nationwide computerized registry devoted to PABI in order to provide an entry point to the PABI network.
2. The second component is the establishment of a portal for families, physicians, and other professionals to upload privacy-protected health records into a database designed to optimize the real-time acquisition, storage, and retrieval of this information. Further, caregivers will be able to opt their children into a first-ever open source database of neuroinformatics, posting online all the medical records of an individual using established open source principals. The result will be a virtual integration of constantly-updated information across patients, advocates, providers, and researchers.
3. The third component utilizes the Virtual Center to deliver tele-health and tele-educational services to rural communities and for other PABI families.
4. The fourth component involves the delivery of online, up-to-date, and relevant content to provide continual resources for the child, families, and care providers. This includes provision of evidence-based education and intervention tools to advance the continuum of care and aid in improving outcomes after PABI.

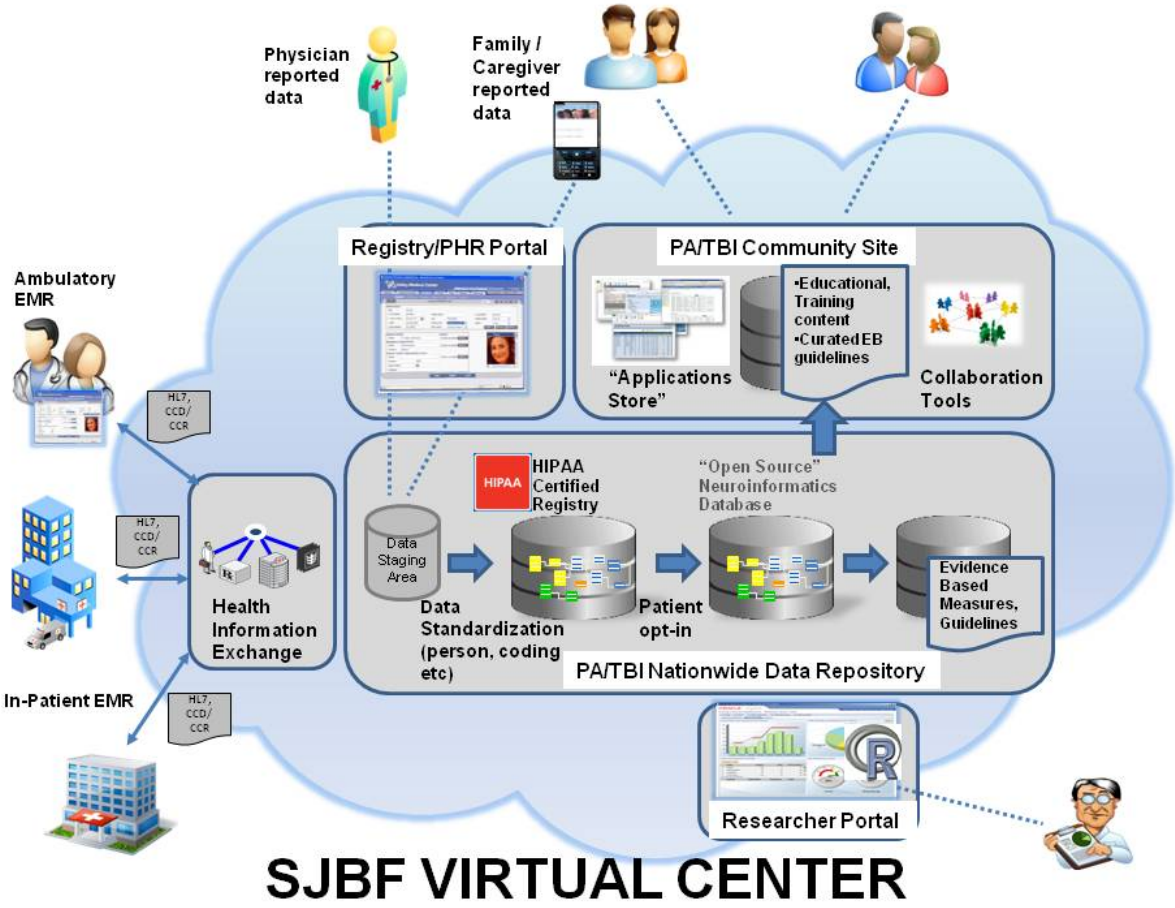
	Goals	Objectives
Goal One	***PABI Registry & Case Management Portal:*** • Provide an open registry for everyone with a PABI and their families while protecting patient rights. • Create an entry portal for facilitating case management and long-term monitoring	1. Build registry and case management platforms 2. Create the content and formal protocols 3. Test the system 4. Develop and implement strategies to spread the word 5. Continually implement updates as necessary
Goal Two	***Personal Health/Education Records Portal & Open Source Initiative***: • Establish a portal for families, physicians and other professionals to upload health and educational records into an interoperable database to optimize the acquisition, storage, and retrieval of this information in real time. • Allow caregivers to opt their children into a first-ever "open source" database of neuroinformatics.	1. Designate health records portal and build database platform 2. Test the interface 3. Implementation 4. Continually implement updates as necessary
Goal Three	***Education & Training Tools***: • Use additional technologies to advance the continuum of care for children/young adults with PABI and their families through provision of online resources, education and training materials, and evidence-based intervention tools	1. Build an online presence 2. Integrate the content and formal protocols 3. Develop and implement strategies to spread the word 4. Continually implement updates as necessary

Timelines for Accomplishing Goals and Objectives:
Goal One: Objectives 1, 2 & 3 already initiated
Within first 90 days: Objectives 4 & 5 to be initiated
Goal Two:
Within first 60 days: Objective 1 to be initiated
Within first 90 days: Objective 2 to be initiated
Within first 180 days: Objective 3 to be initiated
Goal Three:
Within first 60 days: Objectives 1 & 2 to be initiated
Within first 90 days: Objective 3 to be initiated

III. DESCRIPTIONS OF VIRTUAL CENTER COMPONENTS

The following diagram provides an overview of the various technology components to be deployed in the phased realization of the Virtual Center. The envisioned IT architecture has been validated in discussions with strategic Healthcare IT vendor partners such as Oracle Corporation,

Redwood City, CA. Explanations of the envisioned technology solutions follow general descriptions of the primary components corresponding with each phase of the Virtual Center.



Component 1: The PABI Registry

General Description:

While protecting patient rights, the Virtual Center will provide an open registry for everyone with a PABI and their families. The PABI Registry will apply the best informatics management approach. Outcomes assessment, education and other technologies will be available through the registry.

The model has three simple steps: enrollment, engagement, and repeated communication.

1. Enrollment: Patients are enrolled in the PABI Registry - this can occur either at the time of the acute event or afterwards. The patient or a caregiver can enroll the patient by providing information about the event, age of the patient, clinical evaluation at the time, etc. In most cases, the patient's name is recorded, but this is not necessary. A form of communication is included (email, US mail, text messaging, phone number). In the case of the SJBP, information will also be gathered from the family members whenever possible.

2. Engagement: Personalized content can then be provided to the patient and their family, helping them better understand their condition and how to get help. This differs from typical, unfiltered Internet content. Over time, the Virtual Center will continue to add research and services partners, similar to the Apple applications store for the iPhone.

3. Communication: There will be repeated communication with the participants, a relationship rather than a limited engagement. Participants will be sent questionnaires at regular intervals to find out how they are doing, and what their needs are. Communication will be personalized to particular groups within the registry to facilitate research efforts over time.

At all times, the registry will follow strict federal guidelines to maintain the patients' rights to confidentiality and engagement. The patient ultimately controls his or her own information. As previously noted, the intent of this effort is to foster open collaboration for better care and research.

This will be possible through a policy of an open data and communication layer. This does not mean all information will be "open" for anyone to see, but rather methods of data entry and transfer will be clearly defined for all potential partners (i.e., an open data dictionary and messaging layer). With appropriate permissions, information will be available for research and care of the participants.

Practice standards should constantly evolve from best practice to outcome-based methodologies. The Virtual Center will begin with the best practice belief, but after further interventions and their outcomes can be studied, the results of these interventions need to be measured and evaluated. Data acquired from the community will be rigorously evaluated in near-real time to look for better methods of treatment and care.

Additionally, this open standard will facilitate an information exchange throughout the continuum of care, independent of an individual hospital or caregiver's office practice.

<u>Envisioned IT Architecture:</u>
Cloud-hosted Registry/Health Records Repository with web and mobile-based patient/care provider reported data—Real-time, scalable analytics

The first component deployment will include a cloud-hosted HIPAA compliant nationwide registry and health records repository with web and mobile data entry interfaces for families, caregivers, and ambulatory and in-patient physicians to enter event data. The health records repository will utilize best in class data integration/warehousing technologies to standardize and ensure quality of data entered into the repository. This automated reconciliation and standardization of data, such as patient identity, diagnostic and procedural codes etc., will be particularly critical in the next phase when EMR data is collected automatically from disparate hospital EMR systems. Data quality and standardization is also critical to gaining meaningful Analytic insights from large amounts of data emerging from the disparate sources. Non-standardized data can greatly skew statistics and lead to incorrect insights. The repository will

have the capability to capture both clinical and genomics patient data as family-based genetic analysis drives personalized therapies and new diagnostics become available. Studies have suggested, for example, that brain injury patients with certain genetic markers may have a higher propensity for onset of Alzheimer's disease. With the advances in genomics, it will be an important capability to collect and correlate clinical and genomics data.

The rich repository of clinical and genomics records will form the core of a Real-Time Analytics platform equipped with best-in-class open source (e.g., R Enterprise) and commercial Analytics tools (e.g., Oracle Enterprise Healthcare Analytics and Translational Research Center) exposed through the researcher portal. The Health Records repository and Analytics platform will be engineered to scale with increasing number of patient records and researcher Analytics workloads to provide real-time insights from the increasingly large and diverse set of patient records.

The central PABI repository will also contain constructs to store curated evidence-based guidelines derived in subsequent phases from the clinical and research communities. This repository of structured guidelines will be utilized for both clinical decision support as well as patient self-management education.

Component 2: The Electronic Health Records (EHR) Portal & Open Source Initiative

"To improve the quality of our health care while lowering its cost, we will make the immediate investments necessary to ensure that, within five years, all of America's medical records are computerized," President Barack Obama said in a speech on January 8, 2009, at George Mason University in Fairfax, Va. ***"This will cut waste, eliminate red tape and reduce the need to repeat expensive medical tests."***

"But it just won't save billions of dollars and thousands of jobs; it will save lives by reducing the deadly but preventable medical errors that pervade our health-care system," he said.

General Description of Electronic Health Records (EHR) Portal:

The second component of the Virtual SJBF Center will be the establishment of a portal for families, physicians and other professionals to upload health records into an interoperable database to optimize the acquisition, storage, retrieval of this information in real time. This will be a different method than most are considering with the conversion of health records into electronic format. The most common model is through a top-down, bureaucratic-driven conversion, while the Virtual Center's system will be a bottom-up, consumer-driven conversion method with eventually hundreds of thousands of caregivers driving their children's health records into the database. History has shown that consumer-driven models are much more effective as change agents and are quicker at conversions than top-down models. Establishing a collaborative environment to foster communication between physicians, caregivers, patients and informatics specialists will create success at implementation.

The Veterans Health Information Systems and Technology Architecture (VistA) is a great example of an enterprise-wide information system providing continual health benefits to over 4 million veterans annually. This system is one of the most widely used EHRs in the world and it

supports both ambulatory and inpatient care including a web-based user interface for clinicians. This interface is known as a Computerized Patient Record System (CPRS) which allows health care providers to review and update a patient's EHR and to place orders and instruct the patient's care. Additional initiatives are currently underway allowing veterans to access and create a copy of their EHR to port those records to institutions outside the VA health system or make their own Personal Health Record (PHR).

General Description of Open Source Initiative:

The Open Source Initiative began with the launch of the Sarah Jane Brain Project in October 2007, when for the first time in medical history all the medical records of an individual were posted online using open source principals. Sarah Jane Donohue was this first case. The Open Source Initiative will allow caregivers to opt their children into a first-ever open source database of neuroinformatics.

The goal of the Open Source Initiative will be to move the field of pediatric neurology 50 years forward in the next five years by sparking 10,000 PhDs around the world. Whenever someone is going into the field of medicine, education, public health, they will look around at old, stale data for their graduate work but then come across this rich database consisting of hundreds of thousands of medical records in an open source format and decide to choose the field of pediatric neurology.

The Virtual SJBF Center will not only be used for electronic processes and communication of electronic medical records, but will also increase other health care informatics such as telemedicine, consumer health informatics, health knowledge management for professionals, mHealth and the development of additional Healthcare Information Systems. The development of a PABI-specific Chronic Disease Management System (CDMS) will allow health care providers to electronically capture and track specific processes and outcome indicators related to the child/young adult's care. This PABI CDMS will be capable of providing reminders, generating patient-specific reports, create motivation for self-management as well as track performances and measure effectiveness of treatments.

It is recognized that many factors outside of the medical record are important to the well-being of the patient. Social issues, financial issues, educational barriers and access to resources are but a few of the factors that will be incorporated into the information pool. Patients care less about healthcare records, and more about well-being. The Virtual Center will provide the PABI community an ecosystem encompassing all factors important to their well-being.

The Virtual Center will have customized entry points for patients, their families, clinicians and researchers. All of these users can enter specifically relevant data. For example, a patient or guardian may enter information about the patient's daily routine and self-reported symptoms. A healthcare provider may enter data about clinical interventions and results. A researcher may aggregate and analyze the data for new information, or may identify a novel approach to care for further research. If they desire, any or all of these groups may participate in conversations amongst themselves or one another fostering support, new personal knowledge and new clinical knowledge.

Envisioned IT Architecture:
Automated Hospital EMR integration. Researcher access to "Open Source" Health Records

A key focus of the second component will be on automating the flow of Electronic Health Records data from Hospital EMR systems into the central nationwide PABI repository. This will leverage the Health Information Exchange capabilities Hospitals will have been required to deploy as part of Meaningful Use incentives. IHE compliant Health Information Exchange infrastructure will be deployed alongside the central PABI repository to receive and transmit Continuity of Care Documents/Records (CCDs/CCRs) and HL7 event messages. Practitioners, with appropriately capable EMR systems in their offices, will also be able to integrate patient reported data into their individual practice EMRs over the HIE solution. Phase 2 of Meaningful Use, with its additional mandates for Health Information Exchange and Computerize Physician Order Entry (CPOE), will further drive the availability of structured Electronic Health Records in the PA/TBI repository.

With the mobilization of a PABI Network staff of approximately 6,000, it is expected that the PABI repository will very quickly yield significant value to the research community for outcomes and comparative effectiveness research towards evidence-based guidelines. The second phase will accordingly kick off the creation of an "Open Source" repository to expose a subset of health records from the PABI repository to researchers. Patients or family/caregivers will be required to opt-in through the Registry/PHR portal before a patient's records are marked for availability in the Open Source initiative. Other methods for expanding the number of records available through the Open Source initiative may include IRB approved and HIPAA compliant de-identification of patient records. Such de-identification may allow a much larger number of records to be made available to the research community.

Component 3: PABI Tele-health and Tele-educational Platform through Virtual Center
In conjunction with the Rural/Tele-health Category, the Virtual Center will develop a PABI sensitive tele-health platform, such as the CNS e-Health program, to initiate the refinement process of the platform, procedures and data points related to all of the Categories of Care. This refinement process would involve examining each Category of Care in ways as specified below:

- **Prevention**: The goal is to assist in the dissemination of educational materials via the Tele-health Platform
  - Production of a mobile application (e.g., game) for children and adults that would present certain challenges, tasks, or scenarios that provide fun in learning about brain injury
  - The educational portal on the PABI Application will allow direct access to the Virtual Center as well as to specific resources (e.g., programs, documentation, etc.) related to brain injury prevention.
  - Development safety devices that allow for the transmission of data pertaining to falls involved in bike incidents, sports, etc.
  - Development a health screener to be completed at each well-child check up in the primary care setting and at back to school orientations in the PK-12 school setting. This screener would monitor annual development and health of CNS, provide a baseline of CNS functioning to serve as

treatment goal if individual sustains ABI, and provide resources to support optimal CNS health and prevention.

- **Acute:** The goal is to facilitate early collaboration between the patient and/or caregiver and his/her treatment network/team**.** Additionally, the goal is to enhance the treatment experience in regards to service delivery and outcomes.
  - Use of e-platforms and software to establish links between the all individuals involved in the patient's treatment from the point of injury (EMS contact) until intermediate or rehabilitation care.
  - Use of e-platforms to bring education and interventions to the patient and make secure social networking capabilities related to PABI available to all caregivers and/or patients.
  - Use of e-platforms and Tele-medicine for the delivery of services, including specialized therapies and/or monitoring of patient compliance and progress and also, service delivery in areas without specialty care doctors.
  - Build database related to clinical efficacy and outcomes in the acute care setting based on aggregated information derived from the aforementioned.

- **Reintegration**: The goal is to facilitate movement from the patient role to roles and functions more akin to pre-morbid functioning.
  - Use of e-platforms and software to establish a treatment/monitoring link between acute care personnel and activities and post-hospital rehabilitation personnel and activities.
  - Employ e-procedures that increasingly involves the patient's input in the overall treatment directives.
  - Employ e-procedures that start the integration process while the patient is still in the hospital.
  - Employ e-procedures that enhance the involvement of the patient's treatment network (parents, teachers, coaches, peers etc.) in the overall treatment directive.
  - Build database related to what helps PABI reintegration based on aggregated information derived from the aforementioned.

- **Adult Transition:** The goal is to facilitate movement to functional adulthood in light of developmental transitions related to late adolescence and adulthood
  - Use of e-platforms and software to establish links between the PABI e-systems, including case management and the Virtual Center, and existing transitional systems such as Vocational Rehab, Offices of Adult Disability, training programs, high school and college disability offices etc. to collect transition data.
  - Continuation of long-term e-monitoring via the PABI e-platform or other platforms from the reintegration phase.

Component 4: PABI Community Site, Evidence-Based Guidance

The fourth technology deployment component will focus on establishing an online "one-stop shop" for PABI knowledge and support. The web-centered public-facing portal will empower collaboration and educated self-management amongst patient families, care providers and researchers. The PABI Community site will be built on a comprehensive industry-leading web platform providing out-of-the-box unified sets of tools and capabilities for personalized web portals, collaboration tools (discussion forums, social networks, wikis, etc.), unified knowledge management (video, audio, documents), identity management across communities, and member engagement tools (surveys, etc.) all with a goal of end user personalized content and experience. As key findings emerge from comparative effectiveness research and clinical experience in the Open Source Initiative, curated evidence-based guidelines will be propagated from the clinical and research communities into the PABI public knowledge repository and directed to personal member portals by utilizing content publishing rules and policies of the web platform.

The following objectives, strategies, and tactics for implementing Phase 3 of the Virtual Center are outlined below. The envisioned plan has been created in collaboration with partners at WebMD and Medscape Education.

Objectives:

- To create a centralized, online ecosystem:
  - Through WebMD for families of those with pediatric acquired brain injuries (PABI) and for members of the primary and secondary education communities (teachers, administrators, school nurses and psychologists) who regularly work with PABI patients
  - Through Medscape for the physicians and allied health professionals who care for PABI patients
- To build an online presence, integrate existing and developing formal protocols and other content, and develop and implement strategies that will educate the target audiences within WebMD's 86+ million monthly visitors and Medscape's 500,000+ physicians and allied health professionals
- To accelerate the transfer of evidence-based knowledge into practice among pediatric and adult care providers through education, making available clinical data and tracking outcomes over time.
- To standardize knowledge and insure consistency of message across all states, regions, institutions and participants identified in the PABI Plan.
- To regularly assess behavior, skills and knowledge of all participants and measure the impact of the educational interventions via outcomes analysis
- To create the online communities for families and caregivers of children with pediatric acquired brain injuries and to empower these patients and reach the community through interactive social media, targeted educational resources and evidence-based training tools.
- To build a PABI Virtual Center that is scalable over time to eventually house education and tools for physicians, allied health professionals as well as patients suffering from brain injuries that impact adults older than 25 years old as well as other brain-based disorders.

Strategies:

- To implement Component IV of the Virtual Center as outlined in the PABI Plan:
  - Deliver online, up-to-date and relevant content to provide continual resources for the child with PABI, families and care providers.
  - Includes provision of evidence-based education and intervention tools to advance the continuum of care and aid in improving outcomes after PABI
- Launch self-assessment studies to assess, on a national level among the six Categories of Care, the various stakeholders' gaps in knowledge, behavior, attitudes and skills as well as barriers to change.
- Aggregate all existing and developing content in easy to access educational destinations through WebMD and Medscape
- Highlight State Lead Centers of Excellence and their leadership in the PABI initiative
- Create scientific, evidence-based and data-driven awareness and education curricula that:
  - Address the national problem of pediatric acquired brain injuries
  - Educate along each of the six Categories of Care (excluding the Virtual Center Category) and the 50 states, the District of Columbia and Puerto Rico in the seven outlined regions
  - Has content developed and produced by a multidisciplinary Steering Committee along with Medscape and WebMD's experts in the science of education
  - Deploy audience engagement and re-engagement strategies via eBlasts, newsletters, banner rotations, targeted electronic mailings and other audience recruitment tactics.
  - Assess the impact of change in physician and consumer knowledge, skills and behavior (with CE Outcomes, LLC)
  - Includes Resource Centers for utilities and PABI assessment tools for all constituents
- Create bi-directional dialogue on PABI between physicians and allied health professionals and patients/families
  - Allows for an improved partnership between patients and healthcare providers
  - Incorporates voice of patient into medical education from design & development to participation and assessment
  - Engages and arms patients, through the Resource Center toolkit, with opportunity to become part of healthcare team
  - Provide education to physicians and allied health professionals on optimal communication skills and how to engage their patients through the art of collaborative decision making by:
    - Providing lists and tips to patients from physicians and allied health professionals on how to maximize their encounter with their care givers
    - Providing best practices by Category of Care, region, state or institution to patients from physicians and allied health professionals that will maximize their encounter with their care givers
- Build a shared learning environment that will allow all constituents to base decisions on input from all parties, including the medical community, patients and families
- Create specific training modules to educate, train and certify the over 6,000 professional Case Managers/Social Workers who interact with PABI patients and their families on a day to day basis.

- Educate those in Latin American communities who have or are impacted by PABI by creating education for physicians and patients in Spanish

Tactics:
Step 1: Establish baseline data via self-assessments through Medscape and WebMD

- That assess the current gaps in knowledge, skills, attitudes, beliefs and barriers
- That assess the questions that need to be asked and what data needs to be gathered to ensure the PABI Plan is tested, evidence-based and replicable
- Assess all physician and patient/family audiences by Category of Care
  - Prevention
  - Acute TBI
  - Mild TBI (concussions)
  - Reintegration/long term care
  - Adult Transition
  - Rural Health Education
- Data will be analyzed by region, state, institution and medical specialty

Step 2: Develop two robust PABI destinations for all constituents; one for families and patients through WebMD and one for physicians and allied health professionals through Medscape

- Accelerates the transfer of knowledge into practice among all target audiences through Medscape and WebMD
- Content developed by Steering Committee/Advisory Board to include representatives from the State Lead Centers of Excellence
- Sample tactics may include:
  - PABI-TV for each Category: Brief monthly episodes focused on different aspects of PABI
    - For Example: Prevention-TV, Acute TBI-TV, etc.
  - Virtual Patient Waiting Rooms for each Category: A virtual patient visit, complete with clinical decision-making scenarios as well as two or three follow-up visits
    - For example: Mild TBI Patient Waiting Room, Reintegration Patient Waiting Room, etc.
  - National and Regional live Town Halls
    - Educate physicians, allied health professionals, patients, families and caregivers on the symptoms, assessment and treatment of PABI
    - Hosted by a pediatric neurologist or other medical expert at scientific medical congresses and at regional sites to include patients, families and caregivers
  - WebMD the Magazine
    - Spotlight on PABI in WebMD the Magazine
    - Focus On PABI: Stand-alone magazine
    - WebMD Kids focusing on PABI

Step 3: Develop Multi-media Resource Centers within each of the online PABI destinations and create Practice Tools, Physician Support Tools and Caregiver Checklists to support point of care education

- One Resource Center through WebMD for patients, families and caregivers

- One Resource Center through Medscape for physicians and allied health professionals
  - Available on Medscape Neurology, Internal Medicine, Family Medicine, Emergency Medicine, Orthopedics and Pediatrics
- Includes assessment tools, clinical resources, journal articles and case studies
- Checklist for physicians to give parents on action plans, including "What to ask your doctor" or "For more information …"
- Clinical Practice Assessment for targeted hospitals and clinics
- Links to EHR Portal and/or Patient Registry System
- Mobile apps for point of care use
- Educational resources targeting members of the primary and secondary education communities (teachers, administrators, school nurses and psychologists) who regularly work with PABI patients
- Educational resources targeting kids and teenagers who have siblings, relatives, school friends or acquaintances who have or have had PABI

Step 4: Re-assess and Evaluate Outcomes of Steps 1-3

- Re-assess knowledge, skills, attitudes beliefs and barriers to examine impact of educational and resource efforts on healthcare professionals and families
- Develop new content based on re-assessment
- Publish results, framework, and outcomes of efforts to share this model with scientific and the public at large

PABI PLAN: VIRTUAL CENTER EDUCATIONAL DELIVERABLES

- Board Certification in Brain Injury Neuro-Rehabilitation Training
- Curriculum Performance-Level Case-Based Assessment
- Clinical Advances in Pediatric Acquired Brain Injury (PABI)
- CME-TV
- Performance Improvement CME
- The Personalized Learning Model
- Clinical Waiting Room for Patients with PABI
- Town Halls
- *WebMD the Magazine* for PABI

Board Certification in Brain Injury Neuro-Rehabilitation Training

In conjunction with the North American Brain Injury Society (NABIS) and Chairman of the Board of Directors, Dr. Ron Savage, we will create and post an online curriculum leading to a Board Certification in Brain Injury Neuro-Rehabilitation.

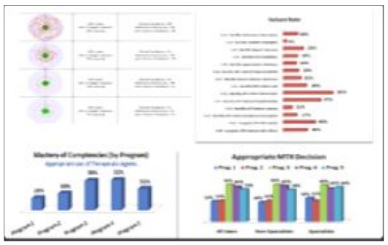
In addition, we will create and post a curriculum leading to a Specialist Certificate in each of the following categories of care:

- *Prevention:* Preventing all types of brain injury; pathobiology of brain injury; neural recovery enhancement
- *Acute Phase:* Time of accident/diagnosis through completion of formal inpatient rehabilitation care; critical care principles and outcomes; early rehabilitation intervention

- *Reintegration/Long-Term Care:* Post-discharge, home, community and school-based care; neuropsychological assessment and intervention; neuropsychiatric assessment and intervention
- *Adult Transition:* Post-discharge, 16-25 years of age transitioning into adult system of care; treating brain injury as a chronic disease process; psychosocial and vocational issues; community/family residential issues
- *"Mild" TBI Assessment/Treatment:* Biomechanics and pathophysiology of concussion; short- and long-term assessment and treatment of concussion; return to play guidelines in sports-related concussions

Curriculum Performance-Level Case-Based Assessment

The educational effectiveness of each activity will be evaluated across all levels of participation (monthly statistics), satisfaction (evaluation forms), and medical knowledge and/or competence (post-tests). In addition, Medscape will partner with CE Outcomes, LLC to conduct a performance-level case-based assessment. Specifically, we will measure clinical practice improvement and analyze barriers across the curriculum via a 20- to 25-question baseline assessment. This survey will be tied to the learning objectives and derived from performance measures, guidelines, and current evidence-based citations. Its multiple-choice questions will be based on several short, text-based case vignettes that mirror a clinical encounter and contain visual or other elements needed for the required decision-making. This case-based model has been validated as a proxy for physicians' performance in practice. The options may involve screening, diagnosis, treatment, and follow-up as a means to determine the specifics of participant knowledge, clinical practice, and barriers to best practice. Learners receive immediate feedback by comparing their responses with those of their peers. Certified as a CME activity, the baseline instrument will be used to gather data from 100-400 practicing health care providers in the target audiences around clinical diagnostic and therapeutic choices, as well as barriers to optimal practice.



Achievement of the learning objectives will be assessed through learner responses to several questions in the post-tests of 3 activities in the curriculum. These questions will have previously appeared in the baseline survey. Aggregate data gathered from post-test responses for each activity will represent the participant group's score and be compared to the baseline data, which will serve as the control group's score. Data from these groups will be used to identify question-by-question differences, with statistical significance calculated for any variance between the scores. Response data are examined and used to clarify the activity's impact, while the projected influence on public health is calculated based on learner numbers. Statistical differences derived from the baseline and post-test responses are considered per activity and across the curriculum, in order to measure practice improvement.

A summary report on the baseline data will be provided, and a final report that includes a statistical comparison (e.g., means, percentages) of the baseline and post-test assessments, analysis to examine any differences between specialties, and identification of barriers to optimal practice, will be delivered 4-5 months after the entire curriculum has launched online. The report may include

insights from faculty, and will provide a response-driven assessment of audience needs to identify clinical gaps and suggestions for future education. Metrics results are considered for presentation at professional meetings, manuscript submission to peer-reviewed journals, and publication as free-access articles on www.medscape.org.

Clinical Advances in Pediatric Acquired Brain Injury (PABI)

A Clinical Advances package provides the infrastructure crucial to establishing and maintaining a leadership role for its educational activities across PABI to all relevant audiences. It is composed of an educational curriculum and important resources developed in conjunction with an expert Steering Committee, produced and implemented over a multi-year period. Its central feature is a thematic destination page updated as new activities are launched. This compilation enjoys premiere positioning on Medscape Education.

Enhanced Recruitment Strategy

The destination landing page has a customized look and feel that reflects and builds on a tailored recruitment strategy, enhanced by an introductory welcome email from the expert Steering Committee, 3 subsequent quarterly eNewsletter blasts highlighting recently posted associated activities and resources, and postcards mailed at the launch of the Clinical Advances curriculum. Combined, these elements will offer staggered reinforcement and the sharing of experiences and opinions, all of which support new learning and are over and above our customary recruitment tactics. In addition to educational activities, the destination page also hosts the following:

- Series of polling questions posted and updated quarterly. These questions are designed to motivate learners to explore new approaches to care by asking them to assess their current practices and compare them to those of their peers. The data obtained will also be analyzed and used by the Steering Committee as they develop content and agendas for future initiatives to ensure the program addresses the educational needs of the participants.

- Prominent Related Resources section will include, but not limited to:
  - An **original custom slide deck** (up to 25 slides), which will be created and available for download. Content will include original slides provided by the Steering Committee or other recognized experts from a relevant association, foundation, or academic setting.
  - **PDF files of selected, relevant clinical papers**, and other related links (abstracts, key research and treatment guidelines, association Websites, etc. decided upon by the Steering Committee) formatted for ease of use.

Expert Steering Committee

An expert Steering Committee is often pivotal, especially so with a curriculum, and is recommended to provide guidance in the selection of topics and faculty and to ensure fair balance. Composed of leading experts and supported by a Medscape Education Scientific Director, the committee would:

- Provide and review subject, content, and faculty recommendations;

- Vet potential faculty for depth of expertise, excellence of presentation, and fair balance; and
- Assist in the development of the slide kit, polling questions, discussion entries, clinical reference articles, related links, and emails.

CME-TV

This customized solution consists of regular episodes in a TV-like series of brief video expert interviews that present best practice-related "clinical pearls" on specific aspects of PABI as well as interviews with survivors and family members. The PABI TV series will reside on a highly stylized destination page featuring a customized, widescreen streaming media player specifically developed for the CME-TV format. The destination page will present all available episodes, showcase the series introduction and overview, and highlight upcoming episodes. All content will be guided by the proposed learning goals and discussions with the faculty and Scientific Director.

Structure

PABI TV will have the look and feel of a TV news program featuring premium production quality using green-screen technology as well as an immersive set design, "B-roll" footage that adds meaning to a sequence, and animated graphics. The series will include a professional host or medical expert as its anchor who will provide an introduction to PABI TV, set up the overall episode content, and conduct interviews with individual faculty members associated with each episode.

Each 15-minute episode will be shot on location with individual faculty members in order to capture a real-world setting with an actual patient, if possible. In each episode, a different expert will be interviewed by the host and will provide commentary focused on key practices for the diagnosis, treatment, and management of PABI. The series starts and builds with insights into the burden of PABI and progresses to cover clinical decision-making from assessment to treatment initiation and follow-up. These brief, practical pearls from experts will give frontline clinicians immediately relevant and actionable strategies for practice improvement. Each episode will end with the host summarizing what was covered and providing a teaser to the next episode. After viewing an episode, learners will receive an email alerting them that the next posted episode in the series is now available with links to both the activity as well as to the overall destination page. Relevant materials for each episode will be made available for download if freely available, including guidelines, trial data, and other information. Each episode will be available as a downloadable transcript. To view an example, go to http://www.medscape.org/sites/advances/pain-tv.

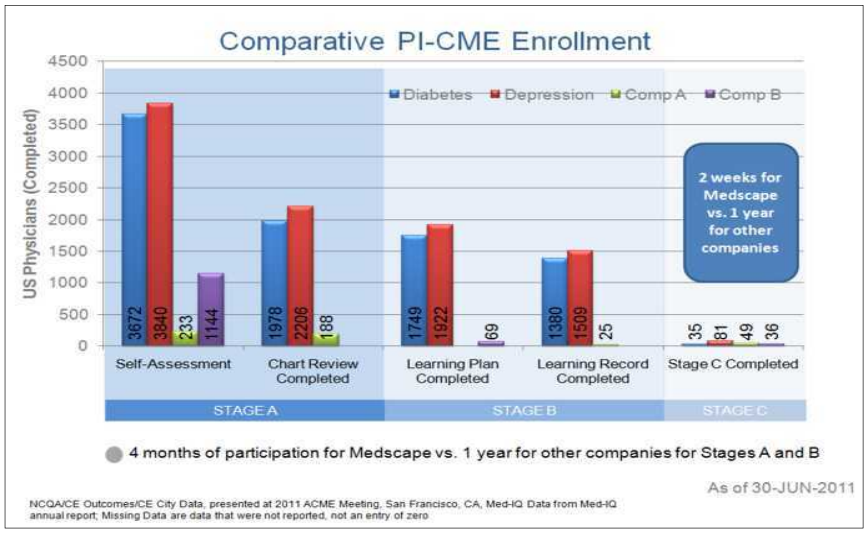
Performance Improvement CME

Medscape's Performance Improvement CME (PI CME) initiative employs the principles of self-assessment, awareness, application, reinforcement, and peer influence in its instructional design,

while addressing the established performance measures and gaps. The PI CME platform uses evidence-based recommendations and nationally recognized clinical guidelines to facilitate participant development of strategies to improve the management and treatment of PABI patients. Specifically, PI CME is designed to guide physicians through measuring and improving relevant areas of their performance in clinical practice.

Recruitment and Retention Strategy

Medscape's targeted recruitment and retention strategy has successfully kept participants engaged, so they complete each of 3 stages of the PI CME program. This complete communication plan is customized for learners, providing guidance and reminders as they participate in this initiative over time.



Medscape's online platform provides an individualized "homepage" for participants, where they can enter data easily, track their progress, select interventions, and evaluate their changes in practice. All data is linked to the individual participant by a unique identifier number at Medscape but is reported and analyzed in aggregate to maintain the privacy of each participant.

PI CME Format and Design

PI CME was developed by the American Medical Association (AMA) to provide a structured approach for physicians to assess and improve their clinical practice and affect patient care. As defined by the AMA, the structured PI CME process consists of 3 stages:

Stage A: Assessment of current practice performance against recognized performance measures

From the homepage, the learner participates in an online self-assessment of current practices that consists of a series of questions and case scenarios and a survey of barriers to practice. The learner then selects and reviews 10 applicable patient charts to compare current practice against identified performance measures. Patient chart reviews will be reviewed by the Institutional Review Board prior to the initiation of the PI CME project, to protect patients. Immediate online feedback will be given to learners, comparing their assessment and chart data entry to benchmarks and peer responses. This feedback allows participants to identify individual areas for improvement and to establish their performance improvement goals.

Stage B: Application of change in practice through access to interventions, resources, and tools

From the homepage, the learners develop a personal learning plan to help them meet their individual PI CME goals. A collection of educational activities, resources, and tools that are

developed and selected with faculty are made available for participants to create their plans. These include, but are not limited to, participation in 3 CME activities. Optional external resources, such as guidelines and recent evidence-based publications, are linked to the homepage and available for personal learning plans.

Stage C: Reassessment of practice performance and evaluation of improvement in practice
From the homepage, learners reassess their practice performance by retaking the self-assessment they completed in Stage A. Additionally, they select 10 new charts to review and input aggregated responses to the same questions relating to current practice. Immediate online feedback will compare the results of Stage A's assessment and Stage C's reassessment and chart reviews. Learners complete an evaluation and enter any practice, performance, and/or outcome changes that resulted from conducting the PI activity.

PI CME Reporting
Medscape will provide reporting to faculty and grantors for each stage of the PI CME initiative. All reported data will be de-identified and aggregated for the privacy of participants and patients. A baseline report with initial aggregate self-assessment data from Stage A will be delivered to the grantor approximately 3 months after the PI self-assessment launches. A final report will provide an analysis of the difference between the initial self-assessment and chart review in Stage A and the Stage C assessment and chart review. The final report highlights the clinical relevance of clinician performance improvement as well as any remaining educational gaps, which will be addressed in ongoing educational activities at Medscape.

Faculty
Potential faculty will be considered from the following standpoints: review of publications, presentations at professional education forums, adherence to fair balance, ability to effectively present information in accordance with adult learning principles, and availability.

The Personalized Learning Model
Self-assessment and self-directed learning are the traditional models upon which CME is developed. However, studies reveal that physicians have a limited ability to accurately assess their needs, often participate in education that reinforces what they already know, and are less likely to identify activities that meet their actual needs. Research also shows that content tailored to specific needs is often more effective than more generic information.

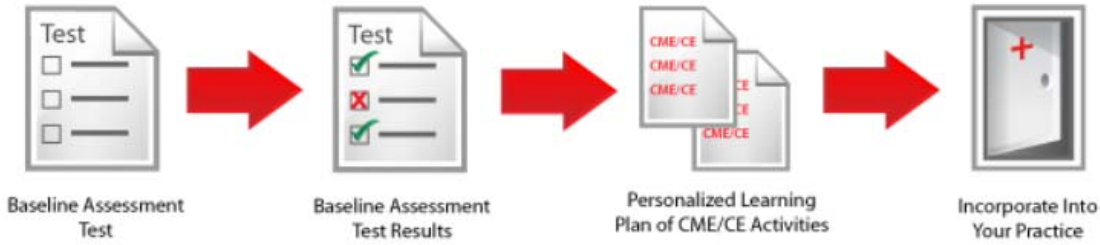
Using its inventive and established online platform, Medscape Education partnered with CE Outcomes to develop the "Personalized Learning Model." This needs-driven program coordinates personalized learning via a baseline assessment that directs learners to education where their responses have identified a gap in knowledge, skill, performance, or understanding.

Advanced Recruitment
Medscape's targeted recruitment strategy provides a complete recruitment and communication plan. Data and codes from the International Classification of Diseases, Ninth Revision, are cross-matched with Medscape members to reveal an unparalleled audience of physicians who have diagnosed, treated, or managed patients with PABI in the past year. Medscape recruits the target

audience and other relevant health care providers to the baseline assessment through e-newsletters and emails that explain Personalized Learning and provide a call to action. Email communications are customized for each learner, providing guidance and reminders over time as they participate in the activities on this platform.

Baseline Assessment

Self-assessment is a key step in the continuing education process. Standardized patients and objective, structured case studies are more effective than conventional questionnaires because they identify needs over a wide range of competencies and skills. Therefore, a survey of 18-30 questions related to a series of case vignettes is the gateway to a Personalized Learning initiative. Each question and answer is mapped to a specific need or gap linked to the learning goals of a specific activity. Upon submission, participants will receive personalized feedback and a customized recommendation of up to 6 activities based on their responses to the baseline assessment questions.



Personalized Learning Destination

The baseline assessment will be featured on the appropriate Medscape specialty homepages, and will post simultaneously with the activities on a Personalized Learning index page. If appropriate, this landing page may house other comparable, relevant, or helpful resources. When accessing any of the activities, learners are driven back to an individualized homepage, where they may choose to complete any or all of the recommended activities, or return to them at a later time. As learners complete an activity and post-assessment, they are directed back to any uncompleted activities. The personalized homepage allows participants to track their progress and select recommended activities. All data is linked to the participant by a unique identifier number but is reported and analyzed in aggregate to maintain privacy.

Recommended CME Activities

Each personalized recommendation is drawn from activities designed to address a factual, conceptual, and/or procedural knowledge gap, and ensures sufficient content to affect provider practice regardless of baseline knowledge and experience. Activity formats are selected based on the type of gap they need to address, and employ proven instructional principles to deliver personalized education. By facilitating access to activities and resources needed to address identified gaps, and by guiding learners through an appropriate sequence of education modules, the Personalized Learning Model creates a customized and efficient way to achieve educational goals. These multiple touch points along the learning continuum (from awareness to reinforcement) are needed to instill new knowledge and impact behavior. Activity post-assessments will include relevant questions from the baseline assessment.

Activities are aligned with the Accreditation Council for Graduate Medical Education's core competencies of patient care, medical knowledge, interpersonal and communication skills, professionalism, systems-based practice, and practice-based learning.

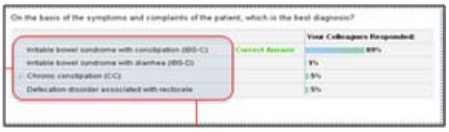
Reengagement
Follow-up emails with a succinct list of, and links to, recommended activities will be sent to baseline assessment completers as appropriate. If learners respond correctly to all of the baseline assessment questions, they are driven back to the index page where they can access all the activities and related resources for additional information. (These learners will not be included in the outcomes analysis.)

Effectiveness Analysis and Reporting
Medscape will partner with CE Outcomes, LLC to assess the Personalized Learning program's impact on physician knowledge, skill, performance, or understanding based on the identified learning goals. Effectiveness will be analyzed using data from responses to the baseline and post assessments.

Two groups will access the baseline assessment: Medscape members (the intervention group) and an independent, undirected control group, who will not have accessed the educational activities. The latter group will be matched to the intervention group by degree, specialty, and years of experience, and will be used in the comparative analysis of the initiative's effectiveness. When appropriate, Medscape baseline assessment completers who have finished at least 1 recommended activity and post-assessment will be compared with the control group nonparticipants. Data from the baseline assessment and post-assessment responses will be used to analyze educational effectiveness at levels of participation, satisfaction, knowledge and/or competency, and performance. Two reports will be provided. To view an example, go to http://www.medscape.org/personalized-learning/6003688

Clinical Waiting Room for Patients with PABI
This customized solution utilizes an innovative and visually dynamic activity format. The PABI Patient Waiting Room is a special destination containing interactive case studies featuring a minimum of 3 and a maximum of 5 patients for whom a decision on initiation or adjustment of therapy is required. These CME-certified cases are composed of initial patient presentations with the option of additional CME-certified stand-alone follow-up visits, requiring a deeper engagement and application of skills. Both the initial presentation and follow-up cases reflect what physicians who treat these patients may see in their daily clinical practice. Its multimedia approach complements, reinforces, and extends the reach of educational content via an experience that aligns with real-world practice.

The PABI Waiting Room landing page presents an interactive, graphic table of contents. Learners may preview each patient's chief complaint and select a case with which to interact. Each 15-minute activity features a patient who faces a particular challenge and for whom a clinical decision is required. Multiple video vignettes—professionally filmed and edited, and using skilled actors—portray realistic physician-patient communication scenarios and sequential interactions to test the



learner's ability to appropriately treat and communicate with patients. Participants progress through video simulations that showcase best practices in communication, experience embedded decision and performance queries, receive peer validation of responses and expert observations supported by clinical evidence—all designed to challenge learners to build and apply the skills needed for awareness and improved care.

Initial Patient Presentation (Interactivity/Peer Modeling): Extensive use of video vignettes with scripted behavior modeling enhances the impact of each case. Vignettes illustrate key aspects of communication and are useful for improving techniques. Learners apply interaction and assessment skills to clinical questions and receive immediate peer response feedback.

In addition, a recognized expert will provide a detailed commentary that will be segmented and inserted as short video responses that affirm correct answers and explain why other responses are less optimal. The remarks will be interspersed with key supporting evidence in text and slides, as needed. Finally, the expert will guide learners to associated data, if any, available for download, such as guidelines and recommendations. This format allows learners to make a choice, become alert to any potential consequences of suboptimal choices, and receive reinforcement for appropriate decision-making.

Patient Follow-Up: Optionally, each patient may have follow-up visit, posted simultaneously with the original visit, which allows learners to treat the patient at a future point in time. These follow-up visits are stand-alone CME-certified activities with their own identified content focus and post-assessments, and require a deeper engagement and application of skills.

Mobile/downloadable/printable materials: Cases will be viewable from mobile browsers. *A transcript with embedded images may be downloaded for future reference.*

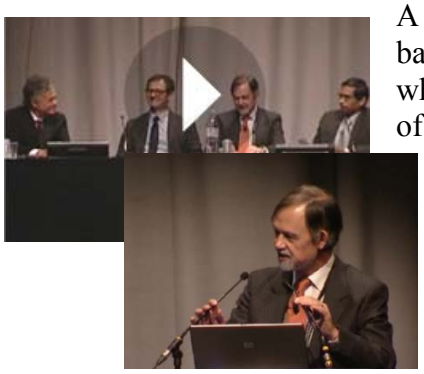
Feedback/Integration: As an added feature, a faculty member will simulate a grand rounds presentation by making an initial posting in a dedicated discussion area. After completion of a patient case, learners will be invited to extend their experience by posting their own case issues and continuing a dialogue with peers via a Web-enabled discussion board. This social media platform provides an opportunity to ask questions, process new information/skills, and seek ongoing guidance on barriers to best practices.

Reinforcement/Re-engagement: Shortly after completing the activity, learners will receive a follow-up call-to-action email, indicating which case(s) they have completed while inviting them

back to the *Waiting Room* to interact with the same patient for a follow-up visit or select another patient.

Proposed Patient Cases
5 initial patient visits and 5 associated, stand-alone follow-up visits are proposed to populate the PABI Waiting Room. Each of these CME-certified activities will be about 15 minutes long and will feature a patient who faces a particular challenge which requires initiation or adjustment of therapy. To view an example, go to
http://www.medscape.org/sites/advances/waitingroom/angioedema

Town Hall



A Town Hall is a combination of a live symposium and a Web-based program that includes a panel of up to 4 key opinion leaders who discuss or present a specific topic in front of a live audience of approximately 100 invited physicians and health care professionals. It is similar to the traditional town hall meeting format in which attendees at a live event engage with expert faculty by participating in polling, Q&A, and case dialogue. The live activity allows for significant audience interaction to bring issues and questions to the forefront of the discussion, and deepens participant involvement. Learners from the live activity also represent a proxy for a larger clinical discussion among their online peers who participate in the subsequent enduring video Webcast. The live Town Hall format allows more discussion and a greater interchange of ideas among key opinion leaders and the audience, while the online activity extends the reach to a much broader audience.

Online Programming
Approximately 30 days after the live activity, an enduring online CME-certified video-based Webcast of the event will be available on Medscape Education, increasing the activity's reach to benefit clinicians who did not attend the associated meeting and the live Town Hall. The online activity will include slides, interactive polling, and a text transcript. To view an example, go to
http://theheart.medscape.org/viewprogram/32162

***WebMD the Magazine* for PABI**
WebMD the Magazine provides nearly 10 million readers with the health and wellness information they need to make the best lifestyle decisions for themselves and their families.
- **1,300,000** ABC-audited circulation
- Reaching more than **300,000 physicians** nationwide
- In more than 85% of the **high-prescribing** physician offices

Proposed *WebMD the Magazine* Tactics
- A one-page article on the topic of PABI
- May include content about the healthfulness of playing sports, injuries, and avoiding head injuries, when to get back in the game, how to encourage your kids to play, and when to say no

- Will provide a relevant adjacency environment for the Youth Head Injury Initiative ad
- May include tear-out cards (see below)

Focus On Kids & Sports
- From cheerleading to skateboarding, basketball to lacrosse, youth sports teach kids teamwork and promote activity and good health, but they're also prone to injuries
- This 8-page supplement to *WebMD the Magazine* will be distributed to pediatricians, nurses, and PE teachers and coaches in K-12 schools
- Content may also include articles on sports and injuries, including head injuries and when to get back in the game
- Content may include games, activities, and tear-out cards for parents (see below)

WebMD Kids
- An 8-page stand-alone magazine distributed to pediatricians, nurses, and PE teachers and coaches in K-12 schools
- Content geared to parents and kids aged kindergarten to 12 years old
- Content may include articles on sports and injuries, including head injuries and when to get back in the game
- Content may include games, activities, and tear-out cards for parents (see below)

IV. SPECIAL BUDGETARY NEEDS AND CONSIDERATIONS

Description of Needs:

Additional funds have been designated for implementation of the Virtual Center Components 1-4. This includes funds (independent of staffing) to address the following needs:

Development:
- PABI Registry/Database development
- Personal Health/Education Records Portal development
- Open Source Initiative application development
- Case management portal development
- Website content development

Maintenance:
- Applications hosting
- Applications maintenance
- Database administration
- Disaster recovery services

Operations Technology:
- Technology for data center operations
- Technology for help desk services
- Technology for IT security
- Technology for network operations

Integration with existing services:

As the National Lead Center for the Virtual Center category of care, the Center for BrainHealth of the University of Texas at Dallas plans to coordinate and foster collaboration between existing technology resources and the PABI efforts. In doing so, some of the responsibilities may be deemed best filled by and/or outsourced to persons/groups from existing entities in order to leverage the full power of technology resources already available to advance our capabilities.

Two Primary partners have already been engaged:

- ***Oracle Healthcare***
  Oracle brings comprehensive, end-to-end solutions to the healthcare industry to support best practices and decrease costs. Engaging Oracle's healthcare-specific applications would help ensure quality care and decrease patient safety concerns through the integration of clinical data and the ability to analyze patient-specific information. Oracle's ability to create state-of-the-art registry, research database and case management portal systems customized for the PABI Virtual Center will facilitate the crucial "information-in" components.
- ***WebMD and Medscape Education***
  Partnering with WebMD and Medscape Education will facilitate our overarching goal of advancing the continuum of care for children/young adults with PABI and their families by building an effective online presence, integrating existing content and developing formal protocols and other content, and developing and implementing strategies that will educate the target audiences within WebMD's 86+ million monthly visitors and Medscape's 500,000+ physicians and allied health professionals on PABI-related issues and evidence-based treatment tools.

Participation from other potential partners is anticipated in order to maximize the effectiveness of the PABI Virtual Center, including but not limited to the following:

- ***Uniform Data System for Medical Rehabilitation (UDSMR)***
  UDSMR maintains the world's largest database for medical rehabilitation outcomes, with facilities worldwide using UDSMR's measurement system to document patient functionality throughout medical rehabilitation. Interfacing with their system would facilitate prompt initiation of preliminary data collection in the acute and sub-acute settings and allow further efforts to be spent in developing school- and community-based data collection tools.
- ***National Trauma Registry***
  The National Trauma Data Standard is an effort to create a standardized National Trauma Registry database which will contain injury information from patients presenting to local hospitals, allowing hospitals across the nation to share the key elements of their data collection. As with the above, interfacing with their system would facilitate prompt initiation of data collection in the acute settings and provide an entry point to the PABI network for acutely-injured individuals.
- ***NIH-DOD Federal Database on Traumatic Brain Injury***
  The National Institutes of Health, in partnership with the Department of Defense, is building a central database on traumatic brain injuries. The Federal Interagency Traumatic Brain Injury Research (FITBIR) database is designed to accelerate

comparative effectiveness research on brain injury treatment and diagnosis. The database builds upon a larger effort to create common data elements for the study of traumatic brain injury — which are essentially definitions and guidelines about the kinds of data that should be collected, and how to collect these data in clinical studies. The Common Data Elements project emerged from a collaborative interagency effort involving over 50 American and European universities and several federal agencies, including NINDS, Defense and Veterans Brain Injury Center, Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury, Department of Veterans Affairs and the National Institute on Disability and Rehabilitation Research within the Department of Education.

- ***ImPACT (Immediate Post-Concussion Assessment and Cognitive Testing)***
  ImPACT is a sophisticated and comprehensive approach to the management of "mild" traumatic brain injury and concussion. At the core of the ImPACT approach to concussion management is the ImPACT neurocognitive test battery. This 25 minute group of cognitive tests provides information on multiple aspects of memory, cognitive speed and post-concussion symptoms. The ImPACT test is widely utilized throughout the United States and is currently being employed in over 7,000 high schools and colleges. Over three million ImPACT tests have been administered to children over the past 5 years. ImPACT is also in utilized by all NFL and NHL teams, by Major League Baseball and by numerous other professional sports organization. ImPACT has been extensively validated and over 100 peer-reviewed articles have been published to date. One of the primary mission of ImPACT is the training of health care professionals and to date, ImPACT has trained over 8,000 individuals through both live and web based training experiences. ImPACT has a large provider network with over 320 credentialed providers in every state.
- ***CNS e-Health***
  CNS e-Health is a patent-pending, cloud-based platform designed to promote central nervous system illness prevention, health, and disorder/injury recovery. The agenda of CNS e-Health is to make healthcare services for acquired brain injury accessible to anyone, irrespective of their geographical location or financial status. The platform is designed to provide evidence-based CNS clinical guidance for screening and diagnosis and the tools to provide efficient and effective treatment through the continuum of care (i.e., prevention through community reintegration). Its data-capturing elements ease the collection of important CNS Common Data Elements as well as other important data points for research and discovery.

V. SUMMARY and CONCLUSIONS

Many technologies should be applied to PABI. Fundamental to all of them is data interoperability. The platform will enable data exchange between these future additional solutions. Key features to success are:

1. Real-time reporting
2. Messaging, allowing the community to be tied together in a relationship
3. Web hosting
4. Personalized content delivery

Interfacing with each Category of Care:

Through the use of diverse technologies, the PABI Virtual Center will play a vital role in advancing the goals of each of the Categories of Care outlined in the PABI Plan, as demonstrated by the following examples:

- **Prevention example:** Applying Virtual Center web tools to provide training for medical personnel and community, school, and sports/recreational agencies regarding risks of re-injury and/or current injury exacerbation.

- **Acute Care example:** Implementing and interfacing with a data management system through the Virtual Center that provides long-term surveillance and includes standardized elements that can be extrapolated to analyze effects of variability in acute care on patient outcomes.

- **Mild TBI example:** Utilizing the Virtual Center's repository of real-time case management updates to investigate effective referral mechanisms for children with "mild" TBI across the full continuum of care and services.

- **Reintegration example:** Engaging the Virtual Center professional collaborative network to rapidly disseminate experimental results from school-based intervention studies to practicing clinicians and engage in interdisciplinary design of appropriate clinical trials.

- **Adult Transition example:** Reviewing outcomes data compiled through the Virtual Center database to evaluate how to effectively promote success in higher education, employment, and independent living.

- **Rural/Tele-Health example:** Providing universal access to a shared community, whether urban or rural, through the Virtual Center portal and offering platforms for remote monitoring as well as interfacing with new data collection systems to digitize information a service provider can use in clinical practice

To dramatically change PABI for patients, providers and researchers, the full power of technology must be leveraged. Data management, communications, outcomes measures and education are among the technologies enabled by the PABI Plan. Millions of children and young adults will benefit from this process, and hundreds of thousands of care providers will be empowered as well.

CHAPTER 5: *Category of Care: Prevention*

I. INTRODUCTION:

Definition of Category:

The core functions of primary prevention of pediatric acquired brain injury as well as secondary and tertiary injuries include: 1) Assessment of the epidemiology of PABI including characterization of the numbers and types of injuries, characteristics of the children who are victims of PABI, and categorizations of the causes as well as an assessment of what current prevention efforts are underway in each state; 2) Based on the World Health Organization's 5E's Model (Education, Enactment, Enforcement, Engineering, Economic impacts), design of interventions to prevent the occurrence of PABI at the individual and population levels before they ever occur and look to prevent secondary and tertiary injuries; 3) Evaluation of the impact of interventions and monitoring trends in occurrence of PABI; and 4) Developing policy recommendations that will enhance prevention of injury. Prevention State Lead Centers will both conduct public health studies using the SJBF Virtual Center database and other public health databases that will be incorporated into the Virtual Center including the NHANES, WISQARS, trauma-center databases, hospital discharge databases, and relevant research databases on pediatric care quality and injury. The Prevention Lead Centers will maintain access to these databases and prepare reports by region, state, and by type of injury to help guide all of the SJBF State Lead Centers in their prevention, education and treatment programs. The Prevention State Lead Centers will work with the Level 1 Trauma Centers in the country to provide training and education on prevention that is supported by the data and has demonstrated effectiveness.

Current Status:

Brain Injuries can be prevented and controlled. Various prevention models have been proposed, but for the purpose of this report the classic model will be used. Primary prevention entails preventing new injuries, secondary prevention involves reducing the severity of injuries and tertiary prevention is decreasing the frequency and severity of disability after an injury. (WHO)

Prevention needs to include all aspects of PA/TBI including but not limited to: prevention of meningitis/encephalitis, near-drownings, strokes, playground safety, gun safety, trauma, recreational safety, automobile and bicycle safety, prevention of domestic violence and child abuse, fall prevention and sports/concussion prevention.

Prevention of acquired brain injury is currently an uncoordinated collection of a wide variety of programs that have not been evaluated, provided by people without training in prevention science, and driven by the particular interests of the educators who have not had the data and opportunity for systematic planning driven by the forms of injury that are the most common. There are well-conceived education programs built on theory such as "Think First" that have been tested to increase knowledge of danger and reported behavior but due to lack of resources they have been insufficiently evaluated. Other prevention programs that have been evaluated include universal education about shaken baby syndrome using a video about shaken baby syndrome and a video and booklet package called "The Period of PURPLE Crying." Major sports injury prevention programs have included the difficulties of showing that these types of

programs actually reduces injury because they involve the problems of statistical power and sample size, assessing the implementation and fidelity, and controlling for secular trends. Overall injury deaths and hospitalizations have been declining in recent years with increased attention but a recent pediatric publication has found a 60% increase in Shaken Baby Syndrome hospitalizations in 6 Children's Hospitals while a second neurosurgical study revealed a nearly doubling of shaken baby syndrome hospitalizations in Cleveland. These increases have postulated to be tied to the current economic recession although national data have failed to reveal an increase in child abuse during this recession. Further work is needed to assess the epidemiology and trends in PABI. Other primary prevention efforts include SafeKids, ImPACT and WalkSafe but more data is needed to evaluate their usefulness and in some cases these activities overlap.

There are few nationally-implemented primary prevention programs. There are even fewer secondary and tertiary prevention programs. The need to prevent a second brain injury following an initial insult cannot be overemphasized. There is a serious need to reduce the morbidity of PA/TBI by preventing/limiting/minimizing subsequent developmental stall and identify and assess chronic behavioral and psychiatric issues associated with it. When looking at persons with disorders of consciousness (DOC) with acquired brain injury, including those in coma, MCS (minimally conscious state) and VS (vegetative state), a greater level of professional expertise is required for adequate prevention of secondary and tertiary injuries.

Perspective:
Professional Perspective: Pediatric child abuse specialists have targeted shaken baby prevention as an important form of PABI prevention and this appears to be "low-hanging fruit" as the most common trigger is infant crying and health education interventions need only have a relatively short duration of effect to get through the major period of risk, the first 4 months of life. The acute costs of hospitalization are over $100,000 per case and prevention can be provided for a sum closer to $3 / child birth. Older children are at the highest risk for PABI at 125/100,000. The major causes of injury in older children are motor vehicle collisions and sports injury. The graduated driver's license policy and various engineering efforts have been successful at reducing injury in this age group. Educational activities have been largely unsuccessful at altering risk in this age group. Sports injuries may be most amenable to equipment and coaching changes. Data are needed about trends, types of injuries and victim characteristics to sharpen the prevention focus on the most at-risk groups and the most common forms of PABI. As prevention efforts emerge, the pattern of type of injuries will change and the system needs to be responsive to changing epidemiology.

Family Perspective: The importance of preventing a brain injury is not well-appreciated by families and their communities until an injury actually occurs. Many simple but effective preventive measures (helmets, seat belts, car seats) are still underutilized or improperly utilized. Particular issues include the impact of a concussion on cognitive, psychosocial and emotional competencies; the implications of shaking a baby; and the impact any PA/TBI has, not only on the child/youth, but on the family and community long-term. Even children who suffer "mild" TBI have important educational and relationship outcomes and the impact on family life of a severely injured child is tremendous. Prevention of injury is, in most cases simply cost effective,

without considering the impact on the quality of life of the child, the parents, and other family members. Continued reflection and consideration is needed based upon all families' experiences for the development of the types of prevention and communication strategies effective in preventing PA/TBI. Furthermore, there are many successful prevention advocacy organizations needing additional funding and support to expand upon their successes.

Current Strengths and Needs for this Category:

The science of TBI is advancing rapidly as increased attention is being paid to the problem. However, there remains a strong need for science directed at understanding and preventing PABI. Nearly 40 years after the description of shaken baby syndrome, argument is proffered in the lay press that the syndrome doesn't exist, in part because core questions addressable by science have not been funded and supported. The work that has been done has not been guided by data on the forms of injury and the circumstances that let injury occur. There is a need for enhanced surveillance of all forms of PABI, interpretation of the data, and the development of sound interventions driven by the data. The success of policy measures like the graduated driver's license and the attention to injured athletes means that the nature of the problem is changing and ongoing surveillance is needed. Investigators who could help with this issue need to be encouraged to enter this field.

Guiding principles for PABI prevention activities:

- Evidence-based prevention will be prioritized- either adoption of established evidence-based programs or development with an eye to evidence.
- If prevention activities are not yet evidence-based, the Prevention State Lead Centers will commit to conducting or facilitating research and evaluation to ensure expansion of the evidence base.
- Ongoing surveillance and epidemiology to understand the burden of injury will guide State Lead Centers in priority setting for prevention activities at the state, regional, and national level. In general, the PABI Plan will focus on the more common causes of brain injury before addressing rarer or more unusual causes, unless high severity or ease of intervention dictates otherwise.
- A holistic injury control methodology will guide PABI prevention efforts, inclusive of the following WHO approach to solutions:
    - Education: Ongoing education regarding the burden of injury, improved understanding of risks, and evidence-based interventions. Education targets range from general population awareness to tailored messages to high-risk populations. Educational messages have been shown to be most effective when accompanied by improved access to low/no-cost safety products.
    - Enactment and Enforcement: Promotion and evaluation of policy strategies that promote prevention and encourage adoption of proven safety practices.
    - Engineering: engineering approaches that require less individual action or changes of behavior on every occasion will be favored over education approaches that require people to become good drivers or behave on every opportunity.
    - Economic impacts: evaluations of economics are part of the process of deciding what prevention approaches will be used.

  - This 5-E model developed by WalkSafe in 2003, which has been adopted by the National Safe Routes To School Program (SRTS) is an example of a primary prevention program. The purpose of Safe Routes to School is to enable and encourage more children to safely walk and bicycle to school whereby multiple agencies partnered together to implement the 5-"E" program.
- A public health perspective also allows for an integrative approach to address PABI. Such an approach brings together as partners national and local agencies and organizations involved in injury prevention. The Public Health Model paradigm includes:
  - Surveillance of a problem (what is the problem)
  - Identifying risk factors (what are the causes)
  - Implementation of a program (how is it done)
  - Development and evaluation of the interventions (what works)

II. **GOALS and OBJECTIVES**:

Prioritized list of service goals for the first 2-3 years of project

	Goals	Objectives
Goal One	***Assessment of Current Efforts and Target High Priorities*** Identifying and expansion of current prevention efforts using already-established network of prevention expertise and then targeting those high priority areas for quick success.	1. Conduct survey within each state of current prevention efforts as well as utilizing available surveillance data, and sources such as Cochrane reviews, Community Guide and other valid sources to identify initial priorities 2. Establish National PABI Prevention Council including representatives from 7 Prevention State Lead Centers, experts from 11 CDC-supported Injury Prevention Research Centers and representatives from other advocacy organizations. 3. Identify high priority areas of success to expand efforts: such as motor vehicle safety interventions (including advocacy for proven policies such as primary seat belt laws, GDL, car seat laws), Shaken Baby Syndrome/Abusive Head Trauma, reducing youth sports concussions and risk reduction for homelessness, addictions, abuse and psychiatric sequelae on secondary and tertiary prevention (targeting education and screening within the correctional/prison system as well as pediatric and adolescent psychiatrists/psychologies to better identify youth with a history of trauma).
Goal Two	***Expand Research***: Establish research efforts to further test existing primary, secondary and tertiary prevention efforts and create new prevention models.	1. Collection of targeted injury data (i.e., risk factors for various types of injuries) for identifying priority issues and high risk parameters, using a standardized dictionary of terms for uniformity across all stakeholders in PA/TBI as well as improved identification of secondary injuries by

		means of biomarkers and recognition of risk factors for psychiatric co-morbidities 2. Utilizing WHO 5Es model and Public Health Model for refinement, development and testing of existing methods while developing new methods 3. Implement modules in identified centers in each region.
Goal Three	***Education & Training***: The Prevention State Lead Centers will develop plans to educate and train professional and advocates in the evidence-based prevention methods utilizing the SJBF Virtual Center.	1. Develop and employ educational and training modules for professionals, families and lay public by utilizing the SJBF Virtual Center to facilitate information exchange 2. Utilization of a "train the trainer" model of education and support (i.e., utilizing the PREVENT Institute operated by the University of Colorado-Denver and Colorado Children's Hospital to train 7 Prevention State Lead Center national/regional staff and then additional State Lead Centers staff for prevention) to then train Level One Trauma Centers 3. Implement educational programs in identified centers within each region, joining with Tele-health systems to broadcast training widely.

Prioritized list of research goals for the first 2-3 years of the project: *Establish national research network.*

1. Within the first 12 months and then annually: Issue a report using the multiple datasets available on the occurrence and patterns of PABI. This involves the AHRQ KIDS national pediatric discharge database, the National Health Interview Survey, the SJBF Virtual Center and the national database on death certificates among others. In years 2 and 3, the analyses will already be looking at trend data and establishing a research base for assessing impact of the PABI initiatives in prevention.
2. Each of the seven Prevention State Lead Centers will have a research project underway examining evidence-based prevention methods and developing new methods.
3. By Year 2, 90% of the Trauma-Centers trained in prevention will be evaluating an evidence-based prevention activity or undertaking a trial of a new program.

III. **Timelines for Accomplishing Goals and Objectives**

Service Goals:

1. Within first 90 days: Objectives 1, 2 and 3 to be initiated
2. Within first 90 days: Objectives 1, 2 and 3 to be initiated
3. Within first 90 days: Objective 1 to be initiative, with first 180 days: Objectives 2 and 3 to be initiated

IV. **Special Budgetary Needs and Considerations**

- Review outstanding costs unique to this category

- Review outstanding technical cost needs

V. SUMMARY and CONCLUSIONS

The above plan will move prevention nationally, provide coordination, modest research support, but most importantly provide annual reports on the occurrence of PABI and facilitate hundreds of other scientists to use the databases to produce accurate and new data on the occurrence, characteristics of cases and the environment that allow cases to occur, and successes of prevention science. This will be a major jumpstart on prevention and leverage prevention with the previous $4 million investment in the CDC funded PREVENT Institute and the efforts of the eleven CDC funded Injury Prevention Research Centers.

CHAPTER 6: *Category of Care: Acute Period of Care (moderate to severe PA/TBI)*

I. INTRODUCTION

Definition of Category:

Acute care includes the management of the child/young adult from the scene of the injury (EMS), through Trauma Resuscitation Units or Emergency Departments to an Intensive Care Unit, through acute inpatient rehabilitation. Inpatient rehabilitation refers to inpatient services for the individual with PA/TBI provided by collaborative treatment teams addressing the individual medical, physical, psychological and social needs of patients. The goal is to maximize independent function and educate families regarding home care in a fashion that facilitates ongoing clinical improvement and follow-up after discharge.

In addition, for non-TBI cases it begins at the diagnosis of the brain injury. Early recognition of neurologic deterioration for all types of PA/TBI is a significant problem and if not recognized, the patient's condition will likely worsen and increase the burden of the injury. This is particularly important for the problem of inflicted TBI (abusive head trauma). In these cases, the presenting symptoms may be non-specific and the infant may arrive at a medical facility without a complete history of the injury. It is known that many cases of mortality and morbidity due to inflicted TBI occur after an initial presentation where the diagnosis of TBI was not recognized. This highlights the importance of the Golden Hour of Trauma Care and the importance of EARLY identification and assessment which leads to the best possible outcomes and quality of life.

Current Status:

There is significant underreporting of incidence and prevalence of traumatic brain injury in children including the entire spectrum from severe to very "mild" injuries. There are a number of different surveillance systems, databases that exist in different states; however they are not in agreement with each other with regards to definition and severity of injury. CDC reports as well as epidemiological reviews admit that we do not have accurate data specifically with respect to the "mild" brain injury and concussion. The data for severe and moderate injury is better due to these cases for the most part being admitted to a medical facility where they are identified. As for severe PA/TBI, acute clinical management guidelines do exist (recently updated, 2012) but even the updated evidence base remains sparse. There remains a lack of precision and frequent delay of appropriate therapy for pediatric victims of traumatic brain injury. These unnecessary delays in care represent missed therapeutic opportunity and undermine quality and extent of recovery. There is a need for improved infant/young child injury scales.

A new approach to classification of injury based upon underlying pathophysiology and neurobiological mechanism is needed to allow appropriate categorization and target treatment. Age-specific pediatric physiological variables, in combination with genetic markers and anatomical and metabolic imaging, may serve as a means to achieve this goal.

Most neurocritical monitoring is not routinely performed in pediatric ICUs, and when it is, use is generally simply extrapolated from the adult experience rather than driven by specific pediatric clinical evidence. It is increasingly becoming clear that many medications routinely used in

infants and young children may have strikingly different efficacy and side effects from their use in adults. Outcomes are currently measured as survival or short term global outcomes that fail to fully describe the level of developmental recovery across developmental domains and over time.

The definition of intermediate care varies widely across institutions, but for the purposes of this document it is defined as when the child/young adult no longer requires monitoring in an intensive care setting but still requires hospitalization. Children may also enter this phase of hospital care for observation following their PA/TBI and do not need ICU-level care, but still require acute medical management. The important decision at this level is whether the child/young adult will require inpatient rehabilitation, or long-term care or can they be discharged into the community and receive rehabilitation within the community. While in this phase of hospital care it is clear that all should continue receiving early rehabilitation services using a multi or interdisciplinary model.

Perspective:
Professional Perspective: With poor identification along the continuum of care and no active management, there is an increased risk of delayed recovery, re-injury, and catastrophic outcome.

Although there have been advanced care courses developed by national organizations, and while there are evidence-based guidelines for the acute care management of infants, children and adolescents, the process of resuscitation and initial evaluation is still variable among centers and even providers and the impact of these guidelines on care processes and outcomes is not known. As a result, the process and effect of resuscitation remains poorly defined and unnecessarily imprecise. This lack of precision and timely initiation of appropriate therapy causes avoidable delays in care which results in poor outcome. Improper fluid volume or content, or inadequate blood pressure resuscitation may add to neuronal injury and result in missed therapeutic opportunities.

The process of acute care and resuscitation is intended to optimize recovery from injury and minimize injury related damage. Current critical care processes are not yet sophisticated enough to link cell signaling or organ system cross talk to specific clinical problems related to multiple organ dysfunctions. In addition, persons with disorders of consciousness (DOC) and an acquired brain injury including those in coma, MCS (minimally conscious state) and VS (vegetative state) are a special group of patients requiring a greater level of professional expertise (i.e., sub-specialty training) for adequate assessment and treatment.

The main problems with advancing acute PA/TBI clinical care are:

1. There is substantial variability in injury type, severity and developmental stage not addressed by current grading scales.
2. There is substantial variability in processes and procedures for initial assessment and physiological stabilization of children with severe poly system trauma with and without TBI.
3. Management of PA/TBI is extrapolated from adult A/TBI protocols, many of which are inappropriate for children or do not consider the special developmental concerns of children.

4. There is inadequate linkage of multimodal acute physiological variables (vitals, intracranial pressures, EEG, neurologic exams, neuroimaging) with long-term developmental and functional outcomes and rehabilitation interventions (developmental assessments, neuropsychological testing, and developmental/behavioral diagnoses).
5. There is a lack of good age-specific animal models for preclinical testing of hypotheses and interventions in the acute care/ICU setting. Secondary problems are identifying appropriate ages between humans and different animal species, inconsistent implementation of current pediatric A/TBI protocols, understanding age-specific toxicities/side effects of medications and monitoring effects of environmental stimulation during the acute phase.
6. Administration of PA/TBI care is variable across practitioners, institutions and geographic regions making it difficult to draw meaningful conclusions from existing data.
7. Accurate and relevant premorbid and early post-morbid data are rarely available.
8. Obtaining informed consent for interventional and translational studies are challenging.
9. Non-medical factors influence the delivery of appropriate medical care.
10. Little data is available on efficacy of, and guidelines for use of, treatments such as anticonvulsants, vasopressors, sedation, hypothermia, craniotomy, and others in the PA/TBI population.

Problems in inpatient rehabilitation:

1. Barriers to seamless transition from acute care to rehabilitation persist.
    a. Lack of funding frequently eliminates or delays critically needed acute rehabilitation
    b. Parental confusion often results in loss of eligibility for certain government sponsored programs
2. Minimal evidence exists for the mode of delivery and types of medical rehabilitation:
    a. There is a lack of evidence for rehabilitation therapies, that is, lack of research and/or evidence-based practice regarding admission criteria, pharmacologic management, therapy type, timing, length or intensity of therapy.
    b. There has been little progress in this area since the 1999 Agency for Health Care Policy and Research report *Rehabilitation for Traumatic Brain Injury in Children and Youth*
3. Minimal evidence exists for system issues:
    a. Lack of common data collection in uniform fashion
    b. Lack of awareness/education among healthcare practitioners and administrators
    c. Lack of qualified personnel
    d. Lack of financial support
    e. Lack of minimum requirements to provide service (i.e. pediatric specialty), especially regarding third party payers in-network providers
    f. Lack of ability to extend treatment plan to local community
    g. Limited ability to serve individuals who are slow to recover or who are considered to have plateaued.
4. There exists a significant and deleterious discontinuity of care and knowledge about PA/TBI between the inpatient hospital setting and personnel and normal everyday community-based school, medical, and therapeutic personnel.

Family Perspective: This is a critical point in time along the continuum of care when parents and family members of children with severe injuries are traumatized themselves, and they must slowly acknowledge the child/young adult has been seriously injured and may no longer be the same child as before. Careful, sensitive, and comprehensive family education about the injury and its effects on the child/young adult and the family as a whole is crucial at this stage. In addition, support for the family is needed to deal with the impact of the injury by starting a transitional process that is sensitive to the family's emotional state at that time and helping them to adapt to live with the effect(s) of the PA/TBI.

Families need to participate in the plan of care for their children/young adults both in the short term and long term. Families require either initiation or ongoing support in the transitioning process of having a child/young adult with PA/TBI. It is important that the family's concerns be heard and addressed, as their home-based actualities of having a child/young adult with PA/TBI might not match the understanding of the medical/educational/psychological communities.

The initiation of inpatient rehabilitation services, when and where available, often offers for families the first chance to begin to appreciate and understand the multitude of challenges related to habilitation from brain injury. Families frequently arrive with minimal understanding of the severity and long-term nature of the many challenges faced by survivors and families dealing with acquired brain injuries.

While there are often significant improvements in mobility and self-care during this time, the cognitive, behavioral, emotional, and learning challenges often persist and worsen, and can become lifelong struggles. Families need to receive a great deal of information and training during this time, but they are in various stages of grieving and acceptance and so require persistent education regarding the ongoing needs of the patient after discharge. Supportive services for families are essential during this time for coping with the alteration in the family unit and are critical to begin to link families to the resources available in their local community.

Additionally, during an inpatient rehabilitation admission, families are trying to balance maintaining employment, caring for other siblings, and maintaining marriages and relationships. Often the stressors brought on by the profound shift in family dynamic that occurs after acquired brain injury results in divorce, depression, and substance abuse, among others, further disrupting family units.

As well, children/young adults who have been discharged home and are later able to participate in more aggressive rehabilitation would often benefit from an inpatient rehabilitation admission for further treatment, but access to these services is almost always severely restricted or denied. Currently, once a child/young adult is discharged from inpatient rehabilitation, families often have difficulty obtaining appropriate outpatient therapy or school-based services in their local communities due to the limited number of pediatric-trained specialists and lack of funding. The physical needs and therapies of a child/young adult in the first six months after discharge are often met, but the psychosocial, emotional, educational, and behavioral needs start to become apparent at about six to nine months after the injury, at a time when parents and teachers think the child/young adult is recovered, because s/he looks fine physically.

Thus, the immense attention to education of the family and intensity of therapy services received by the patient immediately after the brain injury during inpatient rehabilitation is met with a resounding lack of education and resources in the local community after discharge, resulting in significant and ongoing frustration for patients and families, and significant worsening of the child/young adult's functional status.

Current Needs for this Category:

1. Develop and maintain a multicenter network of collaborating centers in order to generate meaningful data and conclusions.
2. Implement a data management system that provides long-term surveillance and includes standardized elements that can be extrapolated to analyze effects of variability in care on outcome.
3. Delineate the utility and circumstances for advanced neuromonitoring in pediatric ICUs and examine the role these tools play in hemodynamic management.
4. Standardize acute trauma/critical care based on clinical pathways, uniform clinical reporting mechanisms and informatics designed to enhance clinical decision support.
5. Facilitate development of more sophisticated PA/TBI models, with particular focus on proper age-range translation between animal and humans and on modeling common secondary injuries seen in pediatrics.
6. Design translational studies to incorporate both acute physiological measurements and long-term outcomes in the same individuals (for both animal studies and prospective human observational studies).
7. Acquire data to determine the effects of non-medical factors on delivery of appropriate PA/TBI care such as socio-cultural, family, pre-injury factors.
8. Increased utilization of technology to facilitate monitoring, data review, team communication and access to specialists.
9. Improve communication among ICU physicians, consulting physicians, other care providers and family members in addition to initiating contact with a SJB Family Specialist.
10. Develop joint education programs for health care providers to promote interdisciplinary approaches and communication.
11. Develop strategies to study the effects of smooth transition out of the ICU and initiation of early rehabilitative interventions for all levels of PA/TBI severity ("mild" to severe).
12. Standardize care paradigms across units that care for children with PA/TBI (ED, OR, ICU, etc).

Inpatient rehabilitation:

1. Establish a Model PA/TBI Network to include inpatient rehabilitation to form a base for patient care, research, education, and development of evidence-based practice for specific pharmacologic agents, stem cell trials, nutrition, occupational, vision, physical, speech, and behavioral therapies, and/or combinations thereof. Specifically, current experimental models should be translated into clinical trials. Information regarding optimal timing, intensity, and length of inpatient rehabilitation must be elucidated.
2. Establish a protocol for discharge including a case manager who works with the rehabilitation team to assist patients/families in navigating networks of care, identifying local resources,

reintegrating into community/school, etc. Specifically regarding school there should be an identified individual to facilitate re-entry.
3. Establish within each model group a process for advocating, educating, and implementing PA/TBI recommendations for governmental agencies, third party payers, health care systems, and communities.

II. **GOALS and OBJECTIVES**:

Prioritized list of service goals for the first 2-3 years of project

1. Conduct a workshop to invite all professionals, agencies, stakeholders to discuss PABI Plan in each state in order to develop advisory groups, committees, etc… in order to implement PABI Plan for each State.
2. Set up multi-center study including the existing 7 Acute State Lead Centers as pilots for data collection using the new Pediatric NINDS/HHS Common Data Elements for investigating improving acute care for PABI
3. Establish an age-related baseline of acute care management
4. Establish case management system for Acute Care
5. Conduct regional educational and training workshops for professionals and partnering agencies.

Prioritized list of research goals for the first 2-3 years of the project

1. Organize the State Lead Centers to pilot the new Pediatric NINDS/HHS Common Data Elements.
2. Assess the age and severity related baselines (current practice) of acute care management
3. Standardize acute trauma/critical care based on clinical pathways, uniform clinical reporting mechanisms and informatics designed to enhance clinical decision support

III. **Timelines for Accomplishing Goals and Objectives**

Service Goals: #1 within first sixty days, #2 Within first 90 days, #3 within first 90 days #4 within first 6-9 months, #5 within first year
Research Goals: #1 within first 90 days, #2 First 6 months, #3 within the first two years

IV. Special Budgetary Needs and Considerations

Review outstanding costs unique to this category
Review outstanding technical cost needs

V. SUMMARY and CONCLUSIONS

The Acute Care Category encompasses the early care and management of the child/young adult with PA/TBI. It is critical that the youth and his/her family are identified early in this process in order to provide the necessary services required to maximize functional outcomes. Systems need to be put in place that provide infrastructure for providing appropriate care and services along the continuum. As well it is critical that all professionals during this time can ensure practices (assessment, intervention, service delivery) are sensitive to developmental, socio-cultural, and linguistic factors that consider the post-discharge needs and realities of the child/young adult and family.

CHAPTER 7: *Category of Care: Reintegration/Long-term Care*

I. INTRODUCTION:

Definition of Category:

The Reintegration/Long-term Care Category focuses on the child/young adult with PABI from the time of referral from acute care, rehabilitation, or community agency to his/her transition to adulthood. This phase includes the process of reintegrating children and youth with PABI back into their homes, schools, and communities and ensuring that they and their families get the services needed to maximize their child's potential following brain injury.

Current Status:

The availability and provision of transitional services following PABI varies tremendously, depending on the nature and severity of the injury (e.g., concussion versus brain tumor) and the resources available in a given geographical region. However in general, when a child/young adult is ready to be discharged from the emergency department or hospital following PABI, or is identified in the community as having a PABI, there is no systematic plan for connecting the child and family with the necessary services within the school and community.

Several factors may account for the failure to link children and families to community services following PABI. For example, the standardized assessments commonly used in hospitals and rehabilitation facilities are of questionable validity in predicting the child/young adult's needs in returning to school and home. In the case of "mild" or moderate injuries, hospital staff may perceive the child/young adult as doing well, and thus not foresee a need for community support after discharge. Even when significant challenges arise, the invisibility of the brain injury often leads to the public's misattribution of the cause of the difficulty to something other than the injury (the opposite pattern to the stigmatization of those with visible disabilities). Parents themselves may fail to recognize the possibility of life-altering challenges for their child/young adult, or they may feel stigmatized by the label of brain injury, and as a consequence may not access supports and services.

Pediatric trauma and rehabilitation services are centralized in urban, university-affiliated hospitals, with inpatients drawn from broad geographic areas spanning hundreds of miles. Thus, returning to the rehabilitation facility for ongoing counseling may not be feasible. Regardless of whether the family lives in an urban or rural setting, local health providers and educators may lack requisite knowledge and expertise regarding the unique issues associated with PABI. Thus, services may be unavailable altogether or families may be forced to travel prohibitively long distances weekly for a period of months or years to obtain them.

The schools and other community agencies, when notified, may be poorly educated regarding the effects of PABI and may not recognize the need to assess and offer services for the child/young adult, especially if the injury is less severe and resulting challenges are not obvious. Furthermore, some difficulties such as academic, vocational or social challenges may not become apparent until later developing skills fail to emerge. When such developmental stall occurs, it may not be attributed to the original insult and thus misdiagnosed.

For a child with PABI, transitions from hospital to school, school to school, and school to community and adult systems tend to be fragmented and uncoordinated with little communication among families and hospital, school, and agency personnel. Thus, access to services is inconsistent across our country and many parents try to navigate our many agency systems without guidance.

In addition, there is a paucity of research on interventions to assist with reintegration of children and young adults with PABI from hospital into home, school, and community life or from school into adult life. In addition, few measures have been developed to examine outcomes of these important transitions. Further, although there is a strong relationship between family functioning post PABI and child outcome, there is a similar lack of research on interventions to help families cope with the changes following PABI.

The current approach to service delivery (inadequate services and supports in school, home and community) results in poor long-term youth outcomes are costly to society (e.g., unemployment, public-assisted housing, and incarceration). Figures 3 & 4 depict the current and proposed approach to intervention supports and concomitant costs of each.

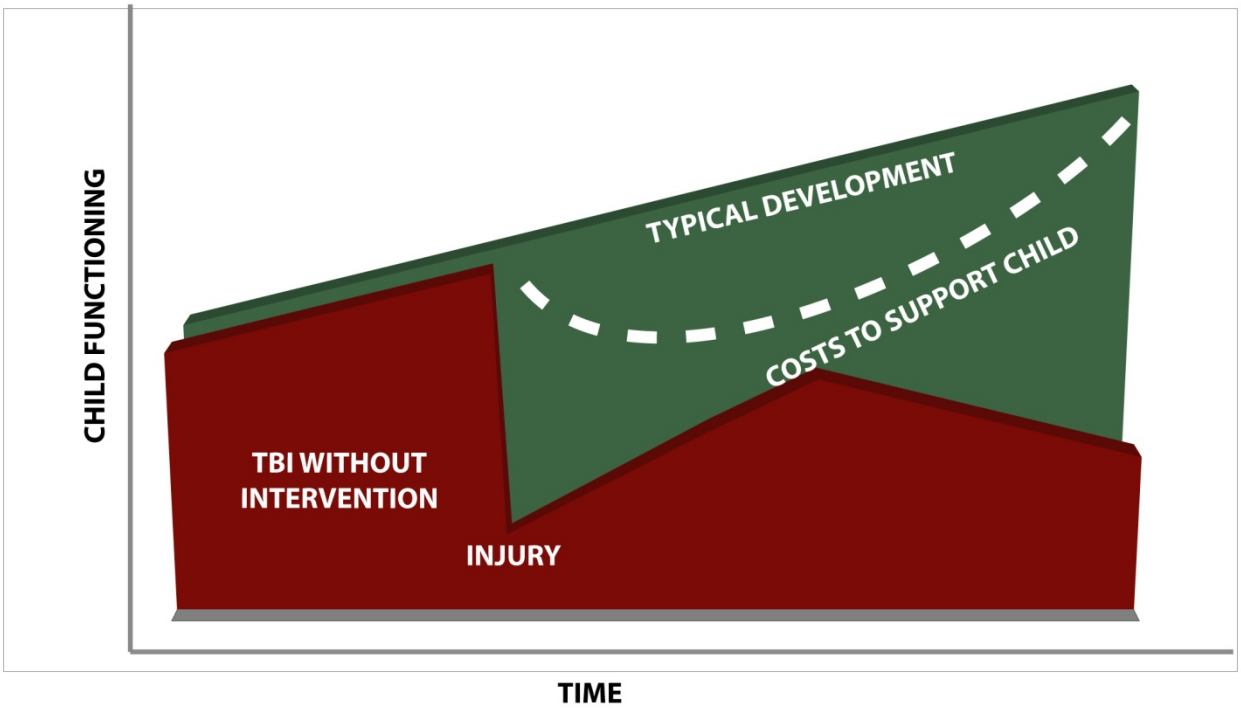


Figure 3. Effects on child/youth functioning and related costs of inadequate treatment supports.

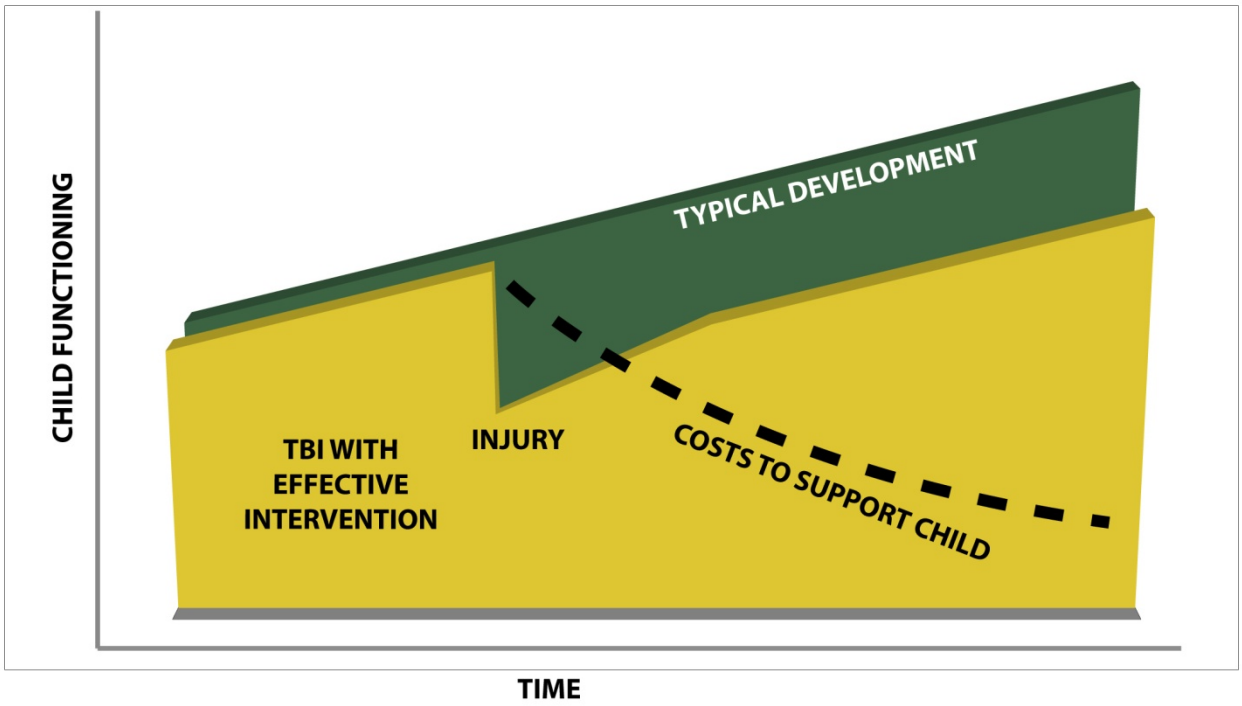


Figure 4. Effects on child/youth functioning and related costs associated with intervention and supports.

Perspective: Importance of Reintegration/Long-term Care

Educator Perspective: Although PABI is a high-incidence medical event and tens of thousands of children sustain long-term disabilities resulting from PABI every year, from the point of view of the United States Department of Education and most State Departments of Education, PABI is a low-incidence disability. Many children with PABI are not identified and are served inappropriately in schools because of the perceived low incidence as well as a number of other factors (e.g. lack of awareness of educators, poor communication about PABI between medical and educational systems, emergence of learning and behavior problems misattributed to other disabilities).

Service Provider Perspective: Personnel from agencies that serve children and young adults with disabilities are, like educators, unfamiliar with the needs of children and young adults with PABI and their families and as a result are ill-prepared to meet those needs. Although PABI is considered a developmental disability (DD) when it occurs before age 18 (in most states), providers of DD services see few clients with PABI. Currently, there are no validated interventions for children and teens and their families dealing with PABI, although Family Problem Solving has been identified as an emerging evidence-based practice. Like educators, many service providers and mental health professionals who may come into contact with the family are not equipped with the knowledge and/or resources necessary to effectively help the family cope with the stress that often occurs following a brain injury.

Family Perspective: Once the child/young adult returns home, families must come to terms with the changes in their child's functioning and, very likely, the need to provide increased levels of care due to physical and cognitive disabilities. The stress on parents created by caring for the injured child/young adult often leads to increased marital conflicts and high levels of psychological symptoms and distress in family members. The picture for families usually does not improve with time; familial distress is both progressive and enduring. Further, across society, the number of family members available to help with care giving has decreased, placing more demands on the primary caregiver. As the social network of the person with PABI shrinks, family members must assume a greater support role and therefore may become somewhat socially isolated. Finally, families often lack information about eligibility for school and community services, and may not access appropriate and available supports because of this.

Child Perspective: In addition to the potential familial distress, there is the high incidence of mental health issues for the child with the brain injury. Depending upon the age of the child at injury, among other factors, there may be long-term and progressive emotional and mental health sequelae resulting from a childhood brain injury. Depression, anxiety, and other mood disorders often go undiagnosed and untreated even though they may contribute to academic, social, and behavioral difficulties. Research suggests that problems with social isolation may persist over many years and that new problems in the area of social support often continue to develop in the years following injury . Lack of social opportunities may result in impaired social skills, which may in turn have a negative impact on employment and adult adjustment.

Solutions:

The solution to this complex problem requires a comprehensive and coordinated system of identification and service provision, involving child/family services, policy development and education for hospital personnel, "standard of care" programs that explicitly link hospital experts with community-based school and medical personnel before the child/young adult is discharged from the hospital, capacity building for schools and other community agencies, and an integration of research and practice. This system is reflected in the Sarah Jane Brain Foundation Model for integration of research, services and supports for children with PA/TBI and their families. The four components of the model, depicted in Figure 5, are outlined below.

Post-Acute Medical Consideration:

One example of post-acute medical considerations is the largely unknown impact a PA/TBI has on endocrine functions. In survivors of PA/TBI, significant transient or permanent endocrine deficiencies may present acutely or slowly evolve over subsequent months or years. There have been a number of publications about endocrine function after TBI in adults, leading to increasing awareness since the year 2000 that hypothalamic pituitary dysfunction is common after TBI. Endocrinopathy after a brain injury has been reported in approximately 400 cases in the literature. In addition, case reports have documented that occasional children develop endocrine abnormalities after a brain injury. Abnormalities in pituitary function after TBI (adults) occur in a 23% to 69% incidence, up to 12 months after TBI. Alterations include growth hormone deficiency, central hypothyroidism, adrenocorticotropin deficiency, diabetes insipidus, prolactin elevation, and hypogonadism. These deficiencies are identified acutely after injury or develop slowly over time; they can be transient (and improve with time) or permanent. It is conceivable

that the young brain/hypothalamus of a child is either more susceptible or less sensitive to endocrine injury than that of adults. To date, it has not been possible to identify at-risk children prospectively so that treatment can be initiated before impairment of growth and development.

Although two prospective studies of sequellae of brain injury in children were published in 2000, neither evaluated endocrine status of the patients. Two studies have been published about the development of endocrine abnormalities in children after a brain injury, and our prospective study manuscript is in preparation. The mechanisms by which traumatic brain injury may influence hormone function are several. The brain injury may directly involve damage to pituitary stalk anatomy affecting neurological connections that control vasopressin release from the posterior pituitary gland, or disrupting vascular connections that convey releasing hormones from the hypothalamus to the anterior pituitary gland.

Alternatively, indirect effects on hypothalamic-pituitary function may result from hypotension or shock, CNS hemorrhage, or brain edema. Significant injury to the hypothalamic–pituitary axis during a brain injury may complicate medical management in the period immediately after injury, including cortisol deficiency and diabetes insipidus (DI). The presence of DI complicates fluid management in a comatose patient. Thyroid axis injury may still be quite difficult to identify in the newly injured patient because of the prolonged half–life of thyroxine (7 days). In the longer course following a brain injury, issues of GH, thyroid, cortisol, and gonadotropin secretion gradually become important.

In the months and years after a brain injury, some children show poor growth, explicit GH deficiency, precocious puberty, or failure to enter or progress through puberty. Likewise, some adults experience loss of libido or amenorrhea, overt gonadotropin deficiency. Onset of these symptoms may be insidious and confused with the post-concussive syndrome; years may pass before a correct diagnosis is made and treatment started. Without a high index of suspicion, some patients may never have their endocrine deficiencies identified.

Attention to diagnosis and therapy of endocrine abnormalities early after TBI may improve quality of life and speed of recovery from past trauma sequellae. Since hormone deficiencies may be transient, hormone secretion should be re-evaluated at certain intervals after injury. A consensus conference about endocrinopathies after traumatic brain injury recommended that all patients who have experienced TBI should be screened for their endocrine function by one year after TBI. “Recommendations: Systematic screening of pituitary function is recommended for all patients with moderate-to-severe TBI at risk of developing pituitary deficits. Patients with hypopituitarism benefit from appropriate hormonal replacement and prospects for rehabilitation of patients with TBI-induced hypopituitarism may be enhanced by appropriate HRT.

Further exploration of this possibility requires:

1) Active collaboration between divisions of endocrinology and rehabilitation at the local level to perform a screening of pituitary function in patients after TBI;

2) Creation of a consultancy service by endocrine societies for use by rehabilitation centers;

3) Development of continuing medical education (CME) programs that can be offered as crossover training to the physicians who manage the care of patients with TBIs;

4) Targeting of patient organizations with educational information for dissemination to patients and their families;

5) Continued efforts to more clearly define the population at greatest risk of TBI-induced hypopituitarism; and

6) Monitor results of efficacy studies as they become available to evaluate whether and how much replacement therapy can improve the symptoms of individuals with TBI-induced hypopituitarism.

Another post-acute medical consideration are those patients with an acquired brain injury that also have disorders of consciousness (DOC) including those in coma, MCS (minimally conscious state) and VS (vegetative state) who required a greater level of professional expertise for adequate assessment and treatment.

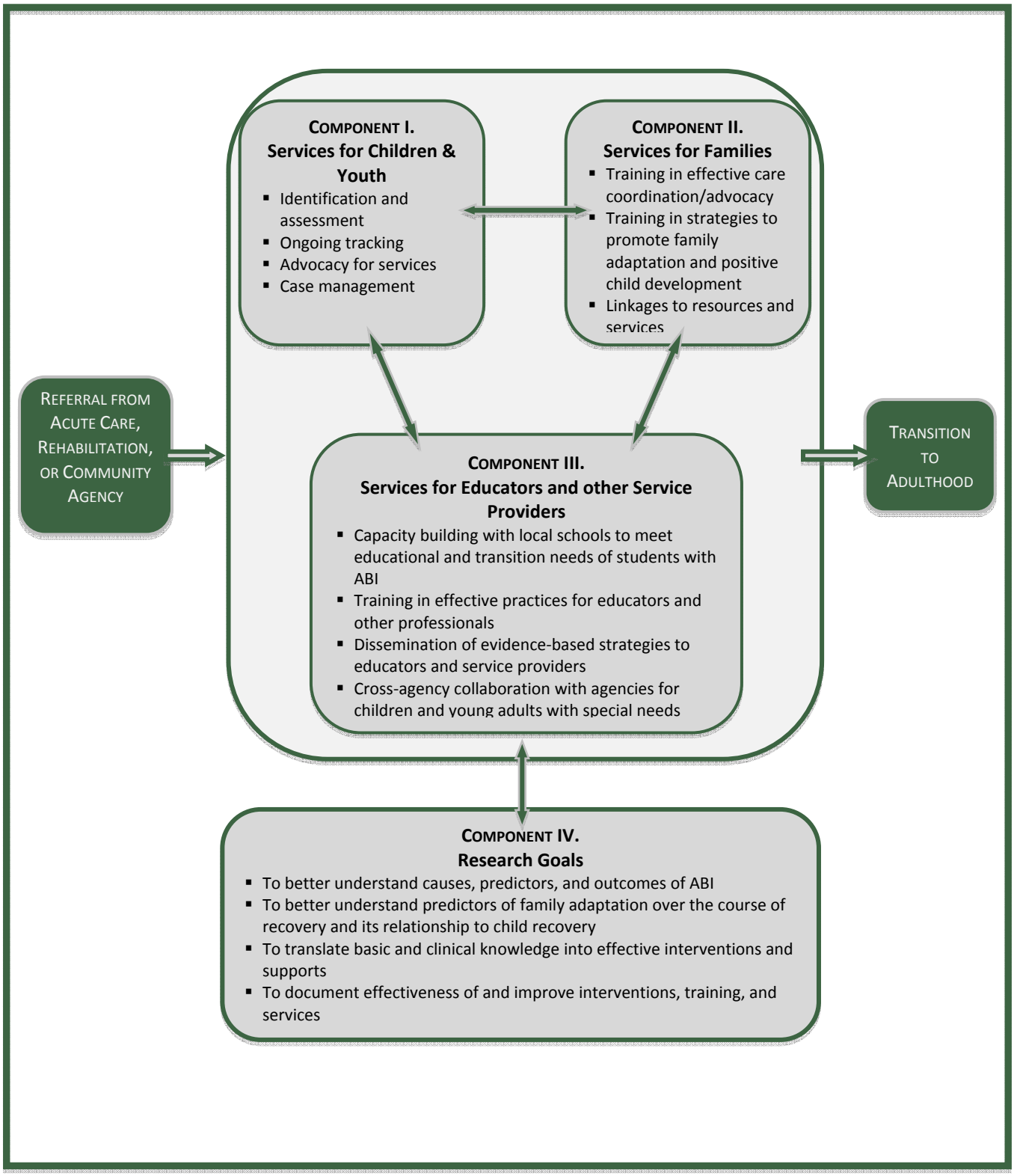


Figure 5. Sarah Jane Brain Foundation Model for integration of research, services and supports for children with PA/TBI and their families

Current Strengths and Needs for this Category:

The Reintegration/Long-term Care Category is designed to include a comprehensive and coordinated system of identification and service provision, involving child/family services, policy development and education for hospital personnel, standard of care programs that explicitly link hospital experts with community-based, school and medical personnel before the child/young adult is discharged from the hospital, capacity building for schools and other community agencies, and an integration of research and practice. The model includes four components: identification, assessment, tracking, and advocacy/support.

The following strengths have been identified in the Reintegration/Long-term Care Category:

1. **Needs assessment:** Surveys of teachers, school psychologists, university faculty and state Departments of Education are or have been conducted to identify knowledge/practice gaps and to determine professional development needs of each group.
2. **Screening protocols:** Screening models have been developed and are being tested (e.g., Colorado, Nebraska).
3. **Promising hospital-school transition model:** A currently funded NIDRR project is testing a model (STEP) for increasing identification and appropriate treatment of PABI in the school system; preliminary evidence is promising.
4. **Concussion management:** Models for concussion care and management have been developed and are being tested (e.g., Cherry Creek, Colorado Public Schools--REAP, NICHD-funded Brain 101: The Concussion Playbook).
5. **Evidence-based family support models:** A number of recent studies provide evidence for providing training and support via the internet:
    a. NIH and NIDRR funded work by Dr. Shari Wade and colleagues on a family problem-solving model provides an empirically-supported approach for providing support and skills training to families and adolescents with TBI.
    b. NIDRR-funded work by Dr. Wade and colleagues provides preliminary evidence of the feasibility and utility of web-based parent skills training for young children with TBI.
    c. NICHD funded web-based programs developed by Dr. Ann Glang and colleagues provide an evidence-based approach for training families in effective advocacy and communication skills for interfacing with schools.
6. **Self-advocacy training:** Current NIDRR and NIH funded projects on developing problem-solving, self-advocacy and self-determination trainings for young adults with PABI

Current Needs: The following needs have been identified:

1. There is no systematic plan for connecting children and families with the necessary services within the school and community
2. Fragmented service delivery system
3. Limited research on interventions to support children/young adults and their families
4. Lack of accurate identification of children within school and community systems of support

5. Persistent lack of awareness of school personnel and community providers about this disability group

II. **GOALS and OBJECTIVES**:

Prioritized list of service goals for the first 2-3 years of project

	Goals	Objectives
Goal One	Disseminate the School Transition & re-Entry Program (STEP) model (an evidence-based hospital-to-school transition system) to other states	1. Refine STEP training module and data collection tools 2. Conduct pilot implementation with 2-3 states 3. Implement in 10 additional states
Goal Two	Disseminate web-based problem-solving skills training programs	1. Refine web-based modules on problem-solving, social skills development, behavior management and family support 2. Disseminate to practitioners to use with children with PABI and their families
Goal Three	Provide and evaluate training for educators in evidence-based practices for effective screening, identification/assessment and educational and behavior support techniques for school-aged children with PA/TBI	1. Review PABI survey data from universities, state departments of education, and in-service/pre-service teachers 2. Develop web-based training modules for pre-service teachers 3. Develop web-based training modules for in-service teachers 4. Develop web-based and other training materials for PABI consultants

Additional service goals

1. Develop and disseminate school-based identification and screening protocols
    a. Develop PABI health form screening questionnaire/protocol
    b. Develop screening and identification protocol for use when poor academics or executive functioning problems in classroom require consideration of TBI
2. Develop and disseminate mental health screening, referral, and support training for health care providers, educators, caregivers, and families.
    a. Identify proven and promising practices for primary care screening and identification of mental health challenges for children with ABI
    b. Identify proven and promising screening and referral practices for educators, caregivers and families
3. Disseminate evidence-based concussion management training materials for educators
    a. Identify proven and promising practices
    b. Identify most effective dissemination mechanisms
    c. Provide materials via web and text-based manuals via multiple dissemination channels
4. Develop and disseminate family support/training tools via web and other mechanisms

(e.g., parent resource centers in each state)
   a. Develop web-based training in effective care coordination and advocacy to family members or other caregivers
5. Develop and disseminate self-advocacy and self-determination training
   a. Refine web-based self-advocacy and self-determination trainings for young adults with PABI
   b. Disseminate
6. Develop and disseminate web-based parenting skills program to parents and early child care educators. Refine materials and pilot with educators
   a. Train personnel to disseminate throughout the country.

Prioritized list of research goals for the first 2-3 years of the project: *Establish national research network.*

1) Collect student data related to implementation of above models and services (e.g., identification for special education/504 services, related services and accommodations; grades)
   - Identify key data elements
   - Develop database

2) Track parent, teacher and student satisfaction outcomes re; school services
   - Identify key data elements
   - Develop database

3) Track family outcomes
   - Identify key data elements
   - Develop database

4) Work with states to conduct research on effective interventions for families and children/young adults
   - Develop guidelines
   - Create collaborative networks for multi-site trials
   - Recruit research partners

5) Evaluate national lead center progress
   - Identify measurable goals/objectives
   - Collect data annually
   - Analyze data
   - Refine goals/objectives

III. **Timelines for Accomplishing Goals and Objectives:** Refined annual goals/objectives and clear timelines will be created upon funding. Quarterly progress will be measured across all goals/objectives.

Service Goals:
Goal 1 within first 60 days: Objective 1 to be initiated
Goal 2 Within first 90 days: Objective 1 to be initiated
Goal 3 within 90 days: Objective 1 to be completed; Objective 2 to be initiated
Research Goals:

Goal 1 within first 3 months: Identify student data elements; create beta version of database
Goal 2 within first 6 months: Identify parent, teacher and student satisfaction data elements; create beta version of database
Goal 3 within the first 6 months: Identify family outcome data elements; create beta version of database

IV. **Special Budgetary Needs and Considerations**

Review outstanding costs unique to this category
Review outstanding technical cost needs

V. **SUMMARY and CONCLUSIONS**

The Reintegration/Long-term Care Category represents the most significant time period in the rehabilitation process for children and young adults and their families. The PABI network provides a unique opportunity to systematically develop and disseminate current evidence-based and promising practices across the country. The overall effectiveness of the PABI network will be judged by how well the research findings, interventions and tools are both disseminated to and utilized by professionals and family members in each state. To this end, the national lead center on Reintegration/Long-term Care will develop a comprehensive, multi-faceted training and dissemination plan that is targeted to all of the audiences who will be consumers of the information this network will generate.

Chapter 8: *Category of Care: Transition to Adult Life Following PA/TBI*

I. **INTRODUCTION**:

Definition of Category:

The Transition to Adult Life Category focuses attention on the significant transition into adult life for the young adult who has sustained a brain injury while the brain is still in its development phase (up to 25 years of age). This phase includes three major aspects: 1) health care, including primary care, medical specialists, physical therapies, and mental health, 2) the transition from school to work including the primary shift of focus from public school to postsecondary education, vocational preparation, and productive employment, and 3) psychological and social needs, moving from social life centered on the family of origin to relationships outside the family, friendships, and community-based living. Current status, problems faced, and needs vary dramatically depending on whether the individual's brain injury has left him/her with high need for brain injury-specialized resources or more circumscribed, less intensive need for services and specialized programs within each of these three aspects of life. Therefore, this category further delineates "high need" and "low need" pathways.

Current Status:

The best overall description of availability and provision of services for adults who have had PABI is that there exists virtually no process or system to support this transition. This is true regardless of availability of other brain injury-appropriate resources, geographical location, and financial resources.

Medical: Adults who have had severe PABI need a variety of medical and therapy services including general medical care by a PCP or primary care provider, as well as medical specialties particular to the treatment of syndromes associated with brain injury acquired during childhood. These medical specialties include, among others, neurology, rehabilitation medicine, urology, gastroenterology, orthopedics, endocrinology, epileptology, radiology, and neurosurgery. Therapy services including behavioral health, counseling, physical therapy, occupational therapy, speech/language therapy, Assistive Technology and nutritional/dietician therapies are also needed by individuals who have high levels of problems/need following PABI. Specialists in psychology, psychiatry, and neuropsychology are also essential components of comprehensive medical care for individuals during all stages of life following pediatric brain injury and become of critical importance during this transition to adulthood when the long-standing medical, social and community supports of youth become unavailable.

The Department of Health, Maternal and Child Health programs offer a variety of services in the child's community that coordinate access to specialty medical services such as epileptology, neurosurgery, physiatry, and psychiatry. For both those who have high and lower levels of need, there currently exists at least the provision for comprehensive therapy interventions from birth through age 21 with federally-supported Department of Education programs including *Birth to 3*, Child Find, and Special Education. Schools in rural areas share therapy personnel across districts through regional centers such as Boards of Cooperative Education Services (BOCES).
These medical and therapeutic services available in some form to all children in each state through a combination of Health Department, *Birth to 3*, Child Find, and Special Education

programs, dwindle or precipitously end at age 21 with the end of school eligibility. Thus, an individual who may have been receiving individual, group, and consultative services throughout every school day finds him or herself at age 21 without either personnel or financial resources to support these treatments. In addition, even if payment for therapeutic specialties is not an issue, it is very difficult to find adult practitioners who have any understanding of, let alone expertise in, the long term management of contractures, prevention and treatment of liver and kidney disorders related to medications for PABI, development of language, support of cognitive development, adaptive skill acquisition, and social skills development in young adults 10-15 years following their acquired brain injury event.

Individuals who have had severe TBIs need comprehensive and expert medical care, which anticipates and treats the particular sequalae of acquired brain injury on the body systems as the individual ages in adulthood. It is very difficult to find adult PCPs and specialty physicians who feel willing and competent to take on the myriad of unknown and potentially very complex outcomes of ABI on a physical system that was traumatized during a crucial period of development. Even in environments that have rich and long-standing histories of providing medical care for both adults who have acquired brain injuries and children who have acquired brain injuries, it is difficult to find physicians who are willing to accept an individual with an acquired brain injury in childhood or adolescence to serve as a PCP for that individual as an adult. As a result, pediatric rehabilitation physicians and therapists continue to follow their patients who have ongoing PABI related needs into their twenties and thirties. There is an even greater level of professional expertise needed for continued assessment and treatments of those with disorders of consciousness (DOC) including those in coma, MCS (minimally conscious state) and VS (vegetative state).

Psychiatric/Behavioral Health Services: From infancy through adulthood, individuals who have psychological or behavioral health needs related to acquired brain injury have a very difficult time receiving appropriate services in the community mental health center system. In the private community as well, there is a dearth of licensed clinical psychologists, child and adult psychiatrists, behavioral specialists, and marriage and family counselors who have expertise in PABI and understand its impact on psychological development and on behavioral, emotional, and psychiatric syndromes of adulthood. Finally, there is a significant lack of day treatment and residential care for adolescents and adults who have severe behavioral disorders after PABI. While in school, these individuals had access to behavioral treatments, supports, and accommodations as well as a social setting in which to spend the majority of each day; after age 21, similar supportive environments for young adults who are unable to function independently are simply not available.

The current situation is that young adults who have serious levels of need for medical and therapy expertise after PABI frequently experience extreme exacerbations in their symptoms during this transition into adult life, to the point at which they require emergency hospitalizations for complicated physical and/or mental disorders.

School to Work: In many states, the scaffolding is in place to support the transition from school to post secondary education or work through the IEP process, mandated district-based School

Transition programs, and partnerships between the Department of Education and the Division of Vocational Rehabilitation. These transition programs are mandated to begin no later than age 14, and some have been well articulated. Their mission is to bridge the transition into adult life through Job Accommodation Network programs, the Division of Vocational Rehabilitation Workforce Centers, and college Learning Disabilities Student Centers.

While the comprehensive services and seamless transition appear on paper in every school district, these programs are marked by extreme variability in the quality of services provided. One school district's transition program may be pertinent, comprehensive, and prepare the student well for development of realistic goals as well as the skills needed to get and keep a job, while a neighboring district may fail in this regard. In some states, outcome evaluation of the adequacy of the transition program is being taken very seriously and indicators of success (for example, Indicator 13 evaluating the implementation of the transition services program for all student who have IEPs and Indicator 14 providing for follow-up of functional outcomes of the graduates of this transition program) are being gathered. Some of the early data on outcomes and efficacy of this program suggest very strongly that children are not being prepared adequately in terms of emotion regulation, executive functions, and management of frustration. They appear to be equally successful with their non-special education peers in terms of landing a job but they have a great difficulty keeping the jobs that they acquire. Investigation of the specific ingredients of school transition programs that are effective, as demonstrated by high proportion of students working five years after graduation from public school, is highly needed.

Social Opportunities: The services and programs that support a child's social life and personal, social, and emotional development are strongly linked to the aforementioned educational programs offered through *Birth to 3*, Child Find, Special Education and supported school/vocational education programs. There has been significant emphasis within these programs on development of social skills, psychological growth, and emotional competencies, including behavior regulation, hobby development, and development of fitness and sports competencies. Therefore, it is not surprising that when these school-based services end at age 21, the young adult with acquired brain injury finds him or herself in a devastating situation with regard to social support and opportunities for friendships and meaningful relationships outside of the home and family. For children with all levels of disability related to their brain injuries, school- and community-based programs have provided excellent opportunities for social interaction and involvement in the normal group experiences that promote social skills, friendships, and personal maturity.

Programs that have been developed for adults who have acquired brain injuries are usually linked to the acute hospital or rehabilitation center and are unavailable to the person whose brain injury occurred in youth. In addition, there is a lack of awareness and education about the existence of these programs that most likely occurs because the social opportunities for children are based in the education system, through the school and community-based programs for children, whether they have special needs or not. The programs available in the community for adults who have sustained brain injury are largely those affiliated with a day treatment program, a residential hospital program for adults, or a program associated with the local brain injury association, which typically does not offer very much in the way of services for children and families.

Therefore, the individual who has had a pretty full day thanks to her Individualized Education Program at school, providing formal, group, organized, and informal opportunities to be around same aged peers, suddenly and very precipitously is left without anything to do and no obvious support or infrastructure for meeting same age peers, making friends, or developing those friendships.

For individuals who have very serious and high level of needs following their pediatric acquired brain injuries, the transition from living at home to living outside of home may be better supported than for those who have more moderate level of needs following their brain injuries. Individuals whose IQ is below 70 or whose functional adaptive skill level is at a similar level (below the 2nd percentile for their age group) may be candidates for independent living centers, day programs, residential living programs, and programs available through the network of Community Centered Boards (CCBs). The large majority of individuals who have survived ABI into their adulthood have a much more scattered skill set and typically do not have IQs and functional adaptive levels below the 2nd percentile. Therefore they are not eligible for these programs and they face a significant dearth of any kind of social opportunities. Their families typically report a depressing and destabilizing period of time following high school graduation until they cobble together an individual program of avocational interests, groups, clubs, and a routine to everyday life that offers a modicum of social and personal outlets.

In the U.S., health, social, and education/vocational services are delivered through entirely separate systems for child and adult consumers; personnel in these systems and agencies have no connection with each other across the child/adult line. As a result, there is no discernible path or plan for young adults who have had PABI; for many of them, their medical and psychological states deteriorate, with costly outcomes for society (e.g., unemployment, public-assisted housing, homelessness, and incarceration).

Perspective: Importance of Transition to Adult Life Following PABI Category

Professional Perspective: There is a serious lack of adult medical providers knowledgeable enough to meet the complex medical, neuropsychological, and rehabilitative needs of PABI patients in order to transition that patient for both primary care and specialty care needs. The percentage of individuals who continue to have ongoing need for specialty medical care related to their PABI is unknown. PCPs who are expert in the long term sequalae of pediatric trauma and acquired brain injury and are willing to serve as adult PCPs are desperately needed. Systems for educating adult providers and for transitioning families from their pediatric to adult medical providers are needed. Data collection to document the degree of need in this area is warranted. We currently have no data on the long term impact of severe physical trauma, particularly trauma affecting the brain's ability to regulate and control the arousal, inhibitory, and growth systems of the body. It is also not known how the associated protracted course of medications taken by young children and adolescents following severe brain injury affects the health and development of their internal organs (kidney, liver, heart) in adulthood. PCPs who had access to a large data base of individuals who had severe traumatic brain injury as they age over the next twenty or thirty years of their life would be able to make more educated decisions regarding etiology, treatment, and care of these new medical problems in their adult PABI patients.

Perspective of Family/Young Adult with PABI: When children who have had PABI leave the supportive social environment of school, they often experience a serious psychological and emotional crisis. Prone to anxiety anyhow, these young adults often become quite withdrawn, socially avoidant, and seriously depressed. The lack of education regarding the implications of PABI on emotional, psychological, and social development among community-based psychologists, psychiatrists, and community mental health providers, results in treatment failure. Emotional problems blossom and become more entrenched, and serious psychiatric disorders may develop. Studies of adolescents have found that from 60% to 72% of them have significant enough psychological and behavioral symptoms one year after a moderate to severe TBI to receive a psychiatric diagnosis. Alcoholism and drug dependency are well-known concomitant problems in adult TBI literature; it is unknown what the magnitude of this problem is among adults who had acquired their brain injuries in childhood or adolescence.

There is no standardized case management or care coordination service for families of children who have PABI to educate them on anticipated needs and to help them navigate the major change in systems, agencies, and service providers that this transition represents.
A serious deficit affecting the medical care of individual with PABI as they transition into adulthood is the lack of insurance coverage for long term (not acute) physical therapy, occupational therapy, speech therapy, cognitive rehabilitation, or psychological interventions. Not affecting the transition phase alone, but across the board for children, adolescents, and adults, there is a serious lack of availability of residential and day treatment programs for individuals who develop severe behavioral disorders following acquired brain injuries.
There exists a desperate need for standardized case management or care coordination services for families of children who have PABI to educate them on anticipated needs and to help them navigate the major change in systems, agencies, and service providers that this transition represents.

Work: There exists extreme variability in the conduct of education transition services from district to district within any state and across states. The type and conduct of specific education transition services has never been clearly described and thus there is no uniformity in terms of what kind of supports and skill development these programs address. There is no standardized set of competencies or expectations and very few programs conduct functional program evaluation of their education transition services. Thus there exists extreme variability in the conduct of the education transition service program from district to district in terms of the quality of the program, the relevance, and the success as measured by functional outcomes. There is a high need for data to be collected on the relevant, sufficient, and necessary component of these programs. There is a need to develop standards and competencies for training of regular and special educators as well as the individuals who direct and teach these programs in pediatric acquired brain injury. Access to all programs is severely restricted not only by location but also by lack of knowledge about acquired brain injury and there is no case management at this crucial stage of transition into adult life.

Social Opportunities: With the end of school eligibility at the end of the semester in which he turns 21, the young adult with ABI often finds himself without anything to do during the day and

with no structured opportunities to be around people of his age. If the school transition program has been successful, the young adult may have a job. However, data available indicate a significantly lower employment rate for graduates of Special Education programs who have ABI and also very poor rates of job retention. Even if employed, the individual who had PABI is often not socially connected with co-workers. Luck and happenstance are too often responsible for an individual's finding his way into a beneficial program or set of activities that offer social contact and recreational pursuits. The burden of responsibility falls on the family to investigate programs and to develop and train personnel to adequately support their young adult with BI in community activities and programs that provide social opportunities and chances for ongoing emotional and psychological growth. For all young adults with moderate to severe PABI, there is a general lack of opportunity for any kind of informal social interactions if the adult with PABI is not attending school. All along, for those who have had severe acquired brain injuries as well as for their more moderate to "mild" brain injury peers, there is a lack of opportunity for informal social interactions as the young person enters adulthood.

Current Strengths and Needs in the Transition to Adult Life Following PABI Category:

The Transition to Adult Life Following PABI category is designed to include a comprehensive and coordinated system of identification and service provision, involving interagency coordination, policy development, education, and development of standard of care programs that address medical, work, and psychosocial aspects of life for young adults who have had PABI. Capacity building for schools and worksite personnel, interagency collaboration among Departments of Education, Vocational Rehabilitation, and Public Health as well as other community agencies, and an integration of research and practice are targeted goals.

Strengths:

1. In many states, the scaffolding is in place to support the transition from school to post secondary education or work through the IEP process, mandated district-based School Transition programs, and partnerships between the Department of Education and the Division of Vocational Rehabilitation. These transition programs are mandated to begin no later than age 14, and some have been well articulated. In some cases, they effectively bridge the entire transition into adult life through Job Accommodation Network programs, the Division of Vocational Rehabilitation Workforce Centers, and college Learning Disabilities Student Centers. Model programs such as the School-to-Work Alliance Program (Colorado) seamlessly bridge the transition by beginning in middle school with interest inventories, prevocational coursework, and life skills curriculum embedded completely in the public school building. As the student enters high school, the balance in the program shifts to include more outside the school placements, with part day spent in the work place and part day in the public school classroom. Finally, after graduation from public school at age 21, supportive programs in the Division of Vocational Rehabilitation continue to provide specialized counseling, follow-up, coaching, and other assistance through age 25.

2. While the comprehensive services and seamless transition appears on paper in every school district, these programs are marked by extreme variability in the quality of services provided. One school district's transition program maybe pertinent, comprehensive, and prepare the student well for development of realistic goals as well as the skills needed to get and keep a job,

while a neighboring district may fail in this regard. In some states, outcome evaluation of the adequacy of the transition program is being taken very seriously and indicators of success (for example, Indicator 13 evaluating the implementation of the transition services program for all student who have IEPs and Indicator 14 providing for follow-up of functional outcomes of the graduates of this transition program) are being gathered. Investigation of the specific ingredients of school transition programs that are effective, as demonstrated by high proportion of students working five years after graduation from public school, is highly needed.

3. There has been significant emphasis within special education programs on development of social skills, psychological growth, and emotional competencies, including behavior regulation, hobby development, and development of fitness and sports competencies. For children with all levels of disability related to their brain injuries, school- and community-based programs have provided excellent opportunities for social interaction and involvement in the normal group experiences that promote social skills, friendships, and personal maturity. Private outdoor education groups, Boy Scouts and Girl Scouts, 4-H, school-based clubs, after-school activities, community recreation programs, community sports programs, integrated sports leagues, and social skills groups both housed at school and in the community offer remedial, therapeutic, and purely recreational opportunities for children with ABI to develop and enhance their social skills, meet and make friends, and develop hobbies and recreational interests.

4. There are many parallel programs that have been developed for adults who have acquired brain injuries, but there is often a lack of education and awareness about the existence of these programs. This may occur because the social opportunities for children are based in the education system, through the school and community based programs for children, whether they have special needs or not. The programs available in the community for adults who have sustained brain injury are largely those affiliated with a day treatment program, a residential hospital program for adults, or a program associated with the local brain injury association, which typically does not offer very much in the way of services for children and families. These programs can be replicated in their infrastructure for servicing needs of young adults with PABI for meeting same age peers, making friends, and developing those friendships.

5. Families of youth/young adults with severe mental illness and parents of children with Autism have faced similar challenges as their young person has entered adulthood. Models and programs developed to meet the needs of these groups will be researched and used as a basis for programs for adults who have had PABI.

6. Social opportunities can be effectively developed, as there currently exists all across America a variety of programs that provide support for individuals who have a combination of cognitive and physical disabilities. The individuals who run these programs need education in the particular disability profiles associated with acquired brain injury. If ABI-appropriate education is offered to community personnel and if case management is provided to the individual's family linking them up with these specialized camps, programs, and opportunities, a good transition between pediatric social opportunities and adult social opportunities can be constructed.

7. The SJBF Virtual Center will provide a significant resource to help address the clinical, educational, and data needs of the medical community. The Virtual Center can provide an educational resource for physicians who become the PCPs and the specialty medical providers for these individuals as they enter adulthood. The Virtual Center can clarify the course of PABI through development, particularly serving as a warehouse for information about the impact of the brain injury and the lifetime course of medications started very early in development on the physical systems over time. Finally, the Virtual Center offers the opportunity to integrate knowledge and practice so that a physician who is willing to learn about and serve as the PCP for adults who have complex medical needs following PABI will be able to augment her clinical experience by accessing the Virtual Center for the records of other young adults who sustained similar injuries in childhood (for example, an anoxic brain injury as a 3 year old versus serious traumatic brain injury in a skate boarding incident as a 14 year old).

8. The Virtual Center has the potential for bridging the knowledge gap between pediatric and adult providers through education, making available clinical data, and – very importantly – tracking outcomes over time. The Virtual Center will provide an impetus for program development within states. States that have a longer, richer tradition of providing services for children who have acquired brain injury as they age can serve as a model for other states which have less developed systems of care. The Virtual Center will house and catalog information for data collection, a very important point particularly germane to pediatric acquired brain injury. Because a brain injury experienced in childhood or adolescence affects a brain in the process of development, a brain injury sustained by a 4 year old will have very different lifetime implications than a brain injury sustained by a 17 year old. The capacity to aggregate cases by etiology, mechanism of injury, severity of injury, and treatments for individuals *at the same development stage,* will be crucial to advancing knowledge in pediatric acquired brain injury. The Virtual Center will allow for the registry of effective treatments from many different treatment centers and practitioners across the country. These can be distilled into a knowledge base of "best practices" that can refine treatments into their most effective components, support the need for third party payment of ongoing treatments that are effective, and inform policy. Public private partnerships in resource-sharing will support treatments that affect ongoing brain recovery throughout neurodevelopment known to occur through the mid twenties.
The Virtual Center and IT advances it offers will afford increased social interactions for adults and their families as they navigate this confusing and often lonely transition period.

9. The system of Family Specialists and Case Managers will provide guidance to the adults and their families as they attempt to understand their needs, learn self-advocacy skills, navigate the major change in systems, agencies, and service providers that this transition represents, and coordinate services that offer opportunities for growth and development as adults.

Needs:
1. There has never been a systematic effort to examine the syndrome of PABI during the transition to adulthood.

2. The agencies, personnel, and programs, both public and private, that deliver clinical services and conduct research on brain injury are completely separate for pediatrics and adults. This

creates a significant barrier to understanding and addressing needs identified by this category of care.

II. **GOALS and OBJECTIVES**:

Prioritized list of service goals for the first 2-3 years of project:

	Goals	Objectives
Goal I: Medical	Develop a comprehensive plan providing for proactive medical care in a holistic wellness model for adults who had PABI.	1. Survey adult clients regarding medical needs, services, and physical status 2, 5, 10, 15, 20 years post-PABI 2. Identify pediatric physiatrists and pediatricians who treat children post-PABI regarding patient needs, transition to adult practitioners, and perceived needs/resources for clinical care. a. ACRM; SJB Advisory Board members; Peds BISIG 3. Survey adult physiatrists and pediatricians who treat children post-PABI regarding patient needs, transition to adult practitioners, and perceived needs/resources for clinical care. a. ACRM; SJB Advisory Board members; Peds BISIG 5. Explore medical transition models for children who have other medical disorders of childhood (cancer, Spina Bifida).
Goal II: Work	Investigate models of successful programs for individuals who have other pediatric syndromes (Mental Illness, Autism) that involve special education and affect successful employment as adults.	1. Define success: high % obtaining work, high % sustaining employment for 1, 2.5, 5 years. 2. Investigate clinical practices of School Transition and Education/DVR collaborative (Colorado) programs that show promising data on Indicators 13 and 14. 3. Investigate Clubhouse Model (Mental Illness) and recommend refinements for ABI. 4. Compile evidence on successful model program of vocational training and work support and develop pilot “best practice” program. 5. Disseminate to practitioners to use with adults who have PABI and their families.
Goal III: Psycho-	Develop access to rewarding vocational, recreational, and	1. Investigate clinical services, their timing, intensity, and duration that show promise for

Social	social opportunities to support cognitive and psychosocial development in adulthood for persons who have PABI.	"mild", moderate, and severe brain injury. 2. Develop guide of evidence-based interventions for initial, intermediate, and long-terms phases supporting psychosocial development in young adult's post-PABI. 3. Investigate Clubhouse Model (Mental Illness) and recommend refinements for ABI. 4. Develop training module to educate mental health personnel on specific effective practices for adults who have PABI. 5. Review, critique, and summarize literature on periodic "tune ups" for adults who have PABI.

Prioritized list of research goals for the first 2-3 years of the project: *Establish national research network.*

	Goals	Objectives
Goal I: Medical	Develop a comprehensive plan providing for proactive medical care in a holistic wellness model for adults who had PABI.	1. Summarize data available on medical "aging" of PABI, including but not limited to 1) late occurring seizures,2) internal organ damage, 3) disorders of tone. 2. Conduct national needs assessment of adult clients regarding medical needs, services, and physical status 2, 5, 10, 15, 20 years post-PABI.
Goal II: Work	Investigate models of successful programs for individuals who have other pediatric syndromes (Mental Illness, Autism) that involve special education and affect successful employment as adults.	1. Investigate School Transition programs that show promising data on Indicators 13 and 14 and conduct meta-analysis of program components. 2. Review literature on Clubhouse Model for evidence-based efficacy data.
Goal III: Psycho-Social	Develop access to rewarding vocational, recreational, and social opportunities to support cognitive and psychosocial development in adulthood for persons who have PABI.	1. Review survey data from TBI Model Systems programs on effective post-acute social and recreational programs for adult's post-TBI. 2. Survey evidence for comprehensive cognitive rehabilitation programs designed to prevent deterioration with age and to stimulate progress. 3. Evaluate impact on mental health indices of training provided to mental health personnel regarding specific effective practices for adults who have PABI.

III. TIMELINES FOR ACCOMPLISHING GOALS AND OBJECTIVES:

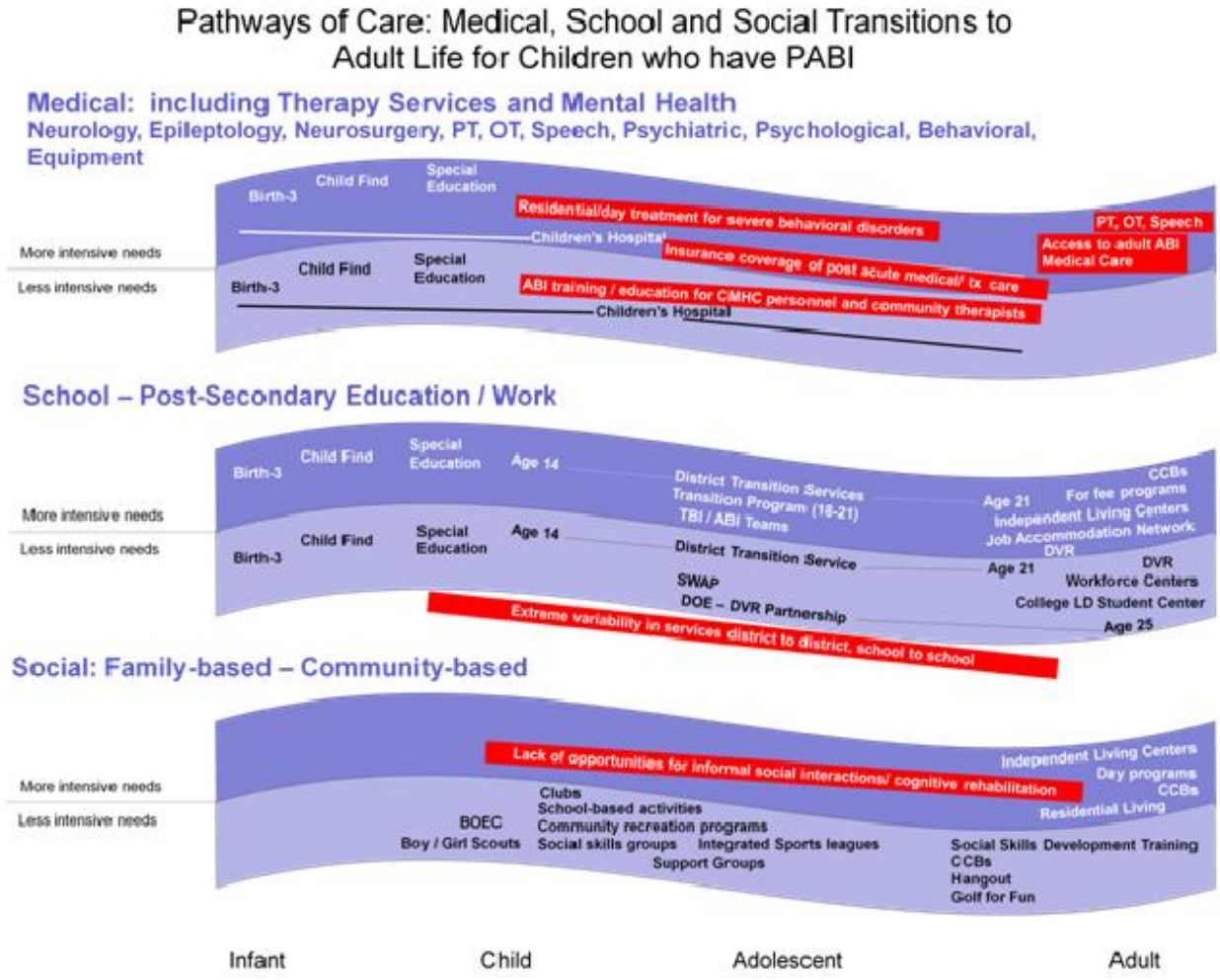
Refined annual goals/objectives and clear timelines will be created upon funding. Quarterly progress will be measured across all goals/objectives. A local group of experts/stakeholders in the Transition to Adult Life following PABI category has been identified and has convened quarterly over the past 3 years. The PABI Plan network of consultants on the Transition to Adult Life following PABI Category has also been identified and both annual meetings and quarterly conference calls have taken place. Both venues have generated the above-listed goals and objectives. Once funding has begun, subcommittees will be charged with prioritizing and carrying out the activities associated with their goals and objectives.

IV. SPECIAL BUDGETARY NEEDS AND CONSIDERATIONS:

The projected budget in the PABI Plan has been reviewed by the national director for the Transition to Adult Life following PABI Category. The local and national PABI Plan members for this category will review outstanding costs unique to this category, including technical costs, and propose changes to the budget as deemed necessary to meet stated goals and objectives.

V. SUMMARY and CONCLUSIONS

The ***Transition to Adult Life Following PABI*** represents a very significant period in the life of children and young adults who have PABI and their families. Even if he was not well-understood as a child or teen right after his injury, a young person who had sustained PABI had access to the school environment which at least provided an anchor for his/her day and at best resulted in therapies and special education that allowed him to get back on track developmentally. All of that changes at age 21, when the young adult with PABI who may have been a "success in school" too often becomes a "failure in life." A large proportion of adults in the prison system sustained significant brain injuries in childhood/adolescence. This fact attests to the importance of attending to the transition from youth to adulthood and understanding the factors that contribute to successful adult life versus costly and disastrous outcome. A great contribution of the PABI Plan will be to address this most overlooked aspect of the syndrome of PABI.


Pathways of Care: Medical, School and Social Transitions to Adult Life for Children who have PABI
Medical: including Therapy Services and Mental Health
Neurology, Epileptology, Neurosurgery, PT, OT, Speech, Psychiatric, Psychological, Behavioral, Equipment
More intensive needs
Less intensive needs
Birth-3
Child Find
Special Education
Residential/day treatment for severe behavioral disorders
Children's Hospital
Insurance coverage of post acute medical/ tx care
PT, OT, Speech
Access to adult ABI Medical Care
ABI training / education for CMHC personnel and community therapists
School – Post-Secondary Education / Work
Age 14
District Transition Services
Transition Program (18-21)
TBI / ABI Teams
Age 21
CCBs
For fee programs
Independent Living Centers
Job Accommodation Network
DVR
District Transition Service
SWAP
DOE – DVR Partnership
Workforce Centers
College LD Student Center
Age 25
Extreme variability in services district to district, school to school
Social: Family-based – Community-based
Lack of opportunities for informal social interactions/ cognitive rehabilitation
Independent Living Centers
Day programs
CCBs
Residential Living
Clubs
School-based activities
BOEC
Boy / Girl Scouts
Community recreation programs
Social skills groups
Integrated Sports leagues
Support Groups
Social Skills Development Training
CCBs
Hangout
Golf for Fun
Infant
Child
Adolescent
Adult

CHAPTER 9: *Category of Care: "Mild" TBI Identification, Assessment and Treatment*

I. INTRODUCTION:

Definition of Category:

"Mild" TBI, or concussion (terms that are used somewhat interchangeably in this chapter), represents the predominant form of acquired brain injury (75-90%). We use the definition of "mild" TBI from the recent Centers for Disease Control and Prevention (CDC) Physician's "Mild" TBI Toolkit [10], which borrows from the Vienna, Prague and Zurich meetings of the International Concussion in Sports Group Consensus meetings. The definition is as follows: "mild" TBI or concussion is defined as a "complex pathophysiologic process affecting the brain, induced by traumatic biomechanical forces secondary to direct or indirect forces to the head. "Mild" TBI is caused by a blow or jolt to the head that disrupts the function of the brain. This disturbance of brain function is typically associated with normal structural neuroimaging findings (i.e., CT scan, MRI). "Mild" TBI results in a constellation of physical, cognitive, emotional and/or sleep-related symptoms and may or may not involve a loss of consciousness (LOC). Duration of symptoms is highly variable and may last from several minutes to days, weeks, months, or even longer in some cases (p.2)."

Several estimates are frequently used to define the scope of TBI (e.g., 1.7 million TBIs per year presenting to the medical system). Recent incidence figures by the CDC report over 765,000 average annual visits to U.S. Emergency Departments for TBI in children/young adults 0-25 years of age. A 1995-1997 study of annual visits to pediatric offices for TBI reported 125,000 annual visits for children in the 0-14 age range. It is clear, though, that these figures are underestimates, as proper ascertainment of "mild" TBI remains difficult. There are an estimated 1.6-3.8 million sports and recreation-related concussions alone, which represents less than 40% of these injuries. While the need for more exact epidemiological estimates of this injury is clear, "mild" TBI is a significant public health problem.

Current Status:

Unique problems exist for providing care to children, adolescents and young adults with "mild" TBI and their families. In addition to the problem of under-identification at the pre-hospital and primary care levels, few specialty outpatient clinics exist for active treatment and management. Contributing to this problem, few trained pediatric clinical specialists are available with a focus on "mild" TBI. Hampering service, evidence-based models of pediatric "mild" TBI care are not articulated and therefore, clinicians do not have clear guidance regarding the development of these clinical care systems within the continuum. With a shortage of specialized clinics to treat "mild" TBI and the requisite professional expertise, a variety of problems are evident. Most importantly, without a specialty system in place, the clinical problems that children and families face post-injury are at increased risk for worse outcomes including re-injury, prolonged recovery, and possible catastrophic outcomes.

In developing a nationwide "mild" TBI care system to manage this prevalent problem, the following problems exist and require active solutions:

1. Resource problem: Not enough "mild" TBI-specific clinicians do exist in this field including pre-hospital emergency medical technicians, emergency medicine physicians, primary care and specialist clinicians. Furthermore, specific referral sites/sources knowledgeable about

"mild" TBI (e.g., headache management, sleep intervention, mood/anxiety treatment, gradual return to school/sports protocol, etc.) do not exist across the country.

2. Training problem: Training programs in medicine, neuropsychology, nursing and rehabilitation specialties and schools are not preparing people for the unique services required for "mild" TBI, i.e. rapid, focused and repeated assessment, active community consultation, and individualized interventions.

3. Professional practice problem: Outpatient TBI clinical practices are not necessarily organized to serve this unique population (e.g., schedule within a few days of injury, multiple visits, and active treatment consultation with community settings). The "mild" TBI service delivery model is different from the service model for moderate and severe TBI.

4. Public health problem: There is a significant need for greater knowledge dissemination within the medical, sports/recreation and school communities about the nature of the injury, its recognition and proper response, its risks, and its treatments.

5. Problem with reintegration following "mild" TBI: Hospital staff may perceive the child/young adult as doing well, and thus not foresee a need for community involvement/ support after discharge, especially following "mild" injuries.

6. The nature of the clinical condition of "mild" TBI is unique and can be challenging in the following ways:
    - Lack of proper identification and recognition in the acute phase of injury
    - Subtlety of sequelae and changing nature of injury and recovery
    - Sequelae are largely in the domain of the clinician that understands cognitive, behavioral/ emotional, somatic symptoms, as well as who are trained to work with families, schools, and sports/ recreation systems.
    - Sequelae are typically not of the same nature and severity as the severe TBI, with little primary motor and language/ communication deficits.
    - There is likely morbidity associated with no service, inappropriate expectations regarding the injury and its consequences/ recovery, or over-incorporation of other problems not associated with the "mild" TBI.
    - Expectation of full recovery with proper treatment is appropriate. Most children will recover fully within a relatively short time frame (i.e., within three months), though some will exhibit longer-term effects. All must have the expectation of a positive recovery and control over the recovery process.

7. The timing of service delivery must be "Early and Often"
    - Benefits of early assessment & treatment
    - Serial monitoring & treatment
    - Immediate, focused, rapid assessment
    - Serial monitoring & treatment

8. The "mild" TBI/ Concussion clinician often plays multiple roles

- Clinician: evaluation, treatment
- Consultant to organizations: programmatic, clinical
- Public health educator

9. Challenges in operating "mild" TBI /Concussion Clinic
    - Fast pace of scheduling, payment arrangements
    - Number of clinical personnel required to run a clinic
    - Multiple clinic days per week
    - Turnaround time of findings/ reports
    - Multiple systems with interest in findings (e.g., medical, school, athletic, family)

Perspective:

Professional perspective: Patients with "mild" TBI, when identified, most often present to the ED or primary care office, neither of which specialize in diagnosis and treatment of "mild" TBI. Of the patients with "mild" TBI who seek immediate care in the ED, the majority are reassured and discharged to their home without any injury and person-specific treatment plan for home, school and the community. Thus, in this setting, the accurate assessment of the injury scope and severity of the injury and consequent outpatient guidance and management are critical for ensuring safe recovery from injury. Appropriate diagnosis, patient education and outpatient management may decrease recovery time, reduce risk of secondary complications and improve outcomes. Historically, however, the evaluation and management of concussion have been inconsistent, and outcomes are largely unknown. In particular, clinical grading systems are not validated and have not allowed for clinicians, patients or families to recognize the spectrum of post-concussive symptoms. Further, the ED setting is unique in its focus on immediate care needs and its inherent limitations with continuity of care.

The unacceptable reality is that many children with suspected "mild" TBI do not present to the Emergency Department or even a pediatrician's office. Injuries occurring in the home, on the sports and recreation fields, in the schools, or on the roads may escape appropriate diagnostic attention. This situation is due, in part, to the "invisible" nature of a "mild" TBI (i.e., lack of visible broken bone or bruise) but is also due to a lack of appropriate knowledge of the injury's key signs and symptoms. Improving the knowledge and skill regarding "mild" TBI of "first responders" such as emergency medical technicians, school nurses, athletic trainers, child care workers, and parents can serve to improve early identification and subsequent diagnosis of an injured child or adolescent.

Limitations to the accurate identification, diagnosis, and treatment of concussion, coupled with the morbidity of repeat concussions, leave patients at increased risk for poor outcomes. Early identification and diagnosis is the key issue to promoting recovery. The greatest challenge to the medical practitioner is appropriate and timely recognition, assessment and diagnosis. Without state-of-the-art knowledge and clinical tools, "mild" TBI may go undiagnosed and untreated, leaving individuals who have sustained a "mild" TBI at an even more increased risk for functional problems.

Family Perspective: Without early identification of "mild" TBI and proper treatment, the family bears the sustained burden from the injury, including financial, social, familial, psychological, and educational. Severe TBI will most likely present with obvious signs and symptoms; "mild" TBI often does not. Identification and assessment of "mild" TBI therefore requires collaboration with medical, psychological, educational, familial and social communities. Parents/ caregivers need to alert medical professionals when they notice unexplained changes in their child/young adult, even if they are not aware of a possible cause. They may then still be dismissed by the health care or educational professional as being "overprotective," their parenting skills might be questioned or the changes in the child/young adult might be misattributed to a psychiatric or related misdiagnosis. When this occurs, parents/caregivers must learn to continue advocacy efforts for their child. Parents need to understand that the psychological, emotional, behavioral and cognitive challenges can persist long after the injury has occurred, and that there can be a period of latency before symptoms reappear. This will be another role for the SJBF Centers to assist parents who suspect their child suffers from "mild" TBI but cannot get an adequate diagnosis. Furthermore, the development of clinical care systems that evaluate and treat the particular needs of children with "mild" TBI and their families must be a focus.

Current Strengths and Needs for this Category

Current Strengths:

- Over past several years, there has been increased awareness and media coverage of sport-related concussions
- Families can identify with "concussion" more so than "traumatic brain injury"
- With reasonable management, patients do recovery
- Increasing knowledge and tools available for assessment and management

Current Needs: The following needs have been identified:

1. ***Best Practice Standards***: Development of a "best practices" national system of pediatric "mild" TBI care across the continuum from time/site of injury (acute) to recovery (post-acute or long-term). No current "standards" exist for the systematic assessment and follow-up of "mild" TBI, resulting in substantial variability in practice. Depending on the setting, its goals and resources as well as the tools and clinical flow pathways will differ, and so must be better defined and standardized for efficient and effective care.

2. ***Early Identification***: Proper early assessment, diagnosis and management of "mild" TBI provides for more appropriate guidance of recovery and reduction of morbidity (primary or secondary).

3. ***Professional Education & Training***: "Mild" TBI is an injury to the brain that can present in variable ways and to a variety of professionals. It can manifest largely as functional impairment (somatic, cognitive, and emotional) for varying periods of time (hours, days, weeks, months). Signs and symptoms can overlap with other medical conditions, contributing in part to its lack of recognition, and/or full management. Thus, early identification and diagnosis can be complex and clinicians must be prepared/ trained for this diagnostic complexity.

4. ***Equal Entry/Access to Care***: Patients with known or suspected "mild" TBI initially present at different places and points in time within the medical system, such as the Emergency Department, primary care physician, the school, or the sports/recreation system. The need exists to work with the various points of entry to prepare each for proper identification/ diagnosis.

5. ***Research Priorities:*** Given the current state of knowledge and practice in the diagnosis and treatment of "mild" TBI, there is a significant need for research evidence to support a national system of "mild" TBI care. The following research priorities have been identified by the PABI Research Committee (not in any particular order of priority):

a. Validate a better clinical system for classification of all types of TBI, based on underlying pathophysiology, including the varying types of "mild" injuries.
b. Improve the identification and classification of "mild" TBI, including validation of existing clinical diagnostic scales across the age range and across injury mechanisms.
c. Develop a national centralized, universal epidemiologic database of "mild" TBI.
d. Improve the specific identification of "mild" TBI in the very young child (e.g., panel of clinical biomarkers, utility of baseline cognitive testing/ symptom assessment, etc.)
e. Develop an effective professional training/ educational program for identification/ classification of children with "mild" TBI across clinical disciplines.
f. Investigate underlying neuropathophysiologic indicators for "mild" TBI, including definition of genetic risk factors, use of neuroimaging, and specifying other physiologic biomarkers for outcomes from pediatric "mild" TBI.
g. Develop age-specific neuroprotective strategies for children after "mild" TBI.
h. Develop age-appropriate experimental laboratory models relevant to children after "mild" TBI.
i. Investigate effective referral mechanisms across the full continuum of care and services.
j. Develop effective educational program within the schools for the proper identification, classification, and treatment of children with "mild" TBI with a focus on the management of cognitive exertion during recovery.
k. Develop prospective longitudinal controlled psychiatric studies of children with "mild" TBI.
l. Implement data-guided psychiatric surveillance and management of children with "mild" TBI

II. **GOALS and OBJECTIVES**:

Prioritized list of service goals for the first 2-3 years of project

	Goals	Objectives
Goal One	***Best Practice Standards*** Development of a "best practices" national system of pediatric "mild" TBI care across the continuum from time/site of injury (acute) to recovery (post-acute or long-term).	1. Conduct survey within each region of available model systems 2. Develop best practices model for mTBI services across care continuum. 3. Implement model systems of "mild" TBI care in each region (e.g., 1-2 centers).
Goal Two	***Early Identification***: Establish system of early assessment, diagnosis and management of "mild" TBI.	1. Identify key sites where identification takes place, and survey current practices/ personnel/ procedures. 2. Develop early identification/ diagnosis/ management skills modules (e.g., using the CDC ACE-ED model). 3. Implement modules in identified centers in each region.
Goal Three	***Education & Training***: The Nationwide Master Plan will develop plans to educate and train clinicians in the diagnosis and treatment of "mild" TBI. It will also develop educational programs for non-clinical people to contribute to early awareness and identification.	1. Develop catalogue of existing educational programs related to "mild" TBI issues for various stakeholder groups. 2. Develop a "mild" TBI-specific curriculum for professional training. 3. Implement educational programs in identified centers within each region, joining with Tele-health systems to broadcast training widely.

Prioritized list of research goals for the first 2-3 years of the project: *Establish national research network.*

4. Validate a better clinical system for classification of all types of TBI, based on underlying pathophysiology, including the varying types of "mild" injuries.
5. Improve the identification and classification of "mild" TBI, including validation of existing clinical diagnostic scales across the age range and across injury mechanisms.
6. Through the SJBF Virtual Center, develop a national centralized, universal epidemiologic database of "mild" TBI, using the NINDS Common Data Elements (CDEs) for "mild" TBI.
7. Improve the specific identification of "mild" TBI in the very young child (e.g., panel of clinical biomarkers, utility of baseline cognitive testing/ symptom assessment, etc.)

III. **Timelines for Accomplishing Goals and Objectives**

Service Goals:

1. Within first 60 days: Objectives 1 to be initiated
2. Within first 90 days: Objectives 2 to be initiated
3. Within 180 days: Objectives 3 to be initiated; Objectives 1 completed

Research Goals:

1. Within first 6 months: Identify research network partners; define 3-5 specific projects

2. First 12 months: Identify funding sources, write grants to secure funding; incorporate “mild” TBI CDE’s
3. Within the first 18 months: Secure funding, initiate network studies

IV. Special Budgetary Needs and Considerations

- Review outstanding costs unique to this category
- Review outstanding technical cost needs
- Use of telemedicine given the broad epidemiology of “mild” TBI

V. SUMMARY and CONCLUSIONS

A Nationwide Master Plan for “mild” TBI is proposed to address the significant service and research needs to improve care for children, adolescents, and young adults who sustain these injuries. Clinical service needs are identified including: defining standards of effective evidence-based practice, improving diagnosis at the earliest point of identification, development of “mild” TBI curriculum and training programs to educate and train clinicians in the diagnosis and treatment of “mild” TBI, improving the multiple points of entry to prepare each for proper identification/ diagnosis. Research goals are identified to increase knowledge of injury manifestation, underlying biomarkers, and treatment methods.

Chapter 10: *Category of Care: PA/TBI Rural/Tele-health*

I. INTRODUCTION:

Definition of Category:

Tele-health is the use of telecommunication technology such as, VOIP, 2-way audio-video, video guided robotics, computer, etc., for the delivery of health care and related health services (e.g., health education). Tele-health encompasses Telemedicine, which is the more circumscribed use of telecommunication technology for diagnosis and the delivery of specific medical treatments. For the purposes of this document, the word "rural" will constitute both the rural and "frontier" regions of the country. Rural and frontier regions, like suburban and urban regions, are intended to categorize a portion of the population spectrum; frontier is considered the most remote end of the spectrum. The Office for the Advancement of Tele-health defines "frontier regions" as ZIP code areas whose calculated population centers are more than 60 minutes or 60 miles along the fastest paved road trip to a short-term non-federal general hospital of 75 beds or more, and are not part of a large rural town with a concentration of over 20,000 population. States vary significantly in the percentage of their population designated as frontier, from 0 percent (e.g., Delaware and Connecticut) to over 15 percent [Alaska (49%), Wyoming (39%), Montana (38%), and North Dakota (19%)]. According to the Bureau of the Census (2001), Rural America makes up over 75% of the landmass of the United States and contains approximately 25% of the U.S. population (over 75 million Americans).

Rural Tele-health is the use of telecommunication technology for the delivery of health care and related services to dwellers in rural regions of the US. Notwithstanding the emphasis of this category of care on the rural population, it should be noted that this category is also concerned with the use of telecommunication technology for advancement of PABI education and care in general, regardless of where it occurs (rural, urban, or suburban). Therefore, while integrating the use of telecommunication technology in the delivery of health care to rural populations is a priority goal of this category of care, promoting the use of this technology for any PABI patient who might benefit is an accompanying goal. Many service delivery barriers exist for all patients, regardless of their geographical proximity to medical care. Therefore Tele-health solutions could foreseeably be utilized by the majority of PABI patients at some point during their continuum of care.

Current Status:

According to one of the leading organizations in the country dealing with rural health issues, The National Rural Health Association, "The obstacles faced by health care providers and patients in rural areas are vastly different than those in urban areas." Rural Americans face a unique combination of factors that create disparities in health care not found in urban areas. Many factors need to be taken into consideration to ensure universal accessibility for children/young adults and their families within Rural America, such as improving access to financing of health and education needs and increasing the awareness of PABI among health (including behavioral health) and education professionals. Only ten percent of physicians practice in Rural America, and rural poor are less likely to be covered by Medicaid benefits than their urban counterparts. In addition, cultural and social differences, lack of recognition by legislators and the sheer isolation of living in remote rural areas compound the challenges rural American PABI families face in their struggle to provide for their child/young adult suffering from PABI. The pervasive

disparities related to race, ethnicity and socioeconomic status are exacerbated in isolated rural and frontier areas of America.

The barriers to medical, mental, and behavioral health services in rural and frontier America have changed little over the past three decades. Several studies and projects have reported that resources have historically been concentrated in urban areas of the United States, and the limited availability, accessibility and acceptability of rural medical, mental, and behavioral health services have created serious consequences for individuals, families and State health authorities.

Many rural communities grapple with issues of substantial ethnic and cultural diversity, deteriorating infrastructure, pervasive poverty, limited employment opportunities, and declining population bases. As a result, the tax bases of these communities have continued to decline. With dwindling populations and eroding economic bases in many rural areas, funding for public, medical health services has suffered. These services have been and will continue to be dependent upon public funding and support. Unfortunately, the budget crises plaguing most State Medicaid programs limit the level of available funding for medical, and particularly, mental and behavioral health services and will likely continue to do so for the foreseeable future.

Perspective:

Professional perspective: For some time, those in the medical fields have heard that technology would revolutionize care, providing services from computerized case records and billing systems to off-site utilization review. In hospitals, technology has been shown to lead to statistically significant improvements in reduction of infection, accuracy of medication administration, and reduction of medical errors; however, in rural and frontier settings, the impact of technology is more elusive. The single area where improved patient care could be realized is in the significant expansion and active use of Tele-health.

At present, there are approximately 39 states wherein Medicaid reimbursement for Tele-health services is offered and 12 states where private insurance carriers are mandated by law to reimburse for Tele-health services. However, among these States the amount of reimbursement and billing requirements vary considerably. Moreover, not all states that offer Tele-health reimbursement do so at the same level as when the service is provided “face to face” or in person.

Family Perspective: For PABI patients and their caregivers, successful treatment outcomes are not necessarily measured by the successful meeting of hospital or rehabilitation discharge criteria. Regaining one’s life after an ABI may take weeks, months, or years of treatment after the patient has left the hospital or rehabilitation center. Nonetheless, it is often after hospitalization and inpatient rehabilitation that treatment becomes disjointed and/or abandoned. PABI must be addressed in those places where the patients "live". Successful treatment outcomes obtained in the rehabilitation centers or hospitals are far less meaningful if they are not generalized to the patient's primary living and work environments. Tele-health has the capacity to maintain the continuity of care by keeping all treating the PABI patient (i.e., specialist, parents/caregivers, therapists, teachers, etc.), involved in a meaningful and fruitful manner. Through increasing treatment coordination and communication between all care providers

(medical , social and personal) Tele-health can provide the glue that maintains the integrity of PABI care until the patient has reached his or her "best" outcome.

Current Strengths and Needs for this Category

Current Needs:

According to the Center for Tele-health and e-Health Law, a lack of consistent, comprehensive reimbursement policies remains one of the most serious obstacles to integration of Tele-health into health care practice. The lack of an overall Tele-health reimbursement policy reflects the multiplicity of payment sources and policies within the current United States health care system. Partial Medicare reimbursement for Tele-health services was authorized in the Balanced Budget Act of 1997 (BBA). The narrow scope of reimbursement prompted efforts towards expansion and revision of Medicare reimbursement regulations. The Benefits Improvement and Protection Act of 2000 (BIPA) included amendments to the Social Security Act and removed some of the prior constraints, yet maintained substantial limitations on geographic location, originating sites, and eligible Tele-health services.

Inconsistent infrastructure capable of sustaining a national Tele-health program also remains a concern, although there has been much progress made over the last 5-years towards achieving this goal.

Current Strengths:

Under the CMS proposed rules released in June of 2011, certain Tele-health providers would qualify for Medicare reimbursement. Some of the Tele-health services that would be eligible for payment include:

- Tele-ICU programs
- Tele-stroke programs
- Certain smoking cessation programs

Emerging technologies have made Tele-health more affordable and usable. Tele-health can be used for long-distance clinical treatment, coordination of care, consultation, patient and professional education and administrative consultation. It is a greatly underused resource for medical health services in general and in rural areas in particular. Policies and reimbursement methodologies would need to be adjusted to better support more comprehensive use of this intervention.

The role Tele-health could play in service delivery to Rural America in particular and PABI populations in general include;

Expanded Access to Clinical Services

- Avenue for regular access to training and continuing educational services
- Psychiatric consults when psychiatrists are not readily available
- Mental health support services, counseling, therapies, etc
- Linkage and follow-up after discharge from an inpatient setting
- Discharge planning from inpatient services and facilitation of community re-integration

- Prevention and early intervention (i.e. crisis hotlines, referral and information clearinghouses, skills building, peer support)
- Provision of specialist support for the rural primary care providers
- School reintegration and adult transitional educational and training services offered remotely

Enhanced Communication between Providers, Patients, and Caregivers

- Multiple usages, such as 2-way audio-video; VOIP; and IP connections
- Professional training via webinar, video, etc.
- Ongoing support for rural professional practice
- Provision of specialist support for the rural "generalist" or non-rural generalist with need for these provisions
- Meaningful involvement of the patient and other non-medical providers (e.g., parents, spouses, etc.) in the treatment process

Enhanced Networking Opportunities for Consumers

- Group meetings for consumers as part of a recovery project
- A remote platform for peer education and social interaction related to being a patient or caregiver of ABI.

Enhanced Data Management, Collection, and Utility

- An e-platform (e.g., the CNS e-Health program) could capture Common Data Elements throughout the natural progression of treatment.
- Through an e-platform, real-time data from patients, providers, and other stakeholders could be unobtrusively collected and stored for analytics for purposes of PABI discovery, education and training, pharmaceutical discovery, etc.
- The e-platform would diminish redundancy in data entry as well as associated errors
- Paperless storage of medical and health records would diminish wastes and costs associated with document storage and also allows for enhanced portability of documentation.
- E-monitoring and storage could facilitate the collection and analytics of neurological health and central nervous system data on a person from birth to senescence

II. **GOALS and OBJECTIVES**:

Prioritized list of service goals for the first 2-3 years of project

1. Infrastructure needs assessment for Tele-health technology by using infrastructure data collected through State Offices of Rural Health and State Health Information Exchange (HIE) organizations and private vendors such as AT&T, Verizon, etc.

2. Determine what data, relevant to PABI, is currently being captured via existing HIT structures. Contact state HIE personnel and state trauma registries to determine relevance of the data being collected to PABI population seek permission to modify, if necessary, by adding PABI relevant data points such as those captured by the Common Data Elements for ABI.

3. Integrate the PABI Tele-health stream of data with the data repository maintained by the Virtual Center.

4. Integrate the PABI Tele-health system with the other PABI Categories of Care to capture category specific data, including category specific common data elements. Through said integration, PABI Tele-health can facilitate translational research related to PABI as well as provide a seamless continuum of care related to PABI, from prevention to adult transition.

Prioritized list of research goals for the first 2-3 years of the project:

- The basic data points for Tele-health, as such pertains to PABI, evolve around two broad issues, telecommunication technology as an instrument or tool, and telecommunication technology as a service delivery model. The research goals for the PABI Rural/Tele-health Category for the first 2-3 years will focus on agenda related to these two broad issues.

  Research Data Points for Tele-health as a Tool

  - Does the technology work, meaning does the interface between the people using the "machine" promote increased meaningful involvement for the professionals and non-professionals, including patients
    - Examination of issues related to the adoption of Tele-health including; why it is adopted, why it is not adopted, and what would make it more likely to be adopted.
  - How can the technology-human interface be improved upon and made more meaningful, cost effective, and efficient.
    - Examination of ways to make the interaction between people and technology more inviting and meaningful (e.g., examination of tele-haptics, work-flow sensitive video home health care visits, etc.).
    - What new technologies can improve the person-machine interface

  Research Data Points for Tele-health as a Service/Care Model

  - Comparative Effectiveness analysis to see how Tele-health improves treatment for PABI in rural settings and in general (i.e., urban and suburban populations) compared to face-to-face treatment.
    - Examination of efficacy data related to treatment of PABI under both conditions; Tele-health versus face-to-face
    - Examination of cost effectiveness related to treatment of PABI under both conditions; Tele-health versus face-to-face
    - Examination of efficiency related to treatment of PABI under both conditions: Tele-health versus face-to-face

- Examination of user satisfaction related to treatment of PABI under both conditions; Tele-health versus face-to-face

- How does Tele-health improve prevention, diagnosis, treatment, monitoring, compliance and transition for the patient with PABI?
  - Examination of the typical treatment course of PABI, in the presence or absence of Tele-health, from acute to adult transition. Data points of relevance would include, though not limited to:
    a. **Access,** including the time for EMS response in rural areas and quality of the response.
    b. **Acute Care Data**, including type of injury, medical procedures performed, disposition.
    c. **Intermediate Care Data**, (i.e., time in hospitalization between critical care and rehabilitation), including the length of stay, treatments received, treatment personnel, disposition.
    d. **Rehabilitation Care Data**, including length of stay, treatments/therapies received, discharge recommendations.
    e. **Long Term Treatment Data,** including types of treatments or interventions received and by whom, and length of treatment.

III. **Timelines for Accomplishing Goals and Objectives**

Service Goals:

Goals #1&2 (Infrastructure needs assessment and determination of existing HIT databases for PABI utilization) will be accomplished during the first 60-days. Goals 3&4 will be accomplished between 120-160 days (Integration of Tele-health with Virtual Center and other Categories of Care and initiate pilot studies through 8 Rural/Tele-health State Lead Centers)

Research Goals:

The research goals and objectives tend to be more phase-like and continuous than actual endpoints. Therefore, the goals related to these goals are more representative of starting points for the research in question.

Research agenda related to the examination of Tele-health as a tool would commence immediately. Research agenda related to the examination of Tele-health as a service model would be initiated during the pilot phase of the e-platform integration with the other Categories of Care, around the 4-6 month, and would also likely be continuous.

IV. Special Budgetary Needs and Considerations

- The standard costs associated with any large scale Tele-health program could be divided into five major domains (with overlap from the Virtual Center);
    - Infrastructure
    - Networking Technology including software and hardware
    - IT personnel for support and training
    - Marketing for adoption and broad dissemination
    - Research and Development

V. SUMMARY and CONCLUSIONS

Mobile technology is rapidly evolving and elements of this technology are becoming more integrated into our daily lives. Use of this technology to deliver, monitor, and access healthcare services is a natural outcome of wider technological adoption by both rural and urban populations. For individuals suffering from pediatric acquired brain injury, today's mobile technology offers not only the benefits realized by the majority of the population, but add additional benefits for them or their care givers to use this technology to improve their lives, meet additional medical needs, and help lower the cost of care. As with all mobile technology, the use and benefits are not limited to rural populations and many of the traditional benefits of rural focused telemedicine are now being realized by those in urban settings as well. As described above, tele-health and related technology can be used and implemented in a wide range of settings for a broad scope of services.

In conclusion, the high level of coordination of care required by patients with pediatric acquired brain injury is best served by a robust and integrated tele-health network system. In many cases, tele-health coordination of services and therapies will be the only way to achieve the goals of care in a fiscally responsible manner. As technology changes and improves, the tele-health part of the PABI Plan will evolve and change to continue to identify ways to best meet the needs of this unique population of individuals.

Chapter 11: Other Considerations within PABI Plan: Nutrition after PA/TBI, Psychiatric Aspects (Intermediate Care through Adult transition) and Neuropsychological Recovery (Acute and post-Acute)

Nutrition after PA/TBI

Current Status:

1. Nutrition plays a role in the recovery of injured and critically ill patients.

2. There is a dearth of data on various aspects of nutrition support or diet during any phase of the pediatric brain injury continuum. For the purposes of the development of a PA/TBI Model System, we should develop some standards of care for the acute and recovery phases based on available resources and experience. In addition, there are numerous research questions to address.

Problems:

1. Existing literature is sparse. Cochrane Reviews in 2006 suggested that there is likely enough good data to conclude that early feeding may improve survival and disability in adults. A few recent studies suggest (again in adults) that malnutrition or a delay in nutrition support increases length of stay and increases mortality rates.

2. The lack of adequate data for the role of nutrition in PA/TBI necessitates extrapolation from adult brain injury literature and experience, not necessarily an optimal approach.

3. There may be data from neonatal nutrition and brain development that one could consider relevant in PA/TBI, such as the value of specific types and amounts of protein or micronutrients.

4. Research questions abound:
   a. How does nutrition support/diet in different phases influence outcomes in PA/TBI
      - Mortality
      - Disability/final outcome include time to recovery
      - Morbidity including length of stay
   b. Nutrient delivery
      - How do we overcome barriers to nutrient delivery
      - How do complications of PA/TBI affect nutrient delivery and how can we avoid those proactively
      - What modalities can we utilize to maximize nutrient delivery
   c. Develop an understanding of energy expenditure during different phases and types of injury to better understand calorie needs and maximize recovery while minimizing negative effects of over-nutrition.
   d. Are there preferred fuels (macronutrients) for different phases of recovery
      - Is there value in high-protein diets or specialty types of protein (e.g. branch chains)
      - Do different types or amounts of lipids influence recovery (e.g. fish oils, structured lipids)

- How does glucose homeostasis affect outcome and/or cause ongoing damage

e. What role do micronutrients play in acute and long term recovery
   - Creatine, choline, n-3 fatty acids and zinc
   - Antioxidants (Vitamins, phytochemicals/flavanoids)
   - Other metals
   - Anti-inflammatory compounds
   - Herbal and other complementary products

Solutions:

1. Without a good basis in the literature, we will be forced to develop a nutritional care delivery model based on a combination of limited adult data, extrapolation from the general pediatric nutrition literature and practices, and experiential information gleaned from expert clinicians.

2. The questions noted above should be the basis for development of multi-center clinical studies. If possible, we should overlay a nutrition component to any longitudinal studies we develop. The SJBP will employ translational research methodology for many of the topics, in particular to study the influence of nutrient types, both macro and micronutrients. The SJBP will also collaborate with neonatology colleagues to ascertain whether certain nutrition and brain development studies might be applicable and designed to answer PA/TBI related questions as well.

3. Further development of experimental models that incorporate nutritional variables is essential to unravel the complex effects of diet/nutrition on injury response and recovery.

Psychiatric Aspects - Intermediate Care through Adult Transitions

Current Status:

1. The prevalence of psychiatric disorder in children who have PA/TBI is high. This is a function of high rates of psychiatric disorder already present before the injury (33% - 50%) as well as high rates of new psychiatric disorder that develop after the PA/TBI.

2. There are biological, psychological, and social factors identified consistently in research studies that increase the risk for the development of new psychiatric disorders. These factors include severity of injury, family function, family psychiatric history, socioeconomic status, pre-injury personal psychiatric disorder, and pre-injury personal adaptive function.

3. When a child/young adult with PA/TBI is evaluated by a child psychiatrist this generally occurs as a consultation from another professional. University medical centers generally have a child psychiatry consultation/liaison service to provide suggestions for the management of children in intermediate care or inpatient rehabilitation when behavioral or emotional problems impede treatment. It is unusual for child psychiatrists to be actively involved in discharge planning and community reintegration even in high risk patients.

4. In the outpatient setting, emotional and/or behavioral disturbances are most often recognized at school and at home. Psychologists, therapists, speech pathologists, or other professionals may be consulted first. Psychiatrists typically become involved following referral from other professionals after problems manifest.

5. Young adults with PA/TBI in the process of transitioning to jobs or independent living situations seldom have a consulting or treating psychiatrist to help navigate this passage.

6. There are no prospective longitudinal controlled psychiatric studies of preschool children with PA/TBI.

Problems:

1. While the overlap of PA/TBI and psychiatric disorders is extensive, related treatment and research does not always follow because of a shortage of child psychiatrists with relevant training and experience.

2. Systematic assessment of known risk factors for the development of psychiatric disorders after PA/TBI is not conducted on a routine basis. This problem exists because of limits with regard to the resources and related expenses that would be necessary to conduct the assessment. Furthermore, if problems are identified, there is an ethical issue of providing intervention which consumes further scarce resources.

3. The involvement of child psychiatrists as consultants in intermediate care and inpatient rehabilitation is appropriate in the context of a consultation/liaison service. The absence of child psychiatry input into discharge planning and community reintegration is problematic because this leads to a delay in diagnosing and treating predictable disturbances.

4. There tends to be little coordination of outpatient care, including psychiatric treatment, especially for children whose PA/TBI's are not severe. Parents may minimize or tolerate the problems initially because the child/young adult has survived a life-threatening PA/TBI. Schools may not always have sufficient information to link the PA/TBI with the new emotional and/or behavioral disturbance.

5. The typical absence of a psychiatrist providing input regarding appropriate work or independent living plans can lead to suboptimal choices. This may be due to a poor fit between the person with a PA/TBI and characteristics of the job such as attention demands, inherent stress, required interpersonal skills, and even flexible sleep schedules in shift jobs.

6. There are no data guiding psychiatric surveillance and management of pre-school children with PA/TBI.

Solutions:

1. Address the supply shortage of child psychiatrists trained to manage PA/TBI.
   a. Support existing initiatives within the American Academy of Child and Adolescent Psychiatry to improve the supply of board eligible child and adolescent psychiatrists.
   b. Sponsor workshops and symposia on clinical and research aspects of PA/TBI at national, regional, and county conferences attended by child and adolescent psychiatrists.
   c. Lobby for specific inclusion of PA/TBI lectures in child and adolescent residency programs.
   d. Encourage local "area education agencies" or school-districts to identify a child and adolescent psychiatrist with interest in PA/TBI. Fund the involvement of the identified psychiatrist to consult on systems and clinical issues relevant to local needs across the PA/TBI continuum.

2. Improve the identification of children who are at high risk for development of psychiatric disorders related to PA/TBI.
   a. Fund studies assessing the benefits and costs of routinely assessing the risk for development of psychiatric disorders in PA/TBI. If it can be shown that early assessment of risk improves outcome, then the use of limited resources can be justified by health-care institutions and insurance providers.
   b. Foster closer relationships between physiatrists and psychiatrists in inpatient rehabilitation units. Encourage psychiatric input at the inpatient rehabilitation discharge planning meeting. This will require fiscal changes within institutions and buy-in from insurance companies.

3. Improve psychiatric treatment of children with PA/TBI
   a. Fund intervention studies for psychiatric disorders that develop after PA/TBI. These will include psychopharmacological studies and psychosocial studies.

4. Improve the understanding of psychiatric outcome in children with "mild" TBI.
   a. Fund prospective longitudinal controlled psychiatric studies of children with "mild" TBI.

5. Improve the understanding of psychiatric outcome in preschool children with TBI.
   a. Fund prospective longitudinal controlled psychiatric studies of preschool children with TBI.

Acute and Post-Acute Neuropsychological Recovery

Current Status:

1. The role of neuromodulatory, neuroprotective and psychopharmacological agents in promoting neuropsychological recovery has not been well researched or explored. Limited case studies, case series are in publication. However, to date there has not been systematic class I research in this area.

Problems:

1. Neuropsychological recovery following PA/TBI has been a well documented problem during both acute and post acute recovery.

2. To date little is known about the role of neuromodulatory, neuroprotective and psychopharmacological agents in promoting or inhibiting neurocognitive, neurobehavioral and neuroemotional skills. In addition, the role of neuromodulatory agents and psychopharmacologic agents across the spectrum of situations including disorders of consciousness, cognitive enhancement and psychomotor recovery.

3. While much of recovery relies on rehabilitation therapies that are sophisticated instructional interventions, little is currently known about how pharmacological agents may contribute to neurobiological recovery.

Solutions:

1. A network of pediatric rehabilitation/acute and post acute centers should be organized so as to carry out systematic laboratory and clinical class I and II studies on existing agents used in treatment of children following PA/TBI.
    a. More specifically, this network should be organized to explore both existing mental health issues of mood disorder, anxiety, and related mental status changes that compromise the child/young adult's recovery.
    b. Such a network would have a coordinated informational system, data collection capability.
    c. Also, the network would work collaboratively, raising the possible levels of enrollment and participation so as to yield adequate sample and power the findings.
    d. Members of this network would have sufficient research experience so as to make possible class I and class II investigational design.
    e. This network would have not only translational research experience but also adequate biostatistical staffing to guide research design and analysis of results.
    f. This network would not only exist within each site of research but also exist electronically as an entity for management, recruitment and research integration.

CHAPTER 12: *Financing the PABI Plan*

BUDGETS AND FINANCING

There is no single Federal Agency within the Department of Health and Humans Services solely responsible for the system of care for the millions of children and young adults suffering with an acquired brain injury. Therefore, the proposed funding by HR2600 for implementing the PABI Plan is designed to give the Secretary of Health and Human Services the flexibility to utilize the large discretionary budget (over $85 Billion annually) of the entire Department (i.e., ACF, AHRQ, ATSDR, CDC, FDA, HRSA, IHS, NIH, SAMSA). In addition, the proposed federal funding is designed to begin decreasing by 20% per year starting in Year 4, to provide the states enough time to judge the efficacy of reducing costs and improving the quality of care and develop funding mechanisms to continue the implementation of the PABI Plan within their respective states. However, there is no mandate or requirement for the states to continue such funding.

HR2600 accomplishes many of the goals set by the Obama Administration in its American Recovery and Reinvestment Act of 2009, without any of the controversial aspects:

1) Creating over 6,000 jobs across every state and territory

2) Converting a large group of Americans with numerous and complex medical conditions into an electronic health record system, which will reduce medical errors, save billions in health care costs, and allow millions of families to learn from each other's experiences

3) Provide relief and support to millions of families who are managing their child's health and education needs through a very byzantine system, many of these families are in low-income and vulnerable households

4) Using comparative effectiveness research, we will improve the health of these millions of children and young adults, improve the health of communities and the performance of the health system by conducting, supporting and synthesizing research that compares the clinical outcomes, effectiveness and appropriateness of items, services and procedures that are used to prevent, diagnose and treat the #1 leading cause of death and disability for children and young adults in the nation – brain injuries

5) Develop the largest clinical and self-reporting registry and the largest "open source" database in the world of medical and education records to advance the field of pediatric neurology and other related areas

6) Develop and expand prevention efforts

7) Developing and implementing a nationwide, comprehensive, coordinated multidisciplinary, interagency system to provide early intervention services and to improve outcomes, train, educate and support families and professionals during this crucial time period

8) Develop and implement effective adult transition programs to support individuals with significant disabilities by maximizing their leadership, empowerment, independence and productivity and to promote the integration and full inclusion of these individuals into the mainstream of American society

9) Improve information technology systems to deliver benefits and services to our younger Veteran population who sustained a brain injury due to blast during war before they turned 25 years of age (while their brain was still in its developmental stage) while at the same time create additional support systems for the families of these young wounded warriors

10) Prevention of abusive head trauma/child abuse or helping to identify the young adults currently in our juvenile delinquency system with an undiagnosed and untreated brain injury

The prioritization of the comparative effectiveness research and investments were outlined as:

1) Potential impact: based on prevalence of condition, burden of disease, variability in outcomes, costs potential for increased patient benefits or decreased harm

2) Potential to evaluate comparative effectiveness in diverse populations and patient sub-groups and engage communities in research

3) Addresses need or gap unlikely to be addressed through other organizations

4) Potential for multiplicative effect (e.g., lays foundation for future CER such as data infrastructure and methods development and training and generating additional investment outside government)

Without question, the PABI Plan addresses each of these priorities and it would be extremely difficult for someone to make the case that there is a better proposal to address each of these priorities.

As outlined above, the seven National Lead Centers will begin hiring and training their State Lead Center Management and Category of Care personnel during the first quarter of this project. The remaining 45 State Lead Centers will begin hiring and training their State Lead Center Management and Category of Care personnel during the second quarter of this project. The National Lead Centers will begin hiring and training their Case Management personnel by the second quarter and it will take the remainder of the first year to have all Level 1, 2 and 3 Centers fully operational. The remaining 45 State Lead Centers will begin hiring and training their Case Management personnel by the third quarter. This staggered roll-out will allow for the seven National Lead Centers to work out any problems ahead of time and share their experiences with the remaining 45 State Lead Centers. This staggered roll-out also shows why Year 1 funding is lower than Years 2 and 3, which represent all 52 State Lead Centers in full operation.

The entire federal funding is approximately $2.9 billion, over the seven-year period (a detailed spreadsheet with a breakdown of each State Lead Center and its itemized staffing and other costs is attached). Year 1 funding is $380 million, Years 2 and 3 funding are $632 million, Year 4 funding is $505 million, Year 5 funding is $379 million, Year 6 funding is $253 million and the final Year 7 funding is $126 million. The average amount directed to each State Lead Center during Years 2 and 3 while fully funding is about $12 million and the variations are based upon population, cost of living and Category of Care responsibilities (National Lead Centers have additional staffing and direct responsibility for some of the specific projects, a smaller state will have fewer SJB Family Specialists and another state may have a higher than average cost of living or fringe rate).

The funds will be distributed to each State Lead Center directly. Each organization serving as a State Lead Center has agreed to keep all indirect costs as a percentage of the operations budget to a maximum allowable percentage of 20%. With the approval of the Secretary of HHS along with the oversight of the CSS Committee, The Sarah Jane Brain Foundation will be responsible for the coordination and implementation of the project and will provide periodic reports on the activities and accomplishments for all 52 State Lead Centers. There will be a 2.5% administrative fee to the Sarah Jane Brain Foundation for management of the entire national system that each State Lead Center will pay directly.

CHAPTER 13: *Job Descriptions, Responsibilities and Budgeting*

The State Lead Center Organization Chart
Each State Lead Center will have a standard staffing organization beginning with the Program Director who will oversee the operation of the State Lead Center and ensure the mission of the PABI Plan is being fulfilled by providing support and advice to the State Director who will be responsible for the day-to-day management of the State Lead Center. The staffing organization is broken up into the three main responsibilities for each center: developing a Statewide Master Plan and Statewide Coordination, the Category of Care Responsibility and Case Management Responsibility. (Each State Lead Center will have the flexibility to either hire a specific person for the line item associated with that responsibility or out-source it to an already-existing organization that can accomplish those responsibilities more efficiently.)

STAFFING FOR STATEWIDE COORDINATION

Each State Lead Center will develop and implement a Statewide Master Plan to create a seamless, standardized, evidenced-based system of care universally accessible for all children/young adults and their families regardless of where they live in their state.

State Lead Center Program Director (this position is equivalent to a non-executive Chairman of an organization)

- Primary role in governing the State Lead Center by ensuring the mission of the PABI Plan is being fulfilled through providing support and advice to the State Director
- Facilitating communication among other State Lead Centers and organizations
- Responsible for coordinating State Lead Center's evaluations and assessments while monitoring its performance by reporting to CSS Committee of SJBP about activities and accomplishments of the State Lead Center
- Ensuring ethical standards, fundamental values as well as leading strategic planning for the Statewide Master PABI Plan

Program Director Assistant

- Responsible for full-time administrative assistance to the State Lead Center Program Director
- Prepares reports and financial data
- Make travel and meeting arrangements for Program Director
- Coordinates communication for Program Director

State Director (this position is equivalent to the CEO of an organization)

- Responsible for day-to-day management, operations and performance of the State Lead Center reporting to the Program Director including Responsible for business and service operation of all aspects of the center
- Creates annual operating plans that support strategic direction set by Program Director and is consistent with the PABI Plan
- Collaborates with the Program Director to define and articulate the PABI Plan's vision and to develop strategies for achieving that vision

- Develops and monitors strategies for ensuring long-term financial viability of the State Lead Center
- Develops future leadership within the organization and across the state
- Hires, manages and fires the human resources of the State Lead Center that fully conform to current laws and regulations
- Evaluates the State Lead Center's and the staff's performance on a regular basis
- Prudently manages the State Lead Center's resources within budget guidelines according to current laws and regulations
- Serves as a liaison with other State Lead Centers in the Region and among common Category of Care responsibility

Associate State Director

- Assist State Director in managing inter- and intra- collaborations through the coordination of other state lead agencies in the Categories of Care and management
- Assist State Director in implementing Statewide Master PABI Plan
- Creates and edits reports to Program Director and CSS Committee on State Director's behalf

State Epidemiologist

- Primary task will be to integrate the acquisition and analysis of critical observational data elements relevant for pediatric acquired brain injury characterization and outcome determination across entire continuum of care as determined by each Category of Care Epidemiologists
- Types of data will potentially include physiological variables, laboratory studies, genetic profiles, neuroimaging, patient symptom lists, neuropsychological test results, global outcome measures and patient/caregiver questionnaires and be centered on accurate and detailed description of the injury and functional recovery, rather than on any predetermined hypothesis
- These data will require new methods of selection, acquisition, validation and analysis and will benefit from large numbers of participants throughout the national network
- Oversee public health programs (analysis and planning)
- Conduct studies to determine the means to eradicate or control disease, disability and other health outcomes
- Plan and direct studies to investigate PABI, preventive methods, identification protocols and treatments
- Provide expertise in the design, management and evaluation of study protocols and health status questionnaires, sample selection and analysis
- Conduct research to develop methodologies, instrumentation and procedures for medical application, analyzing data and presenting findings
- Serve as a consultant to physicians, educators, researchers, government health officials and others in methodologies, instrumentation, procedures, protocol, and standards for treatment and control

State Epidemiologist Assistant

- Primary responsibility to assist the State Epidemiologist in investigating and describing the determinants and distribution of disease, disability and other health outcomes and develop the means for prevention and control
- Prepare large datasets for analysis, including merging, cleaning and categorizing the data and working with the State Epidemiologist, developing and applying code lists for the variables of interest

State Scientific Investigation Research Coordinator

- Primary responsibility will be to facilitate interaction and exchange of clinical, applied, translational (bench-to-bedside) and basic science research ideas and protocols between centers and disciplines across entire continuum of care
    - Research areas would include but not be limited to emergency and critical care, clinical neuroscience, translational, basic neurobiology, biomechanics, neuroengineering and nanotechnology, epidemiology and biobehavioral
- Plan and conduct experiments to increase the body of scientific knowledge on topics related to PABI and medicine, including but not limited to, developing new or improve existing pharmacological and vita-nutrient treatments or other medically-related products related to PABI
- Investigate PABI conditions to determine cause and risk factors, progress, life cycle, etc…
- Facilitate the dissemination of the results of all PABI-related scientific research

State Scientific Investigation Research Assistant

- Primary responsibility is to assist the State Scientific Investigation Research Coordinator in facilitating, planning and conducting experiments to increase the body of scientific knowledge on topics related to PABI and medicine
- Make detailed observations, analyze data and interpret results
- Prepare technical reports, summaries, protocols and quantitative analyses
- Maintain familiarity with current scientific literature

State Education/Training Coordinator

- Primary responsibility will be to oversee programs designed to improve educational services and training across the continuum of care to improve the capacity of community agencies and other allied-health professionals to provide services and support to PABI families including working with all of their state's SJB Field Specialists
- Insure standardized education and training developed by National and Regional Category of Care State Lead Centers

State General Counsel

- Primary responsibility will be to manage all legal, regulatory and public policy functions of the State Lead Center, including ensuring compliance with all federal (i.e., HIPAA) and state rules and regulations

- Provide guidance, advice and educate the Program Director and State Director on the legal impact of their operating decisions and to provide legal support for the State Lead Center
- Proactively address risk management issues
- Keep updated with legal news and new laws that may affect State Lead Center and the overall PABI Plan
- Conduct and commission research and analysis of specific legal questions and prepare memoranda, opinions and position papers upon request
- Coordinate with like-minded organizations and individuals to advance the State Lead Center's legal interests in support of the mission, values and goals
- Document the State Lead Center's positions on important issues where they are known and help to develop positions where they are not yet known
- Develop, implement and maintain systems and processes for the documentation and tracking of legal matters, including, for example, filings and registrations, legal threats and business agreements
- When requested by the Program and State Director, act as a spokesperson and advocate for State Lead Center's legal positions

State IT Manager

- Primary responsibility will be to manage the technology, communications and other information technology (IT) systems for the State Lead Center and entire statewide operations
- Serves as technical expert for the development, implementation, management and support of systems and networks
- Tests and optimizes the functionality of systems, networks and data
- Defines and implements technical requirements
- Coordinate resources with statewide Health Information Technology (HIT) networks and integrate with statewide Health Information Exchanges (HIE)

State Family Support Coordinator

- Primary responsible for overseeing the Case Management aspect for the state, including the coordination of support services for PABI families within the scope of the PABI Plan
- Educating and training SJB Family Specialists around the needs of PABI families, parents, caregivers, siblings and other family members and involving these family members in the Sarah Jane Brain Project
- Assist families in identifying and obtaining family-centered, resource-based support and services
- Facilitate family participation and involvement at all levels of the system (child/family, organization, policy and research)
- Maintains cooperative and collaborative working relationships with families, staff, school personnel, mental health programs and community agencies
- Serves as a resource/liaison with community agencies, services and organizations
- Maintain effective and timely written and oral communications with families, staff, school personnel, and community agencies, services and organizations

- Develop measures and research approaches to assess important topics such as caregiver empowerment, parent-professional collaboration, service coordination and family and youth participation in service and educational planning

State Prevention/Awareness Coordinator

- Primary responsibility to support State Epidemiologist in collecting translational data for Prevention
- Support State Education/training Coordinator for prevention efforts
- Support State Scientific Investigation Research Coordinator to monitor and develop research for Prevention
- Coordinate networking and environmental prevention strategies as a catalyst for community engagement and development in service towards prevention and health promotion
- Coordinate with existing organizations to raise awareness of prevention efforts statewide
- Assure that cultural competency and sustainability are vital and on-going concerns statewide
- Coordinate media, public relations and outreach/educational activities
- Provide direction and guidance to volunteers and staff

State Acute Care Coordinator

- Primary responsibility to support State Epidemiologist in collecting translational data for the Acute phase of care
- Support State Education/training Coordinator for the Acute phase of care
- Support State Scientific Investigation Research Coordinator to monitor, integrate and develop research for the Acute phase including coordinating communication among credentialed investigators to define common goals and opportunities for synergy of effort

State Reintegration Coordinator

- Primary responsibility to support State Epidemiologist in collecting translational data for the Reintegration phase of care
- Support State Education/training Coordinator around the Reintegration phase
- Support State Scientific Investigation Research Coordinator to monitor and develop research around the Reintegration phase

State Adult Transition Coordinator

- Primary responsibility to support State Epidemiologist in collecting translational data for the Adult Transition phase of care
- Support State Education/training Coordinator for Adult Transition
- Support State Scientific Investigation Research Coordinator to monitor and develop research for Adult Transition
- Work closely with the State Veterans Coordinator
- Provide technical assistance to local education agencies (LEAs), schools, parents and/or students with disabilities and collaborate with state and/or local level adult service agencies

- Transition services are designed within an outcome-oriented process that promotes movement from school to post-school activities and greater independent living, including post-secondary education, vocational training, integrated employment (including supported employment), continuing and adult education, adult services or community participation
- Develop guidelines, policies and procedures regarding transition issues
- Provide information on federal and state laws
- Assist with grant writing and collaborate on national initiatives

State "mild" TBI Coordinator

- Primary responsibility to support State Epidemiologist in collecting translational data for the "Mild" TBI Category of Care
- Support State Education/training Coordinator for "mild" TBI
- Support State Scientific Investigation Research Coordinator to monitor and develop research for "mild" TBI
- Coordinates with partners to improve state and community services for persons with "mild" TBI
- Identifies, monitors and evaluates the extent of "mild" TBI in their respective state
- Coordinates with State Agencies and private organizations to integrate services and supports for individuals with "mild" TBI

State Mental Health Coordinator

- Primarily responsible for educating and training SJB Family Specialists concerning mental health services and systems of support for entire PABI family including determining service needs, identify resources, establish priorities and recommend programs and services for mental health care for PABI families
- Educate SJB Family Specialists to develop, maintain and evaluate an information and referral system for PABI families
- Assures collaboration with other state mental health coordinators that serve PABI families
- Provides direct resources for staff and PABI families surrounding mental health services for their state
- Develop resource base around mental health service providers, including community service providers, local and state services and private organizations
- Conduct periodic regional meetings with facility program staff, community providers, PABI families and local agencies in order to coordinate the service delivery system to avoid gaps and overlaps
- Provides reports of program outcomes

State Assistive/Emerging Technology Coordinator

- Primarily responsible for educating and training SJB Family Specialists around assistive and emerging technologies for acquisition and proper functional usage of these tools
- Serve as a direct resource for staff and PABI families to assist in the provision of support, coordination and monitoring activities of assistive and emerging technologies

- Assist in the adaptation of computer technologies and alternative media to meet the needs of those within a variety of disabilities
- Acquire, install, adapt, maintain and support the appropriate AT systems and/or devices, hardware, software, peripherals and supplies
- Keep current with all directives, standards, policies, laws, rules, regulations, codes and guidelines regarding adaptive AT systems

State Correctional System Coordinator

- Primarily responsible for educating and training SJB Family Specialists concerning outreach to young adults and their families in the juvenile delinquency system and ensuring they are receiving the services they are entitled to receive
- Responsible for education and training SJB Family Specialists about screening procedures for early identification of high risk juveniles and young adults with PABI before they enter the criminal justice system
- Will work within the judicial and correctional system on outreach to young adults for screening for potential PABI as well as working with law enforcement on prevention and awareness issues around PABI
- Coordinates the development and implementation of statewide training services and programs to facilitate the identification and appropriate management and rehabilitation of detained juveniles and young adults with a history of PABI
- Works closely with existing judicial and correctional systems and programs that are designed and/or have the potential to facilitate the appropriate disposition of the PABI offender
- Serve as a resource to Probation and Parole Officers

State MISC Coordinator

Each state has a staff person that is unique to their particular state

- Texas requires a Bi-lingual Coordinator for their growing Hispanic population
    - Primary responsible for the coordination of support services for the Spanish-speaking PABI families within the scope of the PABI Plan
    - Participates in the development of scientific research to further clarify and address regional diversity issues in the PABI population
    - Coordinates the development and implementation of statewide diversity training services and outreach programs relevant to ethnically and culturally diverse PABI populations
    - Facilitates the integration of PABI relevant issues within existing state diversity services and programs
- Montana requires an American Indian Coordinator for their large population on reservations
    - Primary responsible for the coordination of support services for the American Indian PABI families within the scope of the PABI Plan
    - Participates in the development of scientific research to further clarify and address regional diversity issues in the PABI population

  - Coordinates the development and implementation of statewide diversity training services and outreach programs relevant to ethnically and culturally diverse PABI populations
  - Facilitates the integration of PABI relevant issues within existing state diversity services and programs
- Nebraska requires a Cultural Diversity Coordinator since it is home to several Native American tribes as well as a growing Hispanic population. Additionally, Lincoln is one of the top 20 cities in the nation for the settlement of refugees. The focus for this position is on identifying and removing barriers relating to language and culture, and also to interface with other components of the PABI Plan to insure services are accessible, educational materials are understandable, and providers are competent in cultural diversity so these populations benefit from prevention, education and direct services

State Veterans Coordinator

With more than half of our veterans returning from Iraq and Afghanistan with traumatic brain injury under 25 years of age

- Primary responsibility for educating and training SJB Family Specialists and other associated staff about the special needs and resources available to young veterans with brain injuries and their families
- Ensuring these special PABI families are receiving the care and support they need and deserve
- Assures collaboration with other state veteran coordinators that serves PABI families
- Provides reports of program outcomes to Regional Veteran Coordinators

State Data Manager

- Primary responsibility will be to assist the State Lead Center employees with integration of data with The Virtual SJBF Center as well as overall help desk for general computer problems
- Responsible for reconfiguring equipment, identifying and resolving equipment malfunctions and failures and monitoring system performance
- Prepares and maintains problem logs
- Serves as resource to answer questions or troubleshoot problems for staff and assist in the installation, upgrade and configuration of network printing, directory structures, rights, security and software

State Public Policy Manager

- Primary responsibility will be to monitor all local and state rules, regulations, laws and judicial decisions affecting PABI families, including but not limited to Medicaid, school IEP procedures and health insurance regulations
- Managing the development of policy programs to ensure the strategic objectives of the PABI Plan are fulfilled
- Oversee the production of policy positions as well the State Lead Center's advocacy work

- Monitors and analyzes various trends and activities within the state regarding PABI
- Recognizes, assesses and communicates important policy issues
- Follows up on the impact of trends and initiatives that impact PABI families
- Renders policy developments into evocative strategic advice and guidance, including managing projects, identify key issues and assist in the organization of the work
- Collaborate with key federal, state and local stakeholders

State Community Relations Manager

- Primary responsibility will be to connect the mission of SJBP to the communities-at-large by making presentations, organizing events, and other outreach activities
- Coordination of relationship between State Lead Center and local/state agencies, civic groups, schools, community groups, political entities and governmental agencies
- Plan and design programs that will both help the State Lead Center and promote its image in a positive way
- Responsible for representing the State Lead Center in beneficial community activities
- Develop programs or worth with local community and state groups
- Provide representation and guidance of the State Lead Center on state and non-profit boards and committees
- Cultivate existing business and generate new opportunities

State Administrative Support

- "Administrative support" is a broad term that describes any job with the primary purpose of helping execute any number of day-to-day operations within the organizational structure of the PABI Plan. These positions can include: secretaries, administrative assistants, personal assistants, receptionists, office managers and order clerks. Typical administrative support duties include: scheduling meetings or conferences, answering phones, making copies, managing files and electronic communications, organizing maintenance on office equipment and creating documents and presentations

Charity care

Each State Lead Center will be able to provide certain services to populations who have very limited resources or access to these services; decisions about the type of service will be made by each State Lead Center based on the needs of their state.

Human Resources Support

Each State Lead Center will be screening and hiring applicants as well as processing their benefits; $1,000 is allocated per employee; each State Lead Center will determine the best method for implementing (i.e., some State Lead Centers will handle this within their primary institutions while some will hire HR personnel).

Training Support

$250 is allocated per employee for orientation and training for new employees and continuing education for existing employees

Other Costs (associated with each State Lead Center included in the itemized budget are)

- State Lead Center Office Space Cost
- State Lead Center Transportation/Travel
- State Lead Center Office Equipment/Communications
- State Lead Center Supplies
- Annual and Regional Conferences

Statewide Brain Injury Organizations Pediatric Programs

Each State Lead Center is allocated an amount to be directed to their respective statewide Brain Injury Organization to develop programs for the pediatric acquired brain injury community. (For those states where a statewide Brain Injury Organization does not exist, the funds will be used to establish one with an emphasis on the pediatric acquired brain injury community.)

STAFFING FOR REGIONAL/NATIONAL CATEGORY OF CARE RESPONSIBILITY

Each State Lead Center will be responsible for continuity and standardization of translational data collection, dissemination of education/training and monitoring basic science research for ONE Category of Care for their region (one State Lead Center will also serve as the National Lead Center for each specific Category of Care)

National Category Director

- Responsible for leading the collaboration with all their respective Category of Care State Lead Centers to make final decisions about the translational data collected, the standardization of education and training surrounding the Category of Care and monitoring, encouraging and creating scientific investigative research for their Category of Care
- This position will only be in the seven National Lead Centers
- Example of National Rural/Tele-health Director
    - Oversees and participates in the development of translational research including how data is collected, maintained, and standardized into formal educational and training procedures related to PABI and remote service delivery technology.
    - Assists in the identification of regional technological deficiencies (e.g., infrastructure and mechanical) that prohibit the effective implementation and delivery of PABI relevant rural Tele-health and Telemedicine services.
    - Participates in the development and implementation of research and other procedures including, though not limited to, grant procurement, to address regional and state impediments to effective rural Telemedicine and Tele-health advancements relevant to the PABI population.
    - Develops quarterly reports related to the status of rural Tele-health and Telemedicine of designated regions
- Example of National Adult Transition Director
    - Responsible for leading the collaboration with all the Transition to Adult Life Category of Care State Lead Centers in support of the Logic Model of goals for this category, including but not limited to:

    - assess and describing the current state of needs of young adults across medical, psychosocial, and vocational spheres
    - describe what infrastructure exists currently to potentially house programs addressing these service components and needs
    - investigate key services components and programs that are available to meet needs of teens transitioning into adulthood and young adults who sustain ABI, considering medical/health, and post-secondary education and employment, and psycho-social needs, particularly for emancipation from home and community living.
    - identify key stakeholders and partners in adult services and programs to include in planning, education, and intervention investigate clinical programs that might offer collaborations between pediatric and adult worlds (e.g.: pediatric PM&R- adult PM&R; DOE-DVR programs)
    - describe what data collection is currently occurring across these areas
    - establish desired outcomes and decide primary and secondary focus areas for investigation, service/program development, and data collection
    - identify successful PABI education programs and tailor them to develop capacity in adult-provider networks
- Oversees the standardization of education and training surrounding the Transition to Adult Life Category of Care
- Monitors, encourages, and creates scientific investigative research for the Transition to Adult Life Category of Care
- Monitors work of all State Transition to Adult Life Coordinators to define opportunities for cross regional collaboration.
- Assures that commonality among regional projects is optimally leveraged to enhance efficiency and accuracy of research, information sharing, and educational initiatives.
- Collaborates with respective Transition to Adult Life State Lead Centers to generate consensus based decisions about:
    - translational data collected,
    - standardization of education and training , and
    - encouraging scientific investigative research.

National Category Epidemiologist

- Responsible for leading the collaboration with all their respective Category of Care State Lead Centers to implement the collection of translational data for their Category of Care
- This position will only be in the seven National Lead Centers

National Category Education/Training Coordinator

- Responsible for leading the collaboration with all their respective Category of Care State Lead Centers to standardize the education and training surrounding the Category of Care
- This position will only be in the seven National Lead Centers

National Category Scientific Investigation Research

- Responsible for leading the collaboration with all their respective Category of Care State Lead Centers to monitor, encourage and create scientific investigative research for their Category of Care
- This position will only be in the seven National Lead Centers

National Category Additional Staffing positions

Some Categories of Care will need additional specific leadership positions that are unique to their Category; (these positions will only be in the seven National Lead Centers)

- **Prevention Category**
  - National Intentional Head Injury Prevention Coordinator
  - National Unintentional Head Injury Prevention Coordinator
  - National non-Traumatic Acquired Brain Injury Prevention Coordinator
- **Acute Category**
  - National Acute Category Assistant Director
- **Reintegration Category**
  - National Assistive/Emerging Technology Director
- **Adult Transition Category**
  - National Veterans Coordinator
    - Responsible for coordinating services for veterans returning to the United States with traumatic brain injury that are under 25 years of age
    - Provide and coordinate outreach efforts and provide training for State Veterans Coordinators
    - Supervise Regional Veterans Coordinators and act as a resource for these coordinators
    - Assures collaboration with other National Veterans Organizations that serves this PABI group
    - Provide reports of program outcomes to the SJB Advisory Board
- **Virtual SJBF Center**
  - National Database Manager
    - Responsible for managing and maintaining the Virtual SJBF Center database
    - Maintains hardware to perform to the required standards
    - Trains and mentors National Virtual SJBF Center staff regarding database operations and develops training guides and information manuals for use by all levels of staff and stakeholders
    - Develops protocols for data dissemination and access and ensures safekeeping of all data
  - National Content Manager
    - Responsible for maintaining and updating web-based content of the Virtual SJBF Center
    - Contributes to the detailed design of online content, ensuring the goals for the site and the needs of users can be met through the provision of appropriate content
    - Manages the creation/acquisition of content
    - Oversees updating and maintenance of time-sensitive material

- National Help Desk Support Manager
  - Responsible for overseeing help desk support operations for the Virtual SJBF Center
  - Manages help desk support staff
  - Prepares and maintains problem logs
  - Evaluates and improves methods of identifying problems and for resolving these issues quickly and effectively
- National Business Development Manager
- National HIPAA Compliance Officer
  - Responsible for the planning, administration, and implementation of HIPPA compliance for the Virtual SJBF Center network
  - Provides advice and guidance to management and employees to ensure that data collection is being carried out in accordance with applicable HIPPA regulations and ethics statutes
  - Conducts reviews to evaluate effectiveness and adherence to statutes and regulations of HIPPA policies
  - Coordinates the planning, development, and implementation of HIPPA and ethics training activities

National and/or Regional additional technology

Some additional technology, hardware, software or capital spending will be required such as strategic telemedicine and telecommunication technologies, development of SJBF Registry and Personal Health/Education Records Portal and Open Source Initiative.

Regional Category Director

- Responsible for leading and managing the collaboration for their entire region for their respective Category of Care State Lead Centers and assist in making final decisions about the translational data collected, the standardization of education and training surrounding the Category of Care and monitoring, encouraging and creating scientific investigative research for their Category of Care

Regional Category Epidemiologist

- Responsible for leading and managing the collection of translational data for their entire region for their respective Category of Care

Regional Category Education/Training Coordinator

- Responsible for leading and managing the standardization of education and training for their entire region for their respective Category of Care

Regional Category Scientific Investigation Research

- Responsible for leading the collaboration with all their respective Category of Care State Lead Centers to monitor, encourage and create scientific investigative research for their Category of Care

- Responsible for leading and managing the efforts to monitor, encourage and create scientific investigative research for their entire region for their respective Category of Care

Regional Category Additional Staffing positions
Some Categories of Care will need additional specific leadership positions that are unique to their Category

- **Reintegration Category**
  - Regional Assistive/Emerging Technology Coordinator
- **Adult Transition Category**
  - Regional Veterans Coordinator
- **Virtual SJBF Center**
  - Regional Business Development Managers

Regional Category Administrative Support: general clerical and administrative support for the Category of Care staff

Other costs associated with each Category of Care included in the itemized budget

- Regional Category Office Space Cost
- Regional Category Transportation/Travel
- Regional Category Office Equipment/Communications
- Regional Category Supplies

STAFFING FOR CASE MANAGEMENT RESPONSIBILITY
Each State Lead Center will also serve as a SJB Family Level 1 Center for case management. To serve as a Level 1 Center each institution must be able to manage a specialized case management system for the children/young adults and their families (this would be the staffing for all Level 1 Centers within each state to cover a certain geographic region/demographic population). A Level 1 Center will have a Center Manager, a Field Specialist, a dozen SJB Family Specialists, additional Research Associates, administrative support and office space. A Level 2 Center will have a Field Specialist, six SJB Family Specialists, and additional Research Associates without any administrative support or office space. A Level 3 Center will only have three SJB Family Specialists and additional Research Associates. Both Level 2 and Level 3 Centers will be managed by the Center Manager within their region. (see Figures 4 and 5 below as an example of the Texas Statewide Case Management System)

Center Manager

- Responsible for specific geographic coverage area by managing the Field Specialists and all SJB Family Specialists within coverage
- Oversee the daily functions of Field Specialists and SJB Family Specialists in Level 1-3 Centers
- Implement, review and improve all Center policies, procedures and service standards
- Hire, train and supervise Center employees and handle any problem or issue that their employees cannot

- Track Center usage, reporting discrepancies and areas that need improvement to supervisors
- Develop, implement and monitor outcome measures for training programs
- Collect, report, trend and analyze performance standards for Center reporting
- Develop, implement and monitor policies and procedures
- Establish and maintain systems for effective communication throughout the care delivery system
- Oversee quality control of services provided by the Field Specialists and SJB Family Specialists in Level 1-3 Centers

Field Specialist

- Responsible for education and training plan directed by Center Manager about PABI within coverage area
- Assist the SJB Family Specialists with students and families when the student reaches age 16 and continues until age 25 for transition-related issues
- Coordinate the care and services of selected member populations
- Promote effective utilization and monitoring of health and education resources
- Assume a leadership role within the interdisciplinary team to achieve optimal clinical and resource outcomes
- Comprehensive assessment and development of care plan
- Coordinate community resources, with emphasis on medical, behavioral and social services

Research Associates

- Responsible for research and development in collaboration with SJB Family Specialists and others on projects
- Make detailed observations, analyze data and interpret results
- Manage the data required for research and trials
- Prepare technical reports, summaries, protocols, clinical research forms, validation policies and quantitative analyses
- Maintain familiarity with current scientific literature and contribute to the process of a project within the scope of the scientific discipline, as well as investigate, create and develop new methods and technologies for project advancement

Sarah Jane Brain Family Specialists

- Responsible for serving as highly-trained case managers for PABI families in their geographic coverage area once a PABI is diagnosed and working to make sure they receive the services they are entitled by working with the PABI families in a variety of environments (hospital, home, school, community)
- Responsible for insuring the data for their PABI cases are going into the SJBF Virtual Center
- Provide hospital case management/utilization review and discharge planning to assure the PABI family progresses through the continuum of care and is discharged to the least restrictive environment

- Coordinate the provision of social services to PABI families to enable them to deal with the impact of PABI on individual family functioning and to achieve maximum benefits from health and educational services
- Conduct concurrent medical record review using specific indicators and criteria as approved by medical staff
- Act as PABI family advocate: investigates and reports adverse occurrences and performs staff education related to resource utilization, discharge planning and psycho-social aspects of healthcare and educational delivery
- Mobilize resources to achieve expected goal to assist in achieving desired clinical outcomes within the desired timeframe
- Ensure that patient tests are appropriate and necessary and are carried out within the established timeframe and that results are promptly available
- Facilitate interdisciplinary patient care rounds and/or conferences to review treatment goals, optimize resource utilization, provide family education and identified post-hospital needs
- Work with PABI families on reintegrating post-hospital back into schools, homes and communities including consultation on IEP development, intervention selection and implementation
- Develop accommodations and modifications at home and school for PABI families
- Establish long-term monitoring of PABI families
- Facilitate, support and model participation in healthy group dynamics within various settings including family homes, schools, and treatment facilities; and provide an open forum for expression of feelings and ideas when appropriate
- Modify interventions and resources to align with the cultural reference of each PABI family

Additional Itemized Budget Items for the Case Management Responsibility

- Transportation/Travel
- Office Equipment/Communications
- Supplies

Title/Description	Base Annual Amount for PABI Plan*
STATE LEAD CENTER MANAGEMENT	
Program Director:	varies
Program Director Assistant:	$ 35,000 + benefits
State Director:	$ 120,000 + benefits
Associate State Director:	$ 55,000 + benefits
State Epidemiologist:	$ 90,000 + benefits
State Epidemiologist Assistant:	$ 45,000 + benefits
State Scientific Investigation Research Coordinator:	$ 65,000 + benefits
State Scientific Investigation Research Assistant:	$ 40,000 + benefits
State Education/Training Coordinator (plus materials):	$ 65,000 + benefits + materials
State General Counsel:	$ 100,000 + benefits
State IT Manager:	$ 60,000 + benefits
State Family Support Coordinator:	$ 90,000 + benefits
State Prevention/Awareness Coordinator:	$ 55,000 + benefits
State Acute Care Coordinator:	$ 55,000 + benefits
State Reintegration Coordinator:	$ 55,000 + benefits
State Adult Transition Coordinator:	$ 55,000 + benefits
State “mild” TBI Coordinator:	$ 55,000 + benefits
State Mental Health Coordinator:	$ 55,000 + benefits
State Assistive/Emerging Technology Coordinator:	$ 55,000 + benefits
State Correctional System Coordinator:	$ 55,000 + benefits
State MISC Coordinator:	$ 55,000 + benefits
State Veterans Coordinator:	$ 55,000 + benefits
State Data Manager:	$ 60,000 + benefits
State Public Policy Manager:	$ 65,000 + benefits
State Community Relations Manager:	$ 50,000 + benefits
State Administrative Support:	$ 35,000 per employee + benefits
Charity care:	$ 200,000
Human Resources Support:	$1,000 per employee
Training Support:	$ 250 per employee
State Lead Center Office Space Cost:	$ 31 sq/ft
State Lead Center Transportation/Travel:	$ 200 per round trip visit
State Lead Center Office Equipment/Communications:	center + employee calculation
State Lead Center Supplies:	$ 1,500 per employee
Annual and Regional Conferences:	$ 16,000
Statewide Brain Injury Organization Pediatric Programs:	$ 100,000

Summary of PABI Plan Proposal continued

Title/Description	Base Annual Amount for PABI Plan
CATEGORY OF CARE RESPONSIBILITY: «Category_of_Care»	
National Category Director:	$ 175,000 + benefits
National Category Epidemiologist:	$ 150,000 + benefits
National Category Education/Training Coordinator:	$ 125,000 + benefits
National Category Scientific Investigation Research:	$ 125,000 + benefits
Regional Category Director:	$ 120,000 + benefits
Regional Category Epidemiologist:	$ 100,000 + benefits
Regional Category Education/Training Coordinator:	$ 90,000 + benefits
Regional Category Scientific Investigation Research:	$ 90,000 + benefits
Regional Category Administrative Support:	$ 35,000 per employee + benefits
Regional Category Office Space Cost:	$ 31 sq/ft
Regional Category Transportation/Travel:	$ 750 per round trip visit
Regional Category Office Equipment/Communications:	office + employee calculation
Regional Category Supplies:	$ 1,500 per employee
CASE MANAGEMENT RESPONSIBILITY	
Level 1 Center Manager(s):	$ 80,000 + benefits
Center Field Specialist(s):	$ 65,000 + benefits
Research Associate(s):	$ 50,000 + benefits
Center SJB Family Specialist(s):	$ 50,000 + benefits
Center Administrative Support:	$ 35,000 + benefits
Level 1 Office Space Cost:	$ 31 sq/ft
Level 1 Transportation/Travel:	$ 200 per roundtrip visit
Level 1 Office Equipment/Communications:	center and employee variables
Level 1 Supplies:	$ 1,500 per employee

***Base Annual Amount for PABI Plan:** the actual amount will vary from each state based upon cost of living differential for their respective states (i.e., the cost of living is greater in California than in Montana).

Appendix A – *References*

1. Adelson, P.D. (2008). Evidence-based recommendations: Time, implementation, and strength of evidence. *Pediatric Critical Care Medicine, 9*(2), 230-231.
2. Adelson, P.D., Bratton, S.L., Carney, N.A., Chesnut, R.M., Coudray, H.E., Goldstein, B., et al. (2003). Guidelines for the acute medical management of severe traumatic brain injury in infants, children, and adolescents. Chapter 1: Introduction. *Pediatric Critical Care Medicine, 4*(3 Suppl.), S2-S35.
3. Adelson, P.D., Bratton, S.L., Carney, N.A., Chesnut, R.M., du Coudray, M.E., Goldstein, B., et al. (2003). Guidelines for the acute medical management of severe traumatic brain injury in infants, children, and adolescents. Chapter 18. Nutritional support. *Pediatric Critical Care Medicine, 4* (3 Suppl), S68-71.
4. American Academy of Pediatrics Committee on Fetus and Newborn. Collaborators: Stark, A.R., Adamkin, D.H., Batton, D.G., Bell, E.F., Bhutani, V.K., Denson, S.E., Martin, G.I., Watterberg, K.L., Barrington, K.J., Hankins, G.D., Raju, T.N., Tomashek, K.M., Wallman, C., Couto, J. (2008). Hospital discharge of the high-risk neonate. Policy Statement of the American Academy of Pediatrics. *Pediatrics, 122*(5), 1119-11126.
5. Aubry, M., Cantu, R., Dvorak, J., Graf-Baumann, T., Johnston, K., Kelly, J., et al. (2002). Summary and agreement statement of the First International Symposium on Concussion in Sport, Vienna 2001. *Clinical Journal of Sport Medicine, 12*, 6-11.
6. Barlow, K.M., Thomson, E., Johnson, D., & Minns, R.A. (2005). Late neurologic and cognitive sequelae of inflicted traumatic brain injury in infancy. *Pediatric, 116*(2), e174-185.
7. Barr, R.G. (2004). *Period of PURPLE Crying* (Registered Trademark), Shaken Baby Syndrome prevention program. National Center on Shaken Baby Syndrome. Ogden, Utah. *Pediatrics* (In press, 2009). *Canadian Medical Association Journal* (In press, 2009). Randomized controlled trial: Barr, R.G., Barr, M., Fujiwara, T., Conway, J., Catherine, N., Brant, R.
8. Bazarian, J.J., Veenema, T., Brayer, A.F., & Lee, E. (2001). Knowledge of concussion guidelines among practitioners caring for children. *Clinical Pediatrics, 40*, 207-12.
9. Bedell, G. (2008). Functional outcomes of school-age children with acquired brain injuries at discharge from inpatient rehabilitation. *Brain Injury, 22,* 313-324.
10. Bedell, G., Cohn, E., & Dumas, H. (2005). Exploring parents' use of strategies to promote social participation in school-age children with acquired brain injuries. *American Journal of Occupational Therapy, 59*, 273-284.
11. Bedell, G., & Coster, W. (2008). Measuring participation of school-age children with traumatic brain injuries: Considerations and approaches. *Journal of Head Trauma Rehabilitation, 23,* 220-229.
12. Bedell, G., & Dumas, H. (2004). Social participation of children and youth with acquired brain injuries discharged from inpatient rehabilitation: A follow-up study. *Brain Injury, 18,* 65-82.
13. Bedell, G., Haley, S., Coster, W., & Smith, K. (2002). Developing a responsive measure of change for pediatric brain injury inpatient rehabilitation. *Brain Injury, 16,* 659-671.
14. Berger, R.P., Adelson, P.D., Richichi, R., & Kochanek, P.M. (2006). Serum biomarkers after traumatic and hypoxemic brain injuries: Insight into the biochemical response of the pediatric brain to inflicted brain injury. *Developmental Neuroscience, 28*(4-5), 327-335.

15. Berger, R.P., Beers, S.R., Richichi, R., Wiesman, D., & Adelson, P.D. (2007). Serum biomarker concentrations and outcome after pediatric traumatic brain injury. *Journal of Neurotrauma, 24*(12), 1793-1801.
16. Berger, R.P., Dulani, T., Adelson, P.D., Leventhal, J.M., Richichi, R., & Kochanek, P.M. (2006). Identification of inflicted traumatic brain injury in well-appearing infants using serum and cerebrospinal markers: A possible screening tool. *Pediatrics, 117*(2), 325-332.
17. Bijur, P.E., Stewart-Brown, S., & Butler, N. (1986). Child behavior and accidental injury in 11,966 preschool children. *American Journal of Diseases of Children, 140*(5), 487-492.
18. Brown, G., Chadwick, O., Shaffer, D., Rutter, M., & Traub, M. (1981). A prospective study of children with head injuries: III. Psychiatric sequelae. *Psychological Medicine, 11*, 63-78.
19. Centers for Disease Control and Prevention (CDC). National Center for Injury Prevention and Control. (2007). *Heads Up: Brain Injury in your Practice*. Atlanta, GA: Centers for Disease Control and Prevention.
20. Centers for Disease Control and Prevention (CDC). National Center for Injury Prevention and Control. (2007). *Heads Up: Concussion in Youth Sports*. Atlanta, GA: Centers for Disease Control and Prevention.
21. Cervelli L., & Berrol, S. (1982). *Description of a Model Care System: Head Injury Rehabilitation Project.* Vol 1. Report to the National Institute for Handicapped Research (Project 13-P-S9156/9). San Jose, CA: Institute for Medical Research at Santa Clara Valley Medical Center.
22. Chambers, I.R., Jones, P.A., Lo, T.Y., Forsyth, R.J., Fulton, B., Andrews, P.J., et al. (2006). Critical thresholds of intracranial pressure and cerebral perfusion pressure related to age in paediatric head injury. *Journal of Neurology, Neurosurgery, & Psychiatry, 77*(2), 234-40.
23. Chapman, S.B. (2006). Neurocognitive Stall: A paradox in long term recovery from pediatric brain injury. *Brain Injury Professional, 3*(4), 10-13.
24. Chapman, S.B., Sparks, G., Levin, H.S., Dennis, M., Roncadin, C., Zhang, L., & Song, J. (2004). Discourse macrolevel processing after severe pediatric traumatic brain injury. *Developmental Neuropsychology, 25,* 37-61.
25. Christoffel, T., & Gallagher, S.S. (1999). *Injury Prevention and Public Health: Practical Knowledge, Skills and Strategies*. Gaithersburg, MD: Aspen Publishers.
26. *CMSC-NARCOMS: Patient Registry*. (n.d.) Retrieved January 15, 2009 from http://www.mscare.org/cmsc/CMSC-NARCOMS-Patient-Registry.html.
27. Cook, J. (1991). Higher education: An attainable goal for students who have sustained head injuries. *Journal of Head Trauma Rehabilitation, 6*(1), 64-72.
28. Cook, L.G., Chapman, S.B., & Gamino, J.F. (2007). Impaired discourse gist in pediatric brain injury: Missing the forest for the trees. In K. Cain and J. Oakhill (Eds.), *Cognitive Bases of Children's Language Comprehension Difficulties: A Cognitive Perspective* (pp.218-243). New York: Guilford Publications, Inc.
29. DiScala, C., Osberg, J.S., & Savage, R.C. (1997). Children hospitalized for traumatic brain injury: Transition to post acute care. *Journal of Head Trauma Rehabilitation, 12*(2), 1-10.
30. Dise-Lewis, J.E., Calvery, M.L. & Lewis, H.C. (2002). *BrainSTARS: Brain Injury Strategies for Teams and Re-education for Students.* Wake Forest NC: Lash & Associates Publishing and Training.

31. Dise-Lewis, J.E., Lewis, H.C. & Reichardt, C.S. (2009). BrainSTARS: Pilot data on a team-based program for students who have acquired brain injury. *Journal of Head Trauma Rehabilitation*, in press.
32. Ewing-Cobbs, L., Barnes, M., Fletcher, J.M., Levin, H.S., Swank, P.R., & Song, J. (2004). Modeling of longitudinal academic achievement scores after pediatric traumatic brain injury. *Developmental Neuropsychology, 25*, 107-133.
33. Gerberich, S.G., Gibson, R.G., Fife, D., Mandel, J.S., Aeppli, D., Le, C.T., et al. (1997). Effects of brain injury on college academic performance. *Neuroepidemiology, 16*, 1-14.
34. Gioia, G.A., Collins, M.W., & Isquith, P.K. (2008). Improving identification and diagnosis of mild TBI with evidence: Psychometric support for the Acute Concussion Evaluation (ACE). *Journal of Head Trauma Rehabilitation, 23*(4), 230-242.
35. Giza, C.C., Mink, R.B., & Madikians, A. (2007). Pediatric traumatic brain injury: Not just little adults. *Current Opinion in Critical Care, 13*(2), 143-52.
36. Giza, C.C., & Prins, M.L. (2006). Is being plastic fantastic? Mechanisms of altered plasticity after developmental traumatic brain injury. *Developmental Neuroscience, 28* (4-5), 364-379.
37. Glang, A., McLaughlin, K., & Schroeder, S. (2007). Using Interactive Multimedia to Teach Parent Advocacy Skills: An Exploratory Study. *Journal of Head Trauma Rehabilitation, 22*(3), 198-205.
38. Gorelick, M.H., Atabaki, S.M., Hoyle, J., Dayan P.S., Holmes, J.F., Holubkov, R., et al.; for the Pediatric Emergency Care Applied Research Network (PECARN). (in press). Interobserver agreement in assessment of clinical variables in children with blunt head trauma. *Academic Emergency Medicine*.
39. Haddon, W. (1973). Energy damage and the ten countermeasure strategies. *Journal of Trauma*, *13*, 321-331.
40. Hjort, B. (2005). The HIM role in patient safety and quality of care. *Journal of the American Health Information Management Association, 76*(1), 56A-56G.
41. Horner, P.J., & Gage, F.H. (2000). Regenerating the damaged central nervous system. *Nature, 407,* 963-970.
42. Hotz, G., Helm-Estabrooks, N., & Nelson, N. W. (2001). Development of the pediatric test of brain injury. *Journal of Head Trauma Rehabilitation, 16*, 426-440.
43. Hotz, G., & Kuluz, J. (2005). A pediatric intermediate head injury service to manage children recovering from brain injury. Annual Report to UM/JMMC administration.
44. Hunter, J.V., Thornton, R.J., Wang, Z.J., Levin, H.S., Roberson, G., Brooks, W.M., & Swank, P.R. (2005). Late proton MR spectroscopy in children after traumatic brain injury: Correlation with cognitive outcomes. *American Journal of Neuroradiology, 26*, 482-488.
45. Jankowitz, B.T., & Adelson, P.D. (2006). Pediatric traumatic brain injury: Past, present and future. *Developmental Neuroscience, 28*, 264-275.
46. Jenny, C., Hymel, K.P., Ritzen, A., Reinert, S.E., & Hay, T.C. (1999). Analysis of missed cases of abusive head trauma. *Journal of the American Medical Association, 281*(7), 621-6.
47. Johnson, D.A., & Rose, D. (2004). Prognosis, rehabilitation and outcome after inflicted brain injury in children--a case of professional developmental delay. *Pediatric Rehabilitation, 7(*3), 185-193.
48. Kennedy, M.R.T., Krause, M.O., & Turkstra, L.S. (2009). An electronic survey about college experiences after traumatic brain injury. *NeuroRehabilitation, 23*(6), 511-520.

49. Kirkwood, M.W., Yeates, K.O., Taylor, G.H., Randolph, C., McCrea, M., & Anderson, V.A. (2008). Management of pediatric mild traumatic brain injury: A neuropsychological review from injury through recovery. *The Clinical Neuropsychologist, 22* (5), 769-800.
50. Kochanek, P.M. (2005). Pediatric traumatic brain injury: Beyond the guidelines. *Current Treatment Options in Neurology, 7*(6), 441-450.
51. Kochanek, P.M. (2006). Pediatric traumatic brain injury: Quo vadis? *Developmental Neuroscience, 28*(4-5), 244-55.
52. Levin, H.S., Hanten, G., Roberson, G., Li, X., Ewing-Cobbs, L., Dennis, M., et al. (2008). Prediction of cognitive sequelae based on abnormal computed tomography findings in children following mild traumatic brain injury. *Journal of Neurosurgery: Pediatrics, 1*(6), 461-470.
53. Lovell, M.R., Echemendia, R.J., Barth, J.T., & Collins, M.W. (2004). *Traumatic Brain Injury in Sports: An International Neuropsychological Perspective.* Exton, PA: Swets & Zeitlinger.
54. Mackay, L.R., Chapman, P.E., & Morgan, A.S. (1997). *Maximizing Brain Injury Recovery. Integrating Critical Care and Early Rehabiliation.* Gaithersburg, MD, Aspen Publishers.
55. Max, J.E., Robin, D.A., Lindgren, S.D., Smith, W.L., Sato, Y., Mattheis, P.J., et al. (1997). Traumatic brain injury in children and adolescents: Psychiatric disorders at two years. *Journal of the American Academy of Child and Adolescent Psychiatry*, *36*(9), 1278-1285.
56. Max, J.E., Smith, W.L., Sato, Y., Mattheis, P.J., Castillo, C.S., Lindgren, S.D., et al. (1997). Traumatic brain injury in children and adolescents: Psychiatric disorders in the first three months. *Journal of the American Academy of Child and Adolescent Psychiatry, 36*(1), 94-102.
57. *Muhammad Ali Parkinson Center Registry*. (n.d.) Retrieved January 15, 2009 from http://www.maprc.com/home/info/registry.aspx.
58. Newsome, M.R., Steinberg, J.L., Scheibel, R.S., Troyanskaya, M., Chu, Z., Hanten, G., et al. (2008). Effects of traumatic brain injury on working memory-related brain activation in adolescents. *Neuropsychology, 22*, 419-425.
59. Orliaguet, G.A., Meyer, P.G., & Baugnon, T. (2008). Management of critically ill children with traumatic brain injury. *Paediatric Anaesthesia, 18*(6), 455-61.
60. Perel, P., Yanagawa, T., Bunn, F., Roberts, I., Wentz, R., & Pierro, A. (2006). Nutrition support for head-injured patients. *Cochrane Database of Systematic Reviews*, *4.*
61. Pless, I.B., Taylor, H.G., & Arsenault, L. (1995). The relationship between vigilance deficits and traffic injuries involving children. *Pediatrics, 95*(2), 219-224.
62. Polin, R.S., Ayad, M., & Jane, J.A. (2003). Decompressive craniectomy in pediatric patients. *Critical Care, 7*(6), 409-410.
63. Porter, M.E. (2008). Value-based health care delivery. *Annals of Surgery, 248*(4), 503-509.
64. Potts, M.B., Koh, S.E., Whetstone, W.D., Walker, B.A., Yoneyama, T., Claus, C.P., et al. (2006). Traumatic injury to the immature brain: Inflammation, oxidative injury, and iron-mediated damage as potential therapeutic targets. *NeuroRx, 3*(2), 143-53.
65. Qureshi, A.I. , & Suarez, J.I. (2000). Use of hypertonic saline solutions in treatment of cerebral edema and intracranial hypertension. *Critical Care Medicine, 28*(9), 3301-3313.
66. Redmond, C., & Lipp, J. Traumatic brain injury in the pediatric population. *Nutrition in Clinical Practice, 21*(5), 450-461.

67. Saatman, K.E., Duhaime, A.C., Bullock, R., Maas, A.I.R., Valadka, A., Manley, G.T., & Workshop Scientific Team and Advisory Panel Members. (2008). Classification of traumatic brain injury for targeted therapies. *Journal of Neurotrauma, 25*(7), 719-38.
68. Shore, P.M., Berger, R.P., Varma, S., Janesko, K.L., Wisniewski, S.R., Clark, R.S., et al. (2007). Cerebrospinal fluid biomarkers versus Glasgow Coma Scale and Glasgow Outcome Scale in pediatric traumatic brain injury: The role of young age and inflicted injury. *Journal of Neurotrauma, 24*(1), 75-86.
69. *Spinal Disorders Registry*. (n.d.) Retrieved January 15, 2009 from http://demo-spinedb.emergemd.net.
70. Taylor, H.G., Yeates, K.O., Wade, S.L., Drotar, D., Stancin, T., & Montpetite, M. (2003). Long-term educational interventions after traumatic brain injury in children. *Rehabilitation Psychology, 48*, 227-236.
71. Tepas, J.J., 3rd, & Dokler, M.L. (1995). Critical care of the injured child. *Seminars in Pediatric Surgery, 4,* 120-127.
72. Thurman, D.J., Sniezek, J.E., Johnson, D., Greenspan, A., & Smith, S.M. (1995). *Guidelines for Surveillance of Central Nervous System Injury*. Atlanta, GA: Centers for Disease Control and Prevention.
73. Turina, M., Dickinson, A., Gardner, S., & Polk, H.C., Jr. (2006). Monocyte HLA-DR and interferon-gamma treatment in severely injured patients: A critical reappraisal more than a decade later. *Journal of the American College of Surgeons, 203*(1), 73-81.
74. Turkstra, L.A., Holland, A.L., & Bays, G.A. (2003). The neuroscience of recovery and rehabilitation: What have we learned from animal research? *Archives of Physical Medicine and Rehabilitation, 84,* 604-612.
75. Visser, E., Pijl, Y.J., Stolk, R.P., Neeleman, J., & Rosmalen, J.G. (2007). Accident proneness, does it exist? A review and meta-analysis. *Accident Analysis & Prevention, 39*(3), 556-64.
76. Wade, S.L., Taylor, H.G., Walz, N.C., Salisbury, S., Stancin, T., Bernard, LA., Oberjohn, K., & Yeates, K.O. (2008). Parent-child interactions during the initial weeks following brain injury in young children. *Rehabilitation Psychology, 53,* 180-190.
77. Wade, S.L., Taylor, H.G., Yeates, K.O., Drotar, D., Stancin, T., Minich, N.M., & Schluchter, M. (2006). Long-term parental and family adaptation following pediatric brain injury. *Journal of Pediatric Psychology, 31,* 1072-1083.
78. Wade, S.L., Wolfe, C., Brown, T.M., & Pestian, J.P. (2005). Putting the pieces together: Preliminary efficacy of a web-based family intervention for children with traumatic brain injury. *Journal of Pediatric Psychology, 30*, 447-442.
79. Wilde, E.A., Chu, Z., Bigler, E.D., Hunter, J.V., Fearing, M.A., Hanten, G., et al. (2006). Diffusion tensor imaging in the corpus callosum in children after moderate to severe traumatic brain injury. *Journal of Neurotrauma, 23*(10), 1412-1426.
80. Wilde, E.A., McCauley, S.R., Hunter, J.V., Bigler, E.D., Chu, Z., Wang, Z.J., et al. (2008). Diffusion tensor imaging of acute mild traumatic injury in adolescents. *Neurology, 70,* 948-955.
81. World Health Organization. (2008). *World Report on Child Injury Prevention.* Retrieved January 15, 2009 from http://www.who.int/violence_injury_prevention/child/injury/world_report/en/index.html.

82. Ylvisaker, M., Adelson, P.D., Braga, L.W., Burnett, S.M., Glang, A., Feeney, T., et al. (2005). Rehabilitation and ongoing support after pediatric TBI: Twenty years of progress. Journal of Head Trauma Rehabilitation, 20(1), 95-109.
83. Ylvisaker, M., & Feeney, T. (2007). Pediatric brain Injury: Social, behavioral, and communication disability. *Physical Medicine and Rehabilitation Clinics of North America, 18*, 133-144.
84. Ylvisaker, M., Todis, B., Glang, A., Urbanczyk, B., Franklin, C., DePompei, R., et al. (2001). Educating students with ABI: Themes and recommendations. *Journal of Head Trauma Rehabilitation, 16*, 76-93.
85. Zasler, N.D., Katz, D.I., & Zafonte, R.D. (2007). Brain Injury Medicine: Principles and Practice. New York: Demos Medical Publishing.

Appendix B – *State-by-state budget and contact information*

Sarah Jane Brain Family State Lead Center of Excellence
For the state of

Alabama

The University of Alabama at Birmingham / Children's of Alabama
www.uab.edu

REGION: Southeast

CATEGORY OF CARE: Adult Transition

Program Director: Richard Drew Davis, MD
Department: Department of Pediatrics

Position Title: Associate Professor
Major Subdivision: Division of Pediatric Rehabilitation Medicine

Address: 1600 7th Avenue South, ACC 406, Birmingham, AL 35233
Phone: 205-939-9790
Email: ddavis@peds.uab.edu

Level 1 Center(s): Birmingham
Level 2 Center(s): Huntsville, Mobile
Level 3 Center(s): Montgomery, Dothan

Number of jobs HR 2600 creates in Alabama: 84

HR2600 Budget Overview for Alabama State Lead Center

	Center Management	Indirect Cost	Administrative Cost	Total
Year 1:	$ 3,412,489	$ 682,498	$ 85,312	$ 4,180,299
Year 2:	$ 5,862,596	$ 1,172,519	$ 146,565	$ 7,181,680
Year 3:	$ 5,862,596	$ 1,172,519	$ 146,565	$ 7,181,680
Year 4:	$ 4,690,077	$ 938,015	$ 117,252	$ 5,745,344
Year 5:	$ 3,517,558	$ 703,512	$ 87,939	$ 4,309,008
Year 6:	$ 2,345,038	$ 469,008	$ 58,626	$ 2,872,672
Year 7:	$ 1,172,519	$ 234,504	$ 29,313	$ 1,436,336
TOTAL:				**$ 32,907,019**

Alabama continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
STATE LEAD CENTER MANAGEMENT			
Program Director:	$ 131,000	$ 131,000	$131,000
Program Director Assistant:	$ 36,965	$ 36,965	$ 36,965
State Director:	$ 95,053	$ 126,737	$ 126,737
Associate State Director:	$ 43,566	$ 58,088	$ 58,088
State Epidemiologist:	$ 71,290	$ 95,053	$ 95,053
State Epidemiologist Assistant:	$ 35,645	$ 47,526	$ 47,526
State Scientific Investigation Research Coordinator:	$ 51,487	$ 68,649	$ 68,649
State Scientific Investigation Research Assistant:	$ 95,053 (3)	$ 126,737 (3)	$ 126,737 (3)
State Education/Training Coordinator (+ materials):	$ 98,709	$ 131,612	$ 131,612
State General Counsel:	$ 79,211	$ 105,614	$ 105,614
State IT Manager:	$ 47,526	$ 63,369	$ 63,369
State Family Support Coordinator:	$ 71,290	$ 95,053	$95,053
State Prevention/Awareness Coordinator:	$ 43,566	$ 58,088	$ 58,088
State Acute Care Coordinator:	$ 43,566	$ 58,088	$ 58,088
State Reintegration Coordinator:	$ 43,566	$ 58,088	$ 58,088
State Adult Transition Coordinator:	$ 43,566	$ 58,088	$ 58,088
State “Mild” TBI Coordinator:	$ 43,566	$ 58,088	$ 58,088
State Mental Health Coordinator:	$ 43,566	$ 58,088	$ 58,088
State Assistive/Emerging Technology Coordinator:	$ 43,566	$ 58,088	$ 58,088
State Correctional System Coordinator:	$ 43,566	$ 58,088	$ 58,088
State MISC Coordinator:	$ 43,566	$ 58,088	$ 58,088
State Veterans Coordinator:	$ 43,566	$ 58,088	$ 58,088
State Data Manager:	$ 47,526	$ 63,369	$ 63,369
State Public Policy Manager:	$ 51,487	$ 68,649	$ 68,649
State Community Relations Manager:	$ 39,605	$ 52,807	$ 52,807
State Administrative Support:	$ 166,343 (6)	$ 221,790 (6)	$ 221,790 (6)
Charity care:	$ 120,932	$ 161,243	$ 161,243
Human Resources Support:	$ 74,000	$ 84,000	$ 84,000
Training Support:	$ 18,500	$ 21,000	$ 21,000
Office Space Cost:	$ 123,714	$ 164,952	$ 164,952
Transportation/Travel:	$ 39,182	$ 52,243	$ 52,243
Office Equipment/Communications:	$ 170,700	$ 170,700	$ 170,700
Supplies:	$ 29,931	$ 39,908	$ 39,908
Annual and Regional Conferences:	$ 16,000	$ 16,000	$ 16,000
State Brain Injury Organization Pediatric Programs:	$ 80,622	$ 80,622	$ 80,622

Alabama continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
CATEGORY OF CARE RESPONSIBILITY: Adult Transition			
Regional Category Director:	$ 95,053	$ 126,737	$ 126,737
Regional Category Epidemiologist:	$ 79,211	$ 105,614	$ 105,614
Regional Category Education/Training Coordinator:	$ 71,290	$ 95,053	$ 95,053
Regional Category Scientific Investigation Research:	$ 71,290	$ 95,053	$ 95,053
Regional Additional (Regional Veteran Coordinator):	$ 67,329	$ 89,772	$ 89,772
Regional Category Administrative Support:	$ 110,895 (4)	$ 147,860 (4)	$ 147,860 (4)
Regional Category Office Space Cost:	$ 33,740	$ 44,987	$ 44,987
Regional Category Transportation/Travel:	$ 67,500	$ 90,000	$ 90,000
Regional Category Office Equipment/Communications:	$ 18,900	$ 18,900	$ 18,900
Regional Category Supplies:	$ 8,163	$ 10,884	$ 10,884
CASE MANAGEMENT RESPONSIBILITY			
Level 1 Center Manager:	$ 21,123	$ 84,491	$ 84,491
Level 1 Center Field Specialist:	$ 17,162	$ 68,649	$ 68,649
Level 1 Center SJB Family Specialists/Research Asst:	$ 79,211 (6)	$ 528,072 (10)	$ 528,072 (10)
Level 1 Center Administrative Support :	$ 18,483 (2)	$ 73,930 (2)	$ 73,930 (2)
Level 1 Office Space Cost:	$ 8,465	$ 33,861	$ 33,861
Level 1 Transportation/Travel:	$ 3,066	$ 18,502	$ 18,502
Level 1 Office Equipment/Communications:	$ 46,900	$ 60,500	$ 60,500
Level 1 Supplies:	$ 5,442	$ 26,605	$ 26,605
Level 2 Center Field Specialists:	$ 34,325 (2)	$ 137,299 (2)	$ 137,299 (2)
Level 2 Center SJB Family Specialists/Research Asst:	$ 105,614 (8)	$ 633,686 (12)	$ 633,686 (12)
Level 2 Transportation/Travel:	$ 3,604	$ 20,655	$ 20,655
Level 2 Office Equipment/Communications:	$ 34,000	$ 47,600	$ 47,600
Level 2 Supplies:	$ 3,023	$ 16,931	$ 16,931
Level 3 Center SJB Family Specialists/Research Asst:	$ 52,807 (4)	$ 316,843 (6)	$ 316,843 (6)
Level 3 Transportation/Travel:	$ 1,560	$ 9,360	$ 9,360
Level 3 Office Equipment/Communications:	$ 13,600	$ 20,400	$ 20,400
Level 3 Supplies:	$ 1,209	$ 7,256	$ 7,256
State Lead Center Management Sub-Total:	**$ 2,270,996**	**$ 2,864,566**	**$ 2,864,566**
Category of Care Sub-Total:	**$ 691,899**	**$ 893,389**	**$ 893,389**
Case Management Sub-Total:	**$ 449,594**	**$ 2,104,641**	**$ 2,104,641**
Center Management Total:	**$ 3,412,489**	**$ 5,862,596**	**$ 5,862,596**

*** Salaries also include fringe benefits**

Sarah Jane Brain Family State Lead Center of Excellence
For the state of

Alaska

The Alaska Brain Injury Network
www.alaskabraininjury.net

REGION: Pacific

CATEGORY OF CARE: Prevention

Program Director: Jill Hodges

Position Title: Executive Director

Address: 3745 Community Park Loop, Suite 140 Anchorage, AK 90058
Phone: 907-274-2824
Email: jill@alaskabraininjury.net

Level 1 Center(s): Anchorage
Level 2 Center(s): Fairbanks, Juneau, Anchorage
Level 3 Center(s): Rural Mobile Centers

Number of jobs HR 2600 creates in Alaska: 90

HR2600 Budget Overview for Alaska State Lead Center

	Center Management	Indirect Cost	Administrative Cost	Total
Year 1:	$ 5,130,100	$ 1,026,020	$ 128,253	$ 6,284,373
Year 2:	$ 9,747,088	$ 1,949,418	$ 243,677	$ 11,940,183
Year 3:	$ 9,747,088	$ 1,949,418	$ 243,677	$ 11,940,183
Year 4:	$ 7,797,670	$ 1,559,534	$ 194,942	$ 9,552,146
Year 5:	$ 5,848,253	$ 1,169,651	$ 146,206	$ 7,164,110
Year 6:	$ 3,898,835	$ 779,767	$ 97,471	$ 4,776,073
Year 7:	$ 1,949,418	$ 389,884	$ 48,735	$ 2,388,037
TOTAL:				**$ 54,045,105**

Alaska continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
STATE LEAD CENTER MANAGEMENT			
Program Director:	$ 47,600	$ 47,600	$ 47,600
Program Director Assistant:	$ 63,459	$ 63,459	$ 63,459
State Director:	$ 163,180	$ 217,573	$ 217,573
Associate State Director:	$ 74,791	$ 99,721	$ 99,721
State Epidemiologist:	$ 122,385	$ 163,180	$ 163,180
State Epidemiologist Assistant:	$ 61,192	$ 81,590	$ 81,590
State Scientific Investigation Research Coordinator:	$ 88,389	$ 117,852	$ 117,852
State Scientific Investigation Research Assistant:	$ 163,180 (3)	$ 217,573 (3)	$ 217,573 (3)
State Education/Training Coordinator (+ materials):	$ 95,341	$ 127,121	$ 127,121
State General Counsel:	$ 135,983	$ 181,311	$ 181,311
State IT Manager:	$ 81,590	$ 108,786	$ 108,786
State Family Support Coordinator:	$ 122,385	$ 163,180	$ 163,180
State Prevention/Awareness Coordinator:	$ 74,791	$ 99,721	$ 99,721
State Acute Care Coordinator:	$ 74,791	$ 99,721	$ 99,721
State Reintegration Coordinator:	$ 74,791	$ 99,721	$ 99,721
State Adult Transition Coordinator:	$ 74,791	$ 99,721	$ 99,721
State “Mild” TBI Coordinator:	$ 74,791	$ 99,721	$ 99,721
State Mental Health Coordinator:	$ 74,791	$ 99,721	$ 99,721
State Assistive/Emerging Technology Coordinator:	$ 74,791	$ 99,721	$ 99,721
State Correctional System Coordinator:	$ 74,791	$ 99,721	$ 99,721
State MISC Coordinator:	$ 74,791	$ 99,721	$ 99,721
State Veterans Coordinator:	$ 74,791	$ 99,721	$ 99,721
State Data Manager:	$ 81,590	$ 108,786	$ 108,786
State Public Policy Manager:	$ 88,389	$ 117,852	$ 117,852
State Community Relations Manager:	$ 67,992	$ 90,655	$ 90,655
State Administrative Support:	$ 285,564 (6)	$ 380,753 (6)	$ 380,753 (6)
Charity care:	$ 199,975	$ 266,633	$ 266,633
Human Resources Support:	$ 78,000	$ 90,000	$ 90,000
Training Support:	$ 19,500	$ 22,500	$ 22,500
Office Space Cost:	$ 204,575	$ 272,766	$ 272,766
Transportation/Travel:	$ 48,600	$ 64,800	$ 64,800
Office Equipment/Communications:	$ 170,700	$ 170,700	$ 170,700
Supplies:	$ 49,494	$ 65,992	$ 65,992
Annual and Regional Conferences:	$ 16,000	$ 16,000	$ 16,000
State Brain Injury Organization Pediatric Programs:	$ 133,317	$ 133,317	$ 133,317

Alaska continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
CATEGORY OF CARE RESPONSIBILITY: Prevention			
Regional Category Director:	$ 163,180	$ 217,573	$ 217,573
Regional Category Epidemiologist:	$ 135,983	$ 181,311	$ 181,311
Regional Category Education/Training Coordinator:	$ 122,385	$ 163,180	$ 163,180
Regional Category Scientific Investigation Research:	$ 122,385	$ 163,180	$ 163,180
Regional Category Administrative Support:	$ 190,376 (4)	$ 253,835 (4)	$ 253,835 (4)
Regional Category Office Space Cost:	$ 49,594	$ 66,125	$ 66,125
Regional Category Transportation/Travel:	$ 67,500	$ 90,000	$ 90,000
Regional Category Office Equipment/Communications:	$ 16,800	$ 16,800	$ 16,800
Regional Category Supplies:	$ 11,999	$ 15,998	$ 15,998
CASE MANAGEMENT RESPONSIBILITY			
Level 1 Center Manager:	$ 36,262	$ 145,049	$ 145,049
Level 1 Center Field Specialist:	$ 29,463	$ 117,852	$ 117,852
Level 1 Center SJB Family Specialists/Research Asst:	$ 135,983 (6)	$ 906,554 (10)	$ 906,554 (10)
Level 1 Center Administrative Support :	$ 31,729 (2)	$ 126,918 (2)	$ 126,918 (2)
Level 1 Office Space Cost:	$ 13,998	$ 55,993	$ 55,993
Level 1 Transportation/Travel:	$ 3,240	$ 19,200	$ 19,200
Level 1 Office Equipment/Communications:	$ 46,900	$ 60,500	$ 60,500
Level 1 Supplies:	$ 8,999	$ 43,995	$ 43,995
Level 2 Center Field Specialists:	$ 88,389 (3)	$ 353,556 (3)	$ 353,556 (3)
Level 2 Center SJB Family Specialists/Research Asst:	$ 271,966(12)	$ 1,631,797(18)	$ 1,631,797(18)
Level 2 Transportation/Travel:	$ 5,580	$ 31,680	$ 31,680
Level 2 Office Equipment/Communications:	$ 51,000	$ 71,400	$ 71,400
Level 2 Supplies:	$ 7,499	$ 41,995	$ 41,995
Level 3 Center SJB Family Specialists/Research Asst:	$ 90,655 (4)	$ 543,932 (6)	$ 543,932 (6)
Level 3 Transportation/Travel:	$ 1,560	$ 9,360	$ 9,360
Level 3 Office Equipment/Communications:	$ 13,600	$ 20,400	$ 20,400
Level 3 Supplies:	$ 2,000	$ 11,999	$ 11,999
State Lead Center Management Sub-Total:	**$ 3,411,075**	**$ 4,386,909**	**$ 4,386,909**
Category of Care Sub-Total:	**$ 880,201**	**$ 1,168,001**	**$ 1,168,001**
Case Management Sub-Total:	**$ 838,824**	**$ 4,192,178**	**$ 4,192,178**
Center Management Total:	**$ 5,130,100**	**$ 9,747,088**	**$ 9,747,088**

*** Salaries also include fringe benefits**

Sarah Jane Brain Family State Lead Center of Excellence
For the state of

Arizona

Barrow Neurological Institute/St. Joseph Hospital and Medical Center
www.thebarrow.org

REGION: Pacific

CATEGORY OF CARE: The Virtual Center

Program Director: Javier Cardenas, M.D.
Position Title: Child Neurologist
Department: Department of Child Neurology

Address: 500 W. Thomas Road, Suite 400, Phoenix AZ 8503
Phone: 602-406-3800
Email: Javier.cardenas@chw.edu

Level 1 Center(s): Phoenix
Level 2 Center(s): Phoenix, Tucson
Level 3 Center(s): Mesa, Glendale

Number of jobs HR 2600 creates in Arizona: 84

HR2600 Budget Overview for Arizona State Lead Center

	Center Management	Indirect Cost	Administrative Cost	Total
Year 1:	$ 3,890,076	$ 778,015	$ 97,252	$ 4,765,343
Year 2:	$ 6,802,350	$ 1,360,470	$ 170,059	$ 8,332,878
Year 3:	$ 6,802,350	$ 1,360,470	$ 170,059	$ 8,332,878
Year 4:	$ 5,441,880	$ 1,088,376	$ 136,047	$ 6,666,303
Year 5:	$ 4,081,410	$ 816,282	$ 102,035	$ 4,999,727
Year 6:	$ 2,720,940	$ 544,188	$ 68,023	$ 3,333,151
Year 7:	$ 1,360,470	$ 272,094	$ 34,012	$ 1,666,576
TOTAL:				**$ 38,096,856**

Arizona continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
STATE LEAD CENTER MANAGEMENT			
Program Director:	$ 45,514	$ 45,514	$ 45,514
Program Director Assistant:	$ 44,176	$ 44,176	$ 44,176
State Director:	$ 113,596	$ 151,462	$ 151,462
Associate State Director:	$ 52,065	$ 69,420	$ 69,420
State Epidemiologist:	$ 85,197	$ 113,596	$ 113,596
State Epidemiologist Assistant:	$ 42,599	$ 56,798	$ 56,798
State Scientific Investigation Research Coordinator:	$ 61,531	$ 82,042	$ 82,042
State Scientific Investigation Research Assistant:	$ 113,596 (3)	$ 151,462 (3)	$ 151,462 (3)
State Education/Training Coordinator (+ materials):	$ 127,374	$ 169,832	$ 169,832
State General Counsel:	$ 94,664	$ 126,218	$ 126,218
State IT Manager:	$ 56,798	$ 75,731	$ 75,731
State Family Support Coordinator:	$ 85,197	$ 113,596	$ 113,596
State Prevention/Awareness Coordinator:	$ 52,065	$ 69,420	$ 69,420
State Acute Care Coordinator:	$ 52,065	$ 69,420	$ 69,420
State Reintegration Coordinator:	$ 52,065	$ 69,420	$ 69,420
State Adult Transition Coordinator:	$ 52,065	$ 69,420	$ 69,420
State “Mild” TBI Coordinator:	$ 52,065	$ 69,420	$ 69,420
State Mental Health Coordinator:	$ 52,065	$ 69,420	$ 69,420
State Assistive/Emerging Technology Coordinator:	$ 52,065	$ 69,420	$ 69,420
State Correctional System Coordinator:	$ 52,065	$ 69,420	$ 69,420
State MISC Coordinator:	$ 52,065	$ 69,420	$ 69,420
State Veterans Coordinator:	$ 52,065	$ 69,420	$ 69,420
State Data Manager:	$ 56,798	$ 75,731	$ 75,731
State Public Policy Manager:	$ 61,531	$ 82,084	$ 82,084
State Community Relations Manager:	$ 47,332	$ 63,109	$ 63,109
State Administrative Support:	$ 198,794 (6)	$ 265,058 (6)	$ 265,058 (6)
Charity care:	$ 145,591	$ 194,122	$ 194,122
Human Resources Support:	$ 74,000	$ 84,000	$ 84,000
Training Support:	$ 18,500	$ 21,000	$ 21,000
Office Space Cost:	$ 148,940	$ 198,587	$ 198,587
Transportation/Travel:	$ 47,172	$ 62,896	$ 62,896
Office Equipment/Communications:	$ 170,700	$ 170,700	$ 170,700
Supplies:	$ 36,034	$ 48,045	$ 48,045
Annual and Regional Conferences:	$ 16,000	$ 16,000	$ 16,000
State Brain Injury Organization Pediatric Programs:	$ 97,061	$ 97,061	$ 97,061

Arizona continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
CATEGORY OF CARE RESPONSIBILITY: The Virtual Center			
Regional Category Director:	$ 113,596	$ 151,462	$ 151,462
Regional Category Epidemiologist:	$ 94,664	$ 126,218	$ 126,218
Regional Category Education/Training Coordinator:	$ 85,197	$ 113,596	$ 113,596
Regional Category Scientific Investigation Research:	$ 85,197	$ 113,596	$ 113,596
Regional Additional (Business Development Manager):	$ 80,464	$ 107,285	$ 107,285
Regional Category Administrative Support:	$ 132,529 (4)	$ 176,705 (4)	$ 176,705 (4)
Regional Category Office Space Cost:	$ 40,620	$ 54,160	$ 54,160
Regional Category Transportation/Travel:	$ 67,500	$ 90,000	$ 90,000
Regional Category Office Equipment/Communications:	$ 18,900	$ 18,900	$ 18,900
Regional Category Supplies:	$ 9,824	$ 13,103	$ 13,103
CASE MANAGEMENT RESPONSIBILITY			
Level 1 Center Manager:	$ 25,244	$ 100,974	$ 100,974
Level 1 Center Field Specialist:	$ 20,510	$ 82,042	$ 82,042
Level 1 Center SJB Family Specialists/Research Asst:	$ 94,664 (6)	$ 631,091 (10)	$ 631,091 (10)
Level 1 Center Administrative Support :	$ 22,088 (2)	$ 88,353 (2)	$ 88,353 (2)
Level 1 Office Space Cost:	$ 10,191	$ 40,766	$ 40,766
Level 1 Transportation/Travel:	$ 3,214	$ 19,094	$ 19,094
Level 1 Office Equipment/Communications:	$ 46,900	$ 60,500	$ 60,500
Level 1 Supplies:	$ 6,552	$ 32,030	$ 32,030
Level 2 Center Field Specialists:	$ 41,021 (2)	$ 164,084 (2)	$ 164,084 (2)
Level 2 Center SJB Family Specialists/Research Asst:	$ 126,218(8)	$ 757,309(12)	$ 757,309(12)
Level 2 Transportation/Travel:	$ 3,702	$ 21,049	$ 21,049
Level 2 Office Equipment/Communications:	$ 34,000	$ 47,600	$ 47,600
Level 2 Supplies:	$ 3,640	$ 20,383	$ 20,383
Level 3 Center SJB Family Specialists/Research Asst:	$ 63,109 (4)	$ 378,654 (6)	$ 378,654 (6)
Level 3 Transportation/Travel:	$ 1,560	$ 9,360	$ 9,360
Level 3 Office Equipment/Communications:	$ 13,600	$ 20,400	$ 20,400
Level 3 Supplies:	$ 1,456	$ 8,735	$ 8,735
State Lead Center Management Sub-Total:	**$ 2,561,411**	**$ 3,272,398**	**$ 3,272,398**
Category of Care Sub-Total:	**$ 810,997**	**$ 1,047,528**	**$ 1,047,528**
Case Management Sub-Total:	**$ 517,669**	**$ 2,482,424**	**$ 2,482,424**
Center Management Total:	**$ 3,890,076**	**$ 6,802,350**	**$ 6,802,350**

*** Salaries also include fringe benefits**

Sarah Jane Brain Family State Lead Center of Excellence
For the state of

Arkansas

UAMS/Arkansas Children's Hospital Research Institute (ACHRI)
achri.archildrens.org

REGION: South-central

CATEGORY OF CARE: Prevention

Program Director: Mary Aitken, MD MPH
Position Title: Professor
Department: Department of Pediatrics

Address: 1 Children's Way, Little Rock, AR 72202
Phone: 501-364-3300
Email: aitkenmarye@uams.edu

Level 1 Center(s): Little Rock, Fayetteville
Level 2 Center(s): Jonesboro, El Dorado
Level 3 Center(s): Ft. Smith, Mountain Home, Texarkana, Helena

Number of jobs HR 2600 creates in Arkansas: 101

HR2600 Budget Overview for Arkansas State Lead Center

	Center Management	Indirect Cost	Administrative Cost	Total
Year 1:	$ 3,185,284	$ 637,057	$ 79,632	$ 3,901,972
Year 2:	$ 6,218,137	$ 1,243,627	$ 155,453	$ 7,617,217
Year 3:	$ 6,218,137	$ 1,243,627	$ 155,463	$ 7,617,217
Year 4:	$ 4,974,509	$ 994,902	$ 124,363	$ 6,093,774
Year 5:	$ 3,730,882	$ 746,176	$ 93,272	$ 4,570,330
Year 6:	$ 2,487,255	$ 497,451	$ 62,181	$ 3,046,887
Year 7:	$ 1,243,627	$ 248,725	$ 31,091	$ 1,523,443
TOTAL:				**$ 34,370,840**

Arkansas continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
STATE LEAD CENTER MANAGEMENT			
Program Director:	$ 101,250	$ 101,250	$ 101,250
Program Director Assistant:	$ 32,949	$ 32,949	$ 32,949
State Director:	$ 84,727	$ 112,970	$ 112,970
Associate State Director:	$ 38,833	$ 51,778	$ 51,778
State Epidemiologist:	$ 63,545	$ 84,727	$ 84,727
State Epidemiologist Assistant:	$ 31,773	$ 42,364	$ 42,364
State Scientific Investigation Research Coordinator:	$ 45,894	$ 61,192	$ 61,192
State Scientific Investigation Research Assistant:	$ 84,727 (3)	$ 112,970 (3)	$ 112,970 (3)
State Education/Training Coordinator (+ materials):	$ 70,606	$ 99,756	$ 99,756
State General Counsel:	$ 56,364	$ 94,141	$ 94,141
State IT Manager:	$ 42,364	$ 56,485	$ 56,485
State Family Support Coordinator:	$ 63,545	$ 84,724	$ 84,724
State Prevention/Awareness Coordinator:	$ 38,833	$ 51,778	$ 51,778
State Acute Care Coordinator:	$ 38,833	$ 51,778	$ 51,778
State Reintegration Coordinator:	$ 38,833	$ 51,778	$ 51,778
State Adult Transition Coordinator:	$ 38,833	$ 51,778	$ 51,778
State “Mild” TBI Coordinator:	$ 38,833	$ 51,778	$ 51,778
State Mental Health Coordinator:	$ 38,833	$ 51,778	$ 51,778
State Assistive/Emerging Technology Coordinator:	$ 38,833	$ 51,778	$ 51,778
State Correctional System Coordinator:	$ 38,833	$ 51,778	$ 51,778
State MISC Coordinator:	$ 38,833	$ 51,778	$ 51,778
State Veterans Coordinator:	$ 38,833	$ 51,778	$ 51,778
State Data Manager:	$ 42,364	$ 56,485	$ 56,485
State Public Policy Manager:	$ 45,894	$ 61,192	$ 61,192
State Community Relations Manager:	$ 35,303	$ 47,071	$ 47,071
State Administrative Support:	$ 148,273 (6)	$ 197,697 (6)	$ 197,697 (6)
Charity care:	$ 112,970	$ 150,626	$ 150,626
Human Resources Support:	$ 85,000	$ 101,000	$ 101,000
Training Support:	$ 21,250	$ 25,250	$ 25,250
Office Space Cost:	$ 115,568	$ 154,091	$ 154,091
Transportation/Travel:	$ 36,602	$ 48,803	$ 48,803
Office Equipment/Communications:	$ 170,700	$ 170,700	$ 170,700
Supplies:	$ 27,960	$ 37,280	$ 37,280
Annual and Regional Conferences:	$ 16,000	$ 16,000	$ 16,000
State Brain Injury Organization Pediatric Programs:	$ 75,313	$ 75,313	$ 75,313

Arkansas continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
CATEGORY OF CARE RESPONSIBILITY: Prevention			
Regional Category Director:	$ 87,727	$ 112,970	$ 112,970
Regional Category Epidemiologist:	$ 70,606	$ 94,141	$ 94,141
Regional Category Education/Training Coordinator:	$ 63,545	$ 84,727	$ 84,727
Regional Category Scientific Investigation Research:	$ 63,545	$ 84,727	$84,727
Regional Category Administrative Support:	$ 98,848 (4)	$ 131,798 (4)	$ 131,798 (4)
Regional Category Office Space Cost:	$ 28,016	$ 37,355	$ 37,355
Regional Category Transportation/Travel:	$ 67,500	$ 90,000	$ 90,000
Regional Category Office Equipment/Communications:	$ 16,800	$ 16,800	$ 16,800
Regional Category Supplies:	$ 6,778	$ 9,038	$ 9,038
CASE MANAGEMENT RESPONSIBILITY			
Level 1 Center Manager:	$ 37,657	$ 150,626 (2)	$ 150,626 (2)
Level 1 Center Field Specialist:	$ 30,596	$ 122,384 (2)	$ 122,384 (2)
Level 1 Center SJB Family Specialists/Research Asst:	$ 141,212 (12)	$ 941,414 (20)	$ 941,414 (20)
Level 1 Center Administrative Support :	$ 32,949 (4)	$ 131,798 (4)	$ 131,798 (4)
Level 1 Office Space Cost:	$ 7,908	$ 31,632	$ 31,632
Level 1 Transportation/Travel:	$ 6,036	$ 36,623	$ 36,623
Level 1 Office Equipment/Communications:	$ 72,800	$ 100,000	$ 100,000
Level 1 Supplies:	$ 7,343	$ 38,410	$ 38,410
Level 2 Center Field Specialists:	$ 30,596 (2)	$ 122,384 (2)	$ 122,384 (2)
Level 2 Center SJB Family Specialists/Research Asst:	$ 94,141(8)	$ 564,848 (12)	$ 564,848 (12)
Level 2 Transportation/Travel:	$ 3,572	$ 20,528	$ 20,528
Level 2 Office Equipment/Communications:	$ 34,000	$ 47,600	$ 47,600
Level 2 Supplies:	$ 2,824	$ 15,816	$ 15,816
Level 3 Center SJB Family Specialists/Research Asst:	$ 94,141 (8)	$ 564,848 (12)	$ 564,848 (12)
Level 3 Transportation/Travel:	$ 3,120	$ 18,720	$ 18,720
Level 3 Office Equipment/Communications:	$ 27,200	$ 40,800	$ 40,800
Level 3 Supplies:	$ 2,259	$ 13,556	$ 13,556
State Lead Center Management Sub-Total:	**$ 2,056,561**	**$ 2,594,594**	**$ 2,594,594**
Category of Care Sub-Total:	**$ 500,367**	**$ 661,556**	**$ 661,556**
Case Management Sub-Total:	**$ 628,355**	**$ 2,961,986**	**$ 2,961,986**
Center Management Total:	**$ 3,185,284**	**$ 6,218,137**	**$ 6,218,137**

*** Salaries also include fringe benefits**

Sarah Jane Brain Family State Lead Center of Excellence
For the state of

California

Mattel Children's Hospital UCLA
www.mattel.medsch.ucla.edu

REGION: Pacific

CATEGORY OF CARE: Acute Care

Program Director: Christopher Giza, M.D.

Position Title: Associate Professor In-Residence

Department: Neurosurgery and Pediatric Neurology

Address: 757 Westwood Plaza, Los Angeles, CA 90095
Phone: 310-825-3550
Email: cgiza@mednet.ucla.edu

Level 1 Center(s): Los Angeles/Hollywood/San Fernando Valley, Los Angeles/Downtown/South L.A., Oakland/East Bay, Palo Alto/San Jose, Sacramento/Davis, San Bernardino/Inland Empire, San Diego, San Francisco
Level 2 Center(s): Bakersfield, Fresno, Irvine/Orange County, La Jolla, Modesto, Redding, San Jose, Santa Barbara, Santa Rosa, Torrance
Level 3 Center(s): Bishop, Chico, Escondido, Eureka/North Coast, Lancaster/Palmdale, Long Beach, Palm Springs, Pomona, Roseville, San Luis Obispo, Santa Clarita, Visalia or Me

Number of jobs HR 2600 creates in California: 259

HR2600 Budget Overview for California State Lead Center

	Center Management	Indirect Cost	Administrative Cost	Total
Year 1:	$ 8,323,484	$ 1,664,697	$ 208,087	$ 10,196,268
Year 2:	$ 25,758,904	$ 5,151,781	$ 643,973	$ 31,554,658
Year 3:	$ 25,758,904	$ 5,151,781	$ 643,973	$ 31,554,658
Year 4:	$ 20,607,123	$ 4,121,425	$ 515,178	$ 25,243,726
Year 5:	$ 15,455,342	$ 3,091,068	$ 386,384	$ 18,932,795
Year 6:	$ 10,303,562	$ 2,060,712	$ 257,589	$ 12,621,863
Year 7:	$ 5,151,781	$ 1,030,356	$ 128,795	$ 6,310,932
TOTAL:				**$ 136,414,900**

California continued

Title/Description (# of positions if more than one)*	Year 1	Year 2	Year 3
STATE LEAD CENTER MANAGEMENT			
Program Director:	$ 51,750	$ 51,750	$ 51,750
Program Director Assistant:	$ 56,677	$ 56,677	$ 56,677
State Director:	$ 145,740	$ 194,321	$ 194,321
Associate State Director:	$ 66,789	$ 89,064	$ 89,064
State Epidemiologist:	$ 109,305	$ 145,740	$ 145,740
State Epidemiologist Assistant:	$ 54,653	$ 72,870	$ 72,870
State Scientific Investigation Research Coordinator:	$ 78,943	$ 105,257	$ 105,257
State Scientific Investigation Research Assistant:	$ 145,740 (3)	$ 194,321 (3)	$ 194,321 (3)
State Education/Training Coordinator (+ materials):	$ 451,266	$ 601,688	$ 601,688
State General Counsel:	$ 121,450	$ 161,934	$ 161,934
State IT Manager:	$ 72,890	$ 97,160	$ 97,160
State Family Support Coordinator:	$ 109,305	$ 145,740	$ 145,740
State Prevention/Awareness Coordinator:	$ 66,798	$ 89,064	$ 89,064
State Acute Care Coordinator:	$ 66,798	$ 89,064	$ 89,064
State Reintegration Coordinator:	$ 66,798	$ 89,064	$ 89,064
State Adult Transition Coordinator:	$ 66,798	$ 89,064	$ 89,064
State “Mild” TBI Coordinator:	$ 66,798	$ 89,064	$ 89,064
State Mental Health Coordinator:	$ 66,798	$ 89,064	$ 89,064
State Assistive/Emerging Technology Coordinator:	$ 66,798	$ 89,064	$ 89,064
State Correctional System Coordinator:	$ 66,798	$ 89,064	$ 89,064
State MISC Coordinator:	$ 66,798	$ 89,064	$ 89,064
State Veterans Coordinator:	$ 66,798	$ 89,064	$ 89,064
State Data Manager:	$ 72,870	$ 97,160	$ 97,160
State Public Policy Manager:	$ 78,943	$ 105,257	$ 105,257
State Community Relations Manager:	$ 60,725	$ 80,967	$ 80,967
State Administrative Support:	$ 255,046 (6)	$ 340,061 (6)	$ 340,061 (6)
Charity care:	$ 176,015	$ 234,687	$ 234,687
Human Resources Support:	$ 193,000	$ 259,000	$ 259,000
Training Support:	$ 48,250	$ 64,750	$ 64,750
Office Space Cost:	$ 180,063	$ 240,084	$ 240,084
Transportation/Travel:	$ 48,600	$ 64,800	$ 64,800
Office Equipment/Communications:	$ 170,700	$ 170,700	$ 170,700
Supplies:	$ 43,564	$ 58,085	$ 58,085
Annual and Regional Conferences:	$ 16,000	$ 16,000	$ 16,000
State Brain Injury Organization Pediatric Programs:	$ 117,343	$ 117,343	$ 117,343

California continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
CATEGORY OF CARE RESPONSIBILITY: Acute Care			
Regional Category Director:	$ 145,740	$ 194,321	$ 194,321
Regional Category Epidemiologist:	$ 121,450	$ 161,934	$ 161,934
Regional Category Education/Training Coordinator:	$ 109,305	$ 145,740	$ 145,740
Regional Category Scientific Investigation Research:	$ 109,305	$ 145,740	$ 145,740
Regional Category Administrative Support:	$ 170,031(4)	$ 226,707(4)	$ 226,707(4)
Regional Category Office Space Cost:	$ 43,652	$ 58,202	$ 58,202
Regional Category Transportation/Travel:	$ 67,500	$ 90,000	$ 90,000
Regional Category Office Equipment/Communications:	$ 16,800	$ 16,800	$ 16,800
Regional Category Supplies:	$ 10,561	$ 14,081	$ 14,081
CASE MANAGEMENT RESPONSIBILITY			
Level 1 Center Manager:	$ 259,094 (8)	$1,036,376 (8)	$1,036,376 (8)
Level 1 Center Field Specialist:	$ 210,514(8)	$ 842,056 (8)	$ 842,056 (8)
Level 1 Center SJB Family Specialists/Research Asst:	$ 971,603 (48)	$ 6,477,353(80)	$ 6,477,353(80)
Level 1 Center Administrative Support :	$ 226,707 (16)	$ 906,829 (16)	$ 906,829 (16)
Level 1 Office Space Cost:	$ 12,321	$ 49,284	$ 49,284
Level 1 Transportation/Travel:	$ 25,920	$ 153,600	$ 153,600
Level 1 Office Equipment/Communications:	$ 228,200	$ 337,000	$ 337,000
Level 1 Supplies:	$ 32,563	$ 186,576	$ 186,576
Level 2 Center Field Specialists:	$ 263,142 (10)	$1,052,570 (10)	$ 1,052,570 (10)
Level 2 Center SJB Family Specialists/Research Asst:	$ 809,669(40)	$4,858,014 (60)	$ 4,858,014 (60)
Level 2 Transportation/Travel:	$ 18,600	$ 105,600	$ 105,600
Level 2 Office Equipment/Communications:	$ 170,000	$ 238,000	$ 238,000
Level 2 Supplies:	$ 22,002	$ 123,211	$ 123,211
Level 3 Center SJB Family Specialists/Research Asst:	$ 566,768 (28)	$3,400,610(42)	$3,400,610(42)
Level 3 Transportation/Travel:	$ 10,940	$ 65,520	$ 65,520
Level 3 Office Equipment/Communications:	$ 95,200	$ 142,800	$ 142,800
Level 3 Supplies:	$ 12,321	$ 73,926	$ 73,926
State Lead Center Management Sub-Total:	**$ 3,593,595**	**$ 4,656,053**	**$ 4,656,053**
Category of Care Sub-Total:	**$ 794,345**	**$ 1,053,526**	**$ 1,053,526**
Case Management Sub-Total:	**$ 3,935,545**	**$ 20,049,325**	**$ 20,049,325**
Center Management Total:	**$ 8,323,484**	**$ 25,758,904**	**$ 25,758,904**

*** Salaries also include fringe benefits**

Sarah Jane Brain Family State Lead Center of Excellence
For the state of

Colorado

Colorado Children's Hospital
www.childrenscolorado.org

REGION: Rocky Mountain

CATEGORY OF CARE: Adult Transition National Lead Center

Program Director: Jeanne Dise-Lewis, PhD
Position Title: Associate Professor
Department: Department of Physical Medicine Rehabilitation
Major Subdivision: Pediatric Psychiatry

Address: 13123 East 16th Avenue, B285, Aurora, CO 80045-7106
Phone: 720-777-2806
Email: dise-lewis.jeanne@tchden.org

Level 1 Center(s): Aurora, Denver
Level 2 Center(s): Colorado Springs, Pueblo, Greeley
Level 3 Center(s): Lakewood, Boulder, Grand Junction

Number of jobs HR 2600 creates in Colorado:111

HR2600 Budget Overview for Colorado State Lead Center

	Center Management	Indirect Cost	Administrative Cost	Total
Year 1:	$ 7,439,867	$ 1,487,973	$ 185,997	$ 9,113,837
Year 2:	$ 10,408,593	$ 2,081,719	$ 260,215	$ 12,750,527
Year 3:	$ 10,408,593	$ 2,081,719	$ 260,215	$ 12,750,527
Year 4:	$ 8,326,875	$ 1,665,375	$ 208,172	$ 10,363,421
Year 5:	$ 6,245,156	$ 1,249,031	$ 156,129	$ 7,650,316
Year 6:	$ 4,163,437	$ 832,687	$ 104,086	$ 5,100,211
Year 7:	$ 2,081,719	$ 416,344	$ 52,043	$ 2,550,105
TOTAL:				**$ 60,278,944**

Colorado continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
STATE LEAD CENTER MANAGEMENT			
Program Director:	$ 65,000	$ 65,000	$ 65,000
Program Director Assistant:	$ 50,219	$ 50,219	$ 50,219
State Director:	$ 172,181	$ 172,181	$ 172,181
Associate State Director:	$ 78,916	$ 78,916	$ 78,916
State Epidemiologist:	$ 129,135	$ 129,135	$ 129,135
State Epidemiologist Assistant:	$ 64,568	$ 64,568	$ 64,568
State Scientific Investigation Research Coordinator:	$ 93,264	$ 93,264	$ 93,264
State Scientific Investigation Research Assistant:	$ 172,181 (3)	$ 172,181 (3)	$ 172,181 (3)
State Education/Training Coordinator (+ materials):	$ 159,976	$ 159,976	$ 159,976
State General Counsel:	$ 143,484	$ 143,484	$ 143,484
State IT Manager:	$ 86,090	$ 86,090	$ 86,090
State Family Support Coordinator:	$ 129,135	$ 129,135	$ 129,135
State Prevention/Awareness Coordinator:	$ 78,916	$ 78,916	$ 78,916
State Acute Care Coordinator:	$ 78,916	$ 78,916	$ 78,916
State Reintegration Coordinator:	$ 78,916	$ 78,916	$ 78,916
State Adult Transition Coordinator:	$ 78,916	$ 78,916	$ 78,916
State “Mild” TBI Coordinator:	$ 78,916	$ 78,916	$ 78,916
State Mental Health Coordinator:	$ 78,916	$ 78,916	$ 78,916
State Assistive/Emerging Technology Coordinator:	$ 78,916	$ 78,916	$ 78,916
State Correctional System Coordinator:	$ 78,916	$ 78,916	$ 78,916
State MISC Coordinator:	$ 78,916	$ 78,916	$ 78,916
State Veterans Coordinator:	$ 78,916	$ 78,916	$ 78,916
State Data Manager:	$ 86,090	$ 86,090	$ 86,090
State Public Policy Manager:	$ 93,264	$ 93,264	$ 93,264
State Community Relations Manager:	$ 71,742	$ 71,742	$ 71,742
State Administrative Support:	$ 301,316 (6)	$ 301,316 (6)	$ 301,316 (6)
Charity care:	$ 220,744	$ 220,744	$ 220,744
Human Resources Support:	$ 94,000	$ 111,000	$ 111,000
Training Support:	$ 23,500	$ 27,750	$ 27,750
Office Space Cost:	$ 225,821	$ 225,821	$ 225,821
Transportation/Travel:	$ 64,800	$ 64,800	$ 64,800
Office Equipment/Communications:	$ 170,700	$ 170,700	$ 170,700
Supplies:	$ 54,634	$ 54,634	$ 54,634
Annual and Regional Conferences:	$ 16,000	$ 16,000	$ 16,000
State Brain Injury Organization Pediatric Programs:	$ 110,372	$ 110,372	$ 110,372

Colorado continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
CATEGORY OF CARE RESPONSIBILITY: Adult Transition			
National Category Director:	$ 227,500	$ 227,500	$ 227,500
National Category Epidemiologist:	$ 195,000	$ 195,000	$ 195,000
National Category Education/Training Coordinator:	$ 162,500	$ 162,500	$ 162,500
National Category Scientific Investigation Research:	$ 162,500	$ 162,500	$ 162,500
National Additional (National Veteran Coordinator):	$ 162,500	$ 162,500	$ 162,500
Regional Category Director:	$ 172,181	$ 172,181	$ 172,181
Regional Category Epidemiologist:	$ 143,484	$ 143,484	$ 143,484
Regional Category Education/Training Coordinator:	$ 129,135	$ 129,135	$ 129,135
Regional Category Scientific Investigation Research:	$ 129,135	$ 129,135	$ 129,135
Regional Additional (Regional Veteran Coordinator):	$ 129,135	$ 129,135	$ 129,135
Regional Category Administrative Support:	$ 200,877 (4)	$ 200,877 (4)	$ 200,877 (4)
Regional Category Office Space Cost:	$ 95,803	$ 95,803	$ 95,803
Regional Category Transportation/Travel:	$ 90,000	$ 90,000	$ 90,000
Regional Category Office Equipment/Communications:	$ 29,400	$ 29,400	$ 29,400
Regional Category Supplies:	$ 23,178	$ 23,178	$ 23,178
CASE MANAGEMENT RESPONSIBILITY			
Level 1 Center Manager:	$ 114,787 (2)	$ 229,574 (2)	$ 229,574 (2)
Level 1 Center Field Specialist:	$ 93,264 (2)	$ 186,529 (2)	$ 186,529 (2)
Level 1 Center SJB Family Specialists/Research Asst:	$ 430,451 (12)	$ 1,434,838(20)	$ 1,434,838(20)
Level 1 Center Administrative Support :	$ 100,439 (4)	$ 200,877 (4)	$ 200,877 (4)
Level 1 Office Space Cost:	$ 23,178	$ 46,356	$ 46,356
Level 1 Transportation/Travel:	$ 12,960	$ 38,400	$ 38,400
Level 1 Office Equipment/Communications:	$ 72,800	$ 100,000	$ 100,000
Level 1 Supplies:	$ 21,523	$ 26,605	$ 26,605
Level 2 Center Field Specialists:	$ 139,897 (3)	$ 279,793 (3)	$ 279,793 (3)
Level 2 Center SJB Family Specialists/Research Asst:	$ 430,451 (12)	$ 1,291,354(18)	$ 1,291,354(18)
Level 2 Transportation/Travel:	$ 11,160	$ 31,680	$ 31,680
Level 2 Office Equipment/Communications:	$ 51,000	$ 71,400	$ 71,400
Level 2 Supplies:	$ 12,417	$ 34,767	$ 34,767
Level 3 Center SJB Family Specialists/Research Asst:	$ 215,226 (6)	$ 645,677 (9)	$ 645,677 (9)
Level 3 Transportation/Travel:	$ 4,680	$ 14,040	$ 14,040
Level 3 Office Equipment/Communications:	$ 20,400	$ 30,600	$ 30,600
Level 3 Supplies:	$ 4,967	$ 14,900	$ 14,900
State Lead Center Management Sub-Total:	**$ 3,666,296**	**$ 3,687,546**	**$ 3, 687,546**
Category of Care Sub-Total:	**$ 2,013,971**	**$ 2,013,971**	**$ 2,013,971**
Case Management Sub-Total:	**$ 1,759,600**	**$ 4,707,077**	**$ 4,707,077**
Center Management Total:	**$ 7,439,867**	**$ 10,408,593**	**$ 10, 408,593**

*** Salaries also include fringe benefits**

Sarah Jane Brain Family State Lead Center of Excellence
For the state of

Connecticut

Yale-New Haven Children's Hospital
www.ynhh.org

REGION: Northeast **CATEGORY OF CARE:** Adult Transition

Program Director: Kimberly Davis, M.D., MBA **Position Title:** Professor and Trauma Director
Department: Trauma, Surgical Critical Care and Surgical Emergencies

Address: 800 Howard Avenue, 3rd Floor, New Haven, CT 06519
Phone: 203-785-2572
Email: Kimberly.davis@yale.edu

Level 1 Center(s): Harford, New Haven
Level 2 Center(s): Norwich, Bridgeport, Danbury, New Britain
Level 3 Center(s): n/a

Number of jobs HR 2600 creates in Connecticut: 97

HR2600 Budget Overview for Connecticut State Lead Center

	Center Management	Indirect Cost	Administrative Cost	Total
Year 1:	$ 5,423,857	$ 1,084,771	$ 135,596	$ 6,644,225
Year 2:	$ 10,574,920	$ 2,114,984	$ 264,373	$ 12,954,277
Year 3:	$ 10,574,920	$ 2,114,984	$ 264,373	$ 12,954,277
Year 4:	$ 8,459,936	$ 1,691,987	$ 211,498	$ 10,363,421
Year 5:	$ 6,344,952	$ 1,268,990	$ 158,624	$ 7,772,566
Year 6:	$ 4,229,968	$ 845,994	$ 105,749	$ 5,181,711
Year 7:	$ 2,114,984	$ 422,997	$ 52,875	$ 2,590,855
TOTAL:				**$ 58,461,332**

Connecticut continued

Title/Description (# of positions if more than one)*	Year 1	Year 2	Year 3
STATE LEAD CENTER MANAGEMENT			
Program Director:	$ 39,450	$ 39,450	$ 39,450
Program Director Assistant:	$ 61,433	$ 61,433	$ 61,433
State Director:	$ 157,971	$ 210,628	$ 210,628
Associate State Director:	$ 72,403	$ 96,538	$ 96,538
State Epidemiologist:	$ 118,478	$ 157,971	$ 157,971
State Epidemiologist Assistant:	$ 59,239	$ 78,986	$ 78,986
State Scientific Investigation Research Coordinator:	$ 85,568	$ 114,090	$ 114,090
State Scientific Investigation Research Assistant:	$ 157,971 (3)	$ 210,628 (3)	$ 210,628 (3)
State Education/Training Coordinator (+ materials):	$ 121,033	$ 161,378	$ 161,378
State General Counsel:	$ 131,643	$ 175,524	$ 175,524
State IT Manager:	$ 78,986	$ 105,314	$ 105,314
State Family Support Coordinator:	$ 118,478	$ 157,971	$ 157,971
State Prevention/Awareness Coordinator:	$ 72,403	$ 96,538	$ 96,538
State Acute Care Coordinator:	$ 72,403	$ 96,538	$ 96,538
State Reintegration Coordinator:	$ 72,403	$ 96,538	$ 96,538
State Adult Transition Coordinator:	$ 72,403	$ 96,538	$ 96,538
State “Mild” TBI Coordinator:	$ 72,403	$ 96,538	$ 96,538
State Mental Health Coordinator:	$ 72,403	$ 96,538	$ 96,538
State Assistive/Emerging Technology Coordinator:	$ 72,403	$ 96,538	$ 96,538
State Correctional System Coordinator:	$ 72,403	$ 96,538	$ 96,538
State MISC Coordinator:	$ 72,403	$ 96,538	$ 96,538
State Veterans Coordinator:	$ 72,403	$ 96,538	$ 96,538
State Data Manager:	$ 78,986	$ 105,314	$ 105,314
State Public Policy Manager:	$ 85,568	$ 114,090	$ 114,090
State Community Relations Manager:	$ 65,821	$ 87,762	$ 87,762
State Administrative Support:	$ 276,450 (6)	$ 368,600 (6)	$ 368,600 (6)
Charity care:	$ 200,217	$ 266,956	$ 266,956
Human Resources Support:	$ 83,000	$ 97,000	$ 97,000
Training Support:	$ 20,750	$ 24,250	$ 24,250
Office Space Cost:	$ 204,822	$ 273,096	$ 273,096
Transportation/Travel:	$ 48,600	$ 64,800	$ 64,800
Office Equipment/Communications:	$ 170,700	$ 170,700	$ 170,700
Supplies:	$ 49,554	$ 66,072	$ 66,072
Annual and Regional Conferences:	$ 16,000	$ 16,000	$ 16,000
State Brain Injury Organization Pediatric Programs:	$ 133,478	$ 133,478	$ 133,478

Connecticut continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
CATEGORY OF CARE RESPONSIBILITY: Adult Transition			
Regional Category Director:	$ 157,971	$ 210,628	$ 210,628
Regional Category Epidemiologist:	$ 131,643	$ 175,524	$ 175,524
Regional Category Education/Training Coordinator:	$ 118,478	$ 157,971	$ 157,971
Regional Category Scientific Investigation Research:	$ 118,478	$ 157,971	$ 157,971
Regional Additional (Regional Veteran Coordinator):	$ 111,896	$ 149,195	$ 149,195
Regional Category Administrative Support:	$ 184,300 (4)	$ 245,733 (4)	$ 245,733 (4)
Regional Category Office Space Cost:	$ 55,861	$ 74,481	$ 74,481
Regional Category Transportation/Travel:	$ 67,500	$ 90,000	$ 90,000
Regional Category Office Equipment/Communications:	$ 18,900	$ 18,900	$ 18,900
Regional Category Supplies:	$ 13,515	$ 18,020	$ 18,020
CASE MANAGEMENT RESPONSIBILITY			
Level 1 Center Manager:	$ 70,209 (2)	$ 280,838 (2)	$ 280,838 (2)
Level 1 Center Field Specialist:	$ 57,045 (2)	$ 228,181 (2)	$ 228,181 (2)
Level 1 Center SJB Family Specialists/Research Asst:	$263,285 (12)	$1,755,236 (20)	$1,755,236 (20)
Level 1 Center Administrative Support :	$ 61,433 (4)	$ 245,733 (4)	$ 245,733 (4)
Level 1 Office Space Cost:	$ 14,015	$ 56,061	$ 56,061
Level 1 Transportation/Travel:	$ 6,480	$ 38,400	$ 38,400
Level 1 Office Equipment/Communications:	$ 72,800	$ 100,000	$ 100,000
Level 1 Supplies:	$ 13,104	$ 68,074	$ 68,074
Level 2 Center Field Specialists:	$ 85,568 (3)	$ 342,271(3)	$ 342,271(3)
Level 2 Center SJB Family Specialists/Research Asst:	$ 263,285(12)	$ 1,579,712(18)	$ 1,579,712(18)
Level 2 Transportation/Travel:	$ 5,580	$ 31,680	$ 31,680
Level 2 Office Equipment/Communications:	$ 51,000	$ 71,400	$ 71,400
Level 2 Supplies:	$ 7,508	$ 42,046	$ 42,046
Level 3 Center SJB Family Specialists/Research Asst:	n/a	n/a	n/a
Level 3 Transportation/Travel:	n/a	n/a	n/a
Level 3 Office Equipment/Communications:	n/a	n/a	n/a
Level 3 Supplies:	n/a	n/a	n/a
State Lead Center Management Sub-Total:	**$ 3,360,635**	**$ 4,323,409**	**$ 4,323,409**
Category of Care Sub-Total:	**$ 1,091,998**	**$ 1,411,879**	**$ 1,411,879**
Case Management Sub-Total:	**$ 971,224**	**$ 4,839,631**	**$ 4,839,631**
Center Management Total:	**$ 5,423,857**	**$ 10,574,920**	**$ 10,574,920**

*** Salaries also include fringe benefits**

Sarah Jane Brain Family State Lead Center of Excellence
For the state of

Delaware

Nemours/Alfred I. DuPont Hospital for Children
www.nemours.org

REGION: Mid-Atlantic **CATEGORY OF CARE:** Prevention

Program Director: Michael Alexander, M.D. **Position Title:** Professor
Department: Pediatrics and Rehabilitation Medicine

Address: 1600 Rockland Road, Wilmington, DE 19803
Phone: 302-651-5601
Email: malex@nemours.org

Level 1 Center(s): Wilmington, Newark, Milford
Level 2 Center(s): New Castle County Schools, Kent County Schools, Sussex County Schools
Level 3 Center(s): n/a

Number of jobs HR 2600 creates in Delaware: 108

HR2600 Budget Overview for Delaware State Lead Center

	Center Management	Indirect Cost	Administrative Cost	Total
Year 1:	$ 4,692,626	$ 938,525	$ 117,316	$ 5,748,467
Year 2:	$ 9,915,138	$ 1,983,028	$ 247,878	$ 12,146,044
Year 3:	$ 9,915,138	$ 1,983,028	$ 247,878	$ 12,146,044
Year 4:	$ 7,932,111	$ 1,586,422	$ 198,303	$ 9,716,835
Year 5:	$ 5,949,083	$ 1,189,817	$ 148,727	$ 7,287,627
Year 6:	$ 3,966,055	$ 793,211	$ 99,151	$ 4,858,418
Year 7:	$ 1,983,028	$ 396,606	$ 49,576	$ 2,429,209
TOTAL:				**$ 54,332,644**

Delaware continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
STATE LEAD CENTER MANAGEMENT			
Program Director:	$ 67,925	$ 67,925	$ 67,925
Program Director Assistant:	$ 51,515	$ 51,515	$ 51,515
State Director:	$ 132,467	$ 176,623	$ 176,623
Associate State Director:	$ 60,714	$ 80,952	$ 80,952
State Epidemiologist:	$ 99,350	$ 132,467	$ 132,467
State Epidemiologist Assistant:	$ 49,675	$ 66,233	$ 66,233
State Scientific Investigation Research Coordinator:	$ 71,753	$ 95,671	$ 95,671
State Scientific Investigation Research Assistant:	$ 132,467 (3)	$ 176,623 (3)	$ 176,623 (3)
State Education/Training Coordinator (+ materials):	$ 80,597	$ 107,462	$ 107,462
State General Counsel:	$ 110,389	$ 147,185	$ 147,185
State IT Manager:	$ 66,233	$ 88,311	$ 88,311
State Family Support Coordinator:	$ 99,350	$ 132,467	$ 132,467
State Prevention/Awareness Coordinator:	$ 60,714	$ 80,952	$ 80,952
State Acute Care Coordinator:	$ 60,714	$ 80,952	$ 80,952
State Reintegration Coordinator:	$ 60,714	$ 80,952	$ 80,952
State Adult Transition Coordinator:	$ 60,714	$ 80,952	$ 80,952
State “Mild” TBI Coordinator:	$ 60,714	$ 80,952	$ 80,952
State Mental Health Coordinator:	$ 60,714	$ 80,952	$ 80,952
State Assistive/Emerging Technology Coordinator:	$ 60,714	$ 80,952	$ 80,952
State Correctional System Coordinator:	$ 60,714	$ 80,952	$ 80,952
State MISC Coordinator:	$ 60,714	$ 80,952	$ 80,952
State Veterans Coordinator:	$ 60,714	$ 80,952	$ 80,952
State Data Manager:	$ 66,233	$ 88,311	$ 88,311
State Public Policy Manager:	$ 71,753	$ 95,671	$ 95,671
State Community Relations Manager:	$ 55,195	$ 73,593	$ 73,593
State Administrative Support:	$ 231,817 (6)	$ 309,089 (6)	$ 309,089 (6)
Charity care:	$ 169,829	$ 226,439	$ 226,439
Human Resources Support:	$ 90,000	$ 108,000	$ 108,000
Training Support:	$ 22,500	$ 27,000	$ 27,000
Office Space Cost:	$ 173,735	$ 231,647	$ 231,647
Transportation/Travel:	$ 48,600	$ 64,800	$ 64,800
Office Equipment/Communications:	$ 170,700	$ 170,700	$ 170,700
Supplies:	$ 42,033	$ 56,044	$ 56,044
Annual and Regional Conferences:	$ 16,000	$ 16,000	$ 16,000
State Brain Injury Organization Pediatric Programs:	$ 113,220	$ 113,220	$ 113,220

Delaware continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
CATEGORY OF CARE RESPONSIBILITY: Prevention			
Regional Category Director:	$ 132,467	$ 176,623	$ 176,623
Regional Category Epidemiologist:	$ 110,389	$ 147,185	$ 147,185
Regional Category Education/Training Coordinator:	$ 99,350	$ 132,467	$ 132,467
Regional Category Scientific Investigation Research:	$ 99,350	$ 132,467	$ 132,467
Regional Category Administrative Support:	$ 154,545 (4)	$ 206,060 (4)	$ 206,060 (4)
Regional Category Office Space Cost:	$ 42,118	$ 56,157	$ 56,157
Regional Category Transportation/Travel:	$ 67,500	$ 90,000	$ 90,000
Regional Category Office Equipment/Communications:	$ 16,800	$ 16,800	$ 16,800
Regional Category Supplies:	$ 10,190	$ 13,586	$ 13,586
CASE MANAGEMENT RESPONSIBILITY			
Level 1 Center Manager:	$ 88,311(3)	$ 353,245 (3)	$ 353,245 (3)
Level 1 Center Field Specialist:	$ 71,753 (3)	$ 287,012(3)	$ 287,012(3)
Level 1 Center SJB Family Specialists/Research Asst:	$ 331,167 (18)	$2,207,782 (30)	$2,207,782 (30)
Level 1 Center Administrative Support :	$ 77,272 (6)	$ 309,089 (6)	$ 309,089 (6)
Level 1 Office Space Cost:	$ 11,888	$ 47,552	$ 47,552
Level 1 Transportation/Travel:	$ 9,720	$ 57,600	$ 57,600
Level 1 Office Equipment/Communications:	$ 98,700	$ 139,500	$ 139,500
Level 1 Supplies:	$ 14,435	$ 78,122	$ 78,122
Level 2 Center Field Specialists:	$ 71,753 (3)	$ 287,012 (3)	$ 287,012 (3)
Level 2 Center SJB Family Specialists/Research Asst:	$ 220,778 (12)	$ 1,324,669(18)	$ 1,324,669(18)
Level 2 Transportation/Travel:	$ 5,580	$ 31,680	$ 31,680
Level 2 Office Equipment/Communications:	$ 51,000	$ 71,400	$ 71,400
Level 2 Supplies:	$ 6,369	$ 35,664	$ 35,664
Level 3 Center SJB Family Specialists/Research Asst:	n/a	n/a	n/a
Level 3 Transportation/Travel:	n/a	n/a	n/a
Level 3 Office Equipment/Communications:	n/a	n/a	n/a
Level 3 Supplies:	n/a	n/a	n/a
State Lead Center Management Sub-Total:	**$ 2,901,190**	**$3,713,467**	**$ 3,713,467**
Category of Care Sub-Total:	**$ 732,708**	**$ 971,345**	**$ 971,345**
Case Management Sub-Total:	**$ 1,058,727**	**$ 5,230,326**	**$ 5,230,326**
Center Management Total:	**$ 4,692,626**	**$ 9,915,138**	**$ 9,915,138**

*** Salaries also include fringe benefits**

Sarah Jane Brain Family State Lead Center of Excellence
For the District of

Columbia

Children's National Hospital
www.childrensnational.org

REGION: Mid-Atlantic

CATEGORY OF CARE: "Mild" TBI National Lead Center

Program Director: Gerard A. Gioia, Ph.D.
Department: Department of Pediatrics and Psychiatry

Position Title: Chief
Major Subdivision: Pediatric Neuropsychology

Address: 111 Michigan Avenue, N.W., Washington, D.C. 20010
Phone: 301-765-5430
Email: ggioia@childrensnational.org

Level 1 Center(s): Children's National Medical Center
Level 2 Center(s): National Rehabilitation Hospital, Georgetown University Hospital
Level 3 Center(s): Two within Department of Health, Two within D.C. Public School System

Number of jobs HR 2600 creates in the District of Columbia: 93

HR2600 Budget Overview for the District of Columbia State Lead Center

	Center Management	Indirect Cost	Administrative Cost	Total
Year 1:	$ 7,662,806	$ 1,532,561	$ 191,570	$ 9,386,937
Year 2:	$ 9,721,251	$ 1,944,250	$ 243,031	$ 11,908,533
Year 3:	$ 9,721,251	$ 1,944,250	$ 243,031	$ 11,908,533
Year 4:	$ 7,777,001	$ 1,555,400	$ 194,425	$ 9,526,826
Year 5:	$ 5,832,751	$ 1,166,550	$ 145,819	$ 7,145,120
Year 6:	$ 3,888,501	$ 777,700	$ 97,213	$ 4,763,413
Year 7:	$ 1,944,250	$ 388,850	$ 48,606	$ 2,381,707
TOTAL:				**$ 57,021,069**

District of Columbia continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
STATE LEAD CENTER MANAGEMENT			
Program Director:	$ 105,000	$ 105,000	$ 105,000
Program Director Assistant:	$ 57,849	$ 57,849	$ 57,849
State Director:	$ 198,338	$ 198,338	$ 198,338
Associate State Director:	$ 90,905	$ 90,905	$ 90,905
State Epidemiologist:	$ 148,753	$ 148,753	$ 148,753
State Epidemiologist Assistant:	$ 74,377	$ 74,377	$ 74,377
State Scientific Investigation Research Coordinator:	$ 107,433	$ 107,433	$ 107,433
State Scientific Investigation Research Assistant:	$ 198,338 (3)	$ 198,338 (3)	$ 198,338 (3)
State Education/Training Coordinator (+ materials):	$ 115,426	$ 115,426	$ 115,426
State General Counsel:	$ 165,281	$ 165,281	$ 165,281
State IT Manager:	$ 99,169	$ 99,169	$ 99,169
State Family Support Coordinator:	$ 148,753	$ 148,753	$ 148,753
State Prevention/Awareness Coordinator:	$ 90,905	$ 90,905	$ 90,905
State Acute Care Coordinator:	$ 90,905	$ 90,905	$ 90,905
State Reintegration Coordinator:	$ 90,905	$ 90,905	$ 90,905
State Adult Transition Coordinator:	$ 90,905	$ 90,905	$ 90,905
State “Mild” TBI Coordinator:	$ 90,905	$ 90,905	$ 90,905
State Mental Health Coordinator:	$ 90,905	$ 90,905	$ 90,905
State Assistive/Emerging Technology Coordinator:	$ 90,905	$ 90,905	$ 90,905
State Correctional System Coordinator:	$ 90,905	$ 90,905	$ 90,905
State MISC Coordinator:	$ 90,905	$ 90,905	$ 90,905
State Veterans Coordinator:	$ 90,905	$ 90,905	$ 90,905
State Data Manager:	$ 99,169	$ 99,169	$ 99,169
State Public Policy Manager:	$ 107,433	$ 107,433	$ 107,433
State Community Relations Manager:	$ 82,641	$ 82,641	$ 82,641
State Administrative Support:	$ 347,091 (6)	$ 347,091 (6)	$ 347,091 (6)
Charity care:	$ 236,116	$ 236,116	$ 236,116
Human Resources Support:	$ 81,000	$ 93,000	$ 93,000
Training Support:	$ 20,250	$ 23,250	$ 23,250
Office Space Cost:	$ 241,547	$ 241,547	$ 241,547
Transportation/Travel:	$ 64,800	$ 64,800	$ 64,800
Office Equipment/Communications:	$ 170,700	$ 170,700	$ 170,700
Supplies:	$ 58,439	$ 58,439	$ 58,439
Annual and Regional Conferences:	$ 16,000	$ 16,000	$ 16,000
State Brain Injury Organization Pediatric Programs:	$ 118,058	$ 118,058	$ 118,058

District of Columbia continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
CATEGORY OF CARE RESPONSIBILITY: "Mild" TBI			
National Category Director:	$ 245,000	$ 245,000	$ 245,000
National Category Epidemiologist:	$ 210,000	$ 210,000	$ 210,000
National Category Education/Training Coordinator:	$ 175,000	$ 175,000	$ 175,000
National Category Scientific Investigation Research:	$ 175,000	$ 175,000	$ 175,000
Regional Category Director:	$ 198,338	$ 198,338	$ 198,338
Regional Category Epidemiologist:	$ 165,281	$ 165,281	$ 165,281
Regional Category Education/Training Coordinator:	$ 148,753	$ 148,753	$ 148,753
Regional Category Scientific Investigation Research:	$ 148,753	$ 148,753	$ 148,753
Regional Category Administrative Support:	$ 231,394 (4)	$ 231,394 (4)	$ 231,394 (4)
Regional Additional Technology for "Mild" TBI: (School and ED-based "Mild" TBI assessment tools – about 150 per region)	$ 300,000		
Regional Category Office Space Cost:	$ 87,835	$ 87,835	$ 87,835
Regional Category Transportation/Travel:	$ 90,000	$ 90,000	$ 90,000
Regional Category Office Equipment/Communications:	$ 25,200	$ 25,200	$ 25,200
Regional Category Supplies:	$ 21,250	$ 21,250	$ 21,250
CASE MANAGEMENT RESPONSIBILITY			
Level 1 Center Manager:	$ 66,113	$ 132,225	$ 132,225
Level 1 Center Field Specialist:	$ 53,716	$ 107,433	$ 107,433
Level 1 Center SJB Family Specialists/Research Asst:	$ 247,922 (6)	$ 826,407 (10)	$ 826,407 (10)
Level 1 Center Administrative Support :	$ 57,849 (2)	$ 115,691 (2)	$ 115,691 (2)
Level 1 Office Space Cost:	$ 24,792	$ 49,584	$ 49,584
Level 1 Transportation/Travel:	$ 6,480	$ 19,200	$ 19,200
Level 1 Office Equipment/Communications:	$ 46,900	$ 60,500	$ 60,500
Level 1 Supplies:	$ 15,938	$ 38,959	$ 38,959
Level 2 Center Field Specialists:	$ 107,433 (2)	$ 214,866 (2)	$ 214,866 (2)
Level 2 Center SJB Family Specialists/Research Asst:	$ 330,563 (8)	$ 991,689 (12)	$ 991,689 (12)
Level 2 Transportation/Travel:	$ 7,440	$ 21,120	$ 21,120
Level 2 Office Equipment/Communications:	$ 34,000	$ 47,600	$ 47,600
Level 2 Supplies:	$ 8,854	$ 24,792	$ 24,792
Level 3 Center SJB Family Specialists/Research Asst:	$ 330,563 (8)	$ 991,689 (12)	$ 991,689 (12)
Level 3 Transportation/Travel:	$ 6,240	$ 18,720	$ 18,720
Level 3 Office Equipment/Communications:	$ 27,200	$ 40,800	$ 40,800
Level 3 Supplies:	$ 7,083	$ 21,250	$ 21,250
State Lead Center Management Sub-Total:	**$ 4,045,914**	**$ 4,076,914**	**$ 4,076,914**
Category of Care Sub-Total:	**$ 2,221,806**	**$ 1,921,806**	**$ 1,921,806**
Case Management Sub-Total:	**$ 1,379,089**	**$ 3,722,532**	**$ 3,722,532**
Center Management Total:	**$ 7,662,806**	**$ 9,721,251**	**$ 9,721,251**

*** Salaries also include fringe benefits**

Sarah Jane Brain Family State Lead Center of Excellence
For the State of
Florida
University of Miami Miller School of Medicine
www.med.miami.edu

REGION: Southeast

CATEGORY OF CARE: Acute Care
National Lead Center

Program Director: Gillian Hotz, Ph.D.
Position Title: Professor
Department: Department of Neurological Surgery
Major Subdivision: KiDZ Neuroscience

Address: LPLC-1095 N.W. 14th Terrace #1-40, Miami, FL 33136
Phone: 305-243-4004
Email: ghotz@med.miami.edu

Level 1 Center(s): Miami X 2 (UM School of Medicine/Jackson Memorial Medical Center, Miami Children's Hospital), Orlando (Orlando Regional Medical Center), Jacksonville (UF/Shands Jacksonville Medical Center), Tampa (Tampa General Hospital), Ft. Lauderdale (Broward General Hospital)
Level 2 Center(s): Pensacola (Baptist Hospital), Daytona Beach (Halifax Medical Center), Melbourne (Holmes Regional Medical Center), Lakeland (Lakeland Regional Medical Center), St. Petersburg (All Childrens Hospital), Ft. Myers (Lee Memorial Hospital), Delray Beach (Delray)
Level 3 Center(s): Pensacola X 2(Sacred Heart Hospital, West Florida Regional Medical Center), St. Petersburg (Bayfront Medical Center), Ft. Lauderdale (North Broward Medical Center), Jacksonville (Brookes Rehab Center), Hallendale (Joe DiMaggio Rehab Center)

Number of jobs HR 2600 creates in Florida: 231

HR2600 Budget Overview for Florida State Lead Center

	Center Management	Indirect Cost	Administrative Cost	Total
Year 1:	$ 9,862,001	$ 1,972,400	$ 246,550	$ 12,080,951
Year 2:	$ 17,998,151	$ 3,599,630	$ 449,954	$ 22,047,734
Year 3:	$ 17,998,151	$ 3,599,630	$ 449,954	$ 22,047,734
Year 4:	$ 14,398,520	$ 2,879,704	$ 359,963	$ 17,638,188
Year 5:	$ 10,798,890	$ 2,159,778	$ 269,972	$ 13,228,641
Year 6:	$ 7,199,260	$ 1,439,852	$ 179,982	$ 8,819,094
Year 7:	$ 3,599,630	$ 719,926	$ 89,991	$ 4,409,547
TOTAL:				**$ 100,271,889**

Florida continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
STATE LEAD CENTER MANAGEMENT			
Program Director:	$ 86,450	$ 86,450	$ 86,450
Program Director Assistant:	$ 41,466	$ 41,466	$ 41,466
State Director:	$ 142,169	$ 142,169	$ 142,169
Associate State Director:	$ 65,161	$ 65,161	$ 65,161
State Epidemiologist:	$ 106,627	$ 106,627	$ 106,627
State Epidemiologist Assistant:	$ 53,313	$ 53,313	$ 53,313
State Scientific Investigation Research Coordinator:	$ 77,008	$ 77,008	$ 77,008
State Scientific Investigation Research Assistant:	$ 142,169 (3)	$ 142,169 (3)	$ 142,169 (3)
State Education/Training Coordinator (+ materials):	$ 324,549	$ 324,549	$ 324,549
State General Counsel:	$ 118,474	$ 118,474	$ 118,474
State IT Manager:	$ 71,084	$ 71,084	$ 71,084
State Family Support Coordinator:	$ 106,627	$ 106,627	$ 106,627
State Prevention/Awareness Coordinator:	$ 65,161	$ 65,161	$ 65,161
State Acute Care Coordinator:	$ 65,161	$ 65,161	$ 65,161
State Reintegration Coordinator:	$ 65,161	$ 65,161	$ 65,161
State Adult Transition Coordinator:	$ 65,161	$ 65,161	$ 65,161
State “Mild” TBI Coordinator:	$ 65,161	$ 65,161	$ 65,161
State Mental Health Coordinator:	$ 65,161	$ 65,161	$ 65,161
State Assistive/Emerging Technology Coordinator:	$ 65,161	$ 65,161	$ 65,161
State Correctional System Coordinator:	$ 65,161	$ 65,161	$ 65,161
State MISC Coordinator:	$ 65,161	$ 65,161	$ 65,161
State Veterans Coordinator:	$ 65,161	$ 65,161	$ 65,161
State Data Manager:	$ 71,084	$ 71,084	$ 71,084
State Public Policy Manager:	$ 77,008	$ 77,008	$ 77,008
State Community Relations Manager:	$ 59,237	$ 59,237	$ 59,237
State Administrative Support:	$ 248,796 (6)	$ 248,796 (6)	$ 248,796 (6)
Charity care:	$ 178,157	$ 178,157	$ 178,157
Human Resources Support:	$ 175,000	$ 231,000	$ 231,000
Training Support:	$ 43,750	$ 57,750	$ 57,750
Office Space Cost:	$ 182,254	$ 182,254	$ 182,254
Transportation/Travel:	$ 57,723	$ 57,723	$ 57,723
Office Equipment/Communications:	$ 170,700	$ 170,700	$ 170,700
Supplies:	$ 44,094	$ 44,094	$ 44,094
Annual and Regional Conferences:	$ 16,000	$ 16,000	$ 16,000
State Brain Injury Organization Pediatric Programs:	$ 89,078	$ 89,078	$ 89,078

Florida continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
CATEGORY OF CARE RESPONSIBILITY: Acute Care			
National Category Director:	$ 232,750	$ 232,750	$ 232,750
National Category Epidemiologist:	$ 199,500	$ 199,500	$ 199,500
National Category Education/Training Coordinator:	$ 166,250	$ 166,250	$ 166,250
National Category Scientific Investigation Research:	$ 166,250	$ 166,250	$ 166,250
National Acute Category Assistant Director:	$ 166,250	$ 166,250	$ 166,250
Regional Category Director:	$ 142,169	$ 142,169	$ 142,169
Regional Category Epidemiologist:	$ 118,474	$ 118,474	$ 118,474
Regional Category Education/Training Coordinator:	$ 106,627	$ 106,627	$ 106,627
Regional Category Scientific Investigation Research:	$ 106,627	$ 106,627	$ 106,627
Regional Category Administrative Support:	$ 164,864 (4)	$ 164,864 (4)	$ 164,864 (4)
Regional Category Office Space Cost:	$ 71,797	$ 71,797	$ 71,797
Regional Category Transportation/Travel:	$ 90,000	$ 90,000	$ 90,000
Regional Category Office Equipment/Communications:	$ 27,300	$ 27,300	$ 27,300
Regional Category Supplies:	$ 17,370	$ 17,370	$ 17,370
CASE MANAGEMENT RESPONSIBILITY			
Level 1 Center Manager:	$ 426,507 (9)	$ 853,014 (9)	$ 853,014 (9)
Level 1 Center Field Specialist:	$ 346,537 (9)	$ 693,074 (9)	$ 693,074 (9)
Level 1 Center SJB Family Specialists/Research Asst:	$ 1,599,400(54)	$ 5,331,335(90)	$ 5,331,335(90)
Level 1 Center Administrative Support :	$ 373,193 (18)	$ 746,387 (18)	$ 746,387 (18)
Level 1 Office Space Cost:	$ 18,706	$ 37,413	$ 37,413
Level 1 Transportation/Travel:	$ 56,551	$ 169,261	$ 169,261
Level 1 Office Equipment/Communications:	$ 254,100	$ 376,500	$ 376,500
Level 1 Supplies:	$ 54,783	$ 157,669	$ 157,669
Level 2 Center Field Specialists:	$ 269,529 (7)	$ 539,057 (7)	$ 539,057 (7)
Level 2 Center SJB Family Specialists/Research Asst:	$ 829,319 (28)	$ 2,487,956(42)	$ 2,487,956(42)
Level 2 Transportation/Travel:	$ 25,581	$ 73,003	$ 73,003
Level 2 Office Equipment/Communications:	$ 119,000	$ 166,600	$ 166,600
Level 2 Supplies:	$ 23,383	$ 65,473	$ 65,473
Level 3 Center SJB Family Specialists/Research Asst:	$ 355,422 (12)	$ 1,066,267(18)	$ 1,066,267(18)
Level 3 Transportation/Travel:	$ 9,360	$ 28,080	$ 28,080
Level 3 Office Equipment/Communications:	$ 40,800	$ 61,200	$ 61,200
Level 3 Supplies:	$ 8,017	$ 24,051	$ 24,051
State Lead Center Management Sub-Total:	**$ 3,383,585**	**$ 3,469,585**	**$ 3,469,585**
Category of Care Sub-Total:	**$ 1,652,228**	**$ 1,652,228**	**$ 1,652,228**
Case Management Sub-Total:	**$ 4,810,189**	**$ 12,876,338**	**$ 12,876,338**
Center Management Total:	**$ 9,862,001**	**$ 17,998,151**	**$ 17,998,151**

*** Salaries also include fringe benefits**

Sarah Jane Brain Family State Lead Center of Excellence
For the state of

Georgia

Children's Healthcare of Atlanta
www.choa.org

REGION: Southeast

CATEGORY OF CARE: Prevention

Program Director: Julie Krupa, Ph.D.
Position Title: Research Project Coordinator
Department: Rehabilitation Services

Address: 1001 Johnson Ferry Road NE, Atlanta, GA 30342
Phone: 404-785-3284
Email: julie.krupa@choa.org

Level 1 Center(s): Atlanta
Level 2 Center(s): Augusta, Columbus, Savannah
Level 3 Center(s): Rome, Valdosta, Brunswick, Athens, Macon

Number of jobs HR 2600 creates in Georgia: 99

HR2600 Budget Overview for Georgia State Lead Center

	Center Management	Indirect Cost	Administrative Cost	Total
Year 1:	$ 3,769,229	$ 753,846	$ 94,231	$ 4,617,305
Year 2:	$ 7,286,859	$ 1,457,372	$ 182,171	$ 8,926,402
Year 3:	$ 7,286,859	$ 1,457,372	$ 182,171	$ 8,926,402
Year 4:	$ 5,829,487	$ 1,165,897	$ 145,737	$ 7,141,122
Year 5:	$ 4,372,115	$ 874,423	$ 109,303	$ 5,355,841
Year 6:	$ 2,914,744	$ 582,949	$ 72,869	$ 3,570,561
Year 7:	$ 1,457,372	$ 291,474	$ 36,434	$ 1,785,280
TOTAL:				**$ 40,322,913**

Georgia continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
STATE LEAD CENTER MANAGEMENT			
Program Director:	$ 73,200	$ 73,200	$ 73,200
Program Director Assistant:	$ 40,463	$ 40,463	$ 40,463
State Director:	$ 104,048	$ 138,730	$ 138,730
Associate State Director:	$ 47,689	$ 63,585	$ 63,585
State Epidemiologist:	$ 78,036	$ 104,048	$ 104,048
State Epidemiologist Assistant:	$ 39,018	$ 52,024	$ 52,024
State Scientific Investigation Research Coordinator:	$ 56,359	$ 75,146	$ 75,146
State Scientific Investigation Research Assistant:	$ 104,048 (3)	$ 138,730 (3)	$ 138,730 (3)
State Education/Training Coordinator (+ materials):	$ 154,470	$ 205,960	$ 205,960
State General Counsel:	$ 86,706	$ 115,609	$ 115,609
State IT Manager:	$ 52,024	$ 69,365	$ 69,365
State Family Support Coordinator:	$ 78,036	$ 104,048	$ 104,048
State Prevention/Awareness Coordinator:	$ 47,689	$ 63,585	$ 63,585
State Acute Care Coordinator:	$ 47,689	$ 63,585	$ 63,585
State Reintegration Coordinator:	$ 47,689	$ 63,585	$ 63,585
State Adult Transition Coordinator:	$ 47,689	$ 63,585	$ 63,585
State “Mild” TBI Coordinator:	$ 47,689	$ 63,585	$ 63,585
State Mental Health Coordinator:	$ 47,689	$ 63,585	$ 63,585
State Assistive/Emerging Technology Coordinator:	$ 47,689	$ 63,585	$ 63,585
State Correctional System Coordinator:	$ 47,689	$ 63,585	$ 63,585
State MISC Coordinator:	$ 47,689	$ 63,585	$ 63,585
State Veterans Coordinator:	$ 47,689	$ 63,585	$ 63,585
State Data Manager:	$ 52,024	$ 69,365	$ 69,365
State Public Policy Manager:	$ 56,359	$ 75,146	$ 75,146
State Community Relations Manager:	$ 43,353	$ 57,804	$ 57,804
State Administrative Support:	$ 182,084(6)	$ 242,778 (6)	$ 242,778 (6)
Charity care:	$ 142,142	$ 189,522	$ 189,522
Human Resources Support:	$ 84,000	$ 99,000	$ 99,000
Training Support:	$ 21,000	$ 24,750	$ 24,750
Office Space Cost:	$ 145,411	$ 193,881	$ 193,881
Transportation/Travel:	$ 46,054	$ 61,405	$ 61,405
Office Equipment/Communications:	$ 170,700	$ 170,700	$ 170,700
Supplies:	$ 35,180	$ 46,907	$ 46,907
Annual and Regional Conferences:	$ 16,000	$ 16,000	$ 16,000
State Brain Injury Organization Pediatric Programs:	$ 94,761	$ 94,761	$ 94,761

Georgia continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
CATEGORY OF CARE RESPONSIBILITY: Prevention			
Regional Category Director:	$ 104,048	$ 138,730	$ 138,730
Regional Category Epidemiologist:	$ 86,706	$ 115,609	$ 115,609
Regional Category Education/Training Coordinator:	$ 78,036	$ 104,048	$ 104,048
Regional Category Scientific Investigation Research:	$ 78,036	$ 104,048	$ 104,048
Regional Category Administrative Support:	$ 121,389 (4)	$ 161,852 (4)	$ 161,852 (4)
Regional Category Office Space Cost:	$ 35,251	$ 47,002	$ 47,002
Regional Category Transportation/Travel:	$ 67,500	$ 90,000	$ 90,000
Regional Category Office Equipment/Communications:	$ 16,800	$ 16,800	$ 16,800
Regional Category Supplies:	$ 8,529	$ 11,371	$ 11,371
CASE MANAGEMENT RESPONSIBILITY			
Level 1 Center Manager:	$ 23,122	$ 92,487	$ 92,487
Level 1 Center Field Specialist:	$ 18,786	$ 75,146	$ 75,146
Level 1 Center SJB Family Specialists/Research Asst:	$ 86,706 (6)	$ 578,043 (10)	$ 578,043 (10)
Level 1 Center Administrative Support :	$ 20,232 (2)	$ 80,926 (2)	$ 80,926 (2)
Level 1 Office Space Cost:	$ 9,950	$ 39,800	$ 39,800
Level 1 Transportation/Travel:	$ 3,193	$ 19,011	$ 19,011
Level 1 Office Equipment/Communications:	$ 46,900	$ 60,500	$ 60,500
Level 1 Supplies:	$ 6,396	$ 31,271	$ 31,271
Level 2 Center Field Specialists:	$ 56,359 (3)	$ 225,437 (3)	$ 225,437 (3)
Level 2 Center SJB Family Specialists/Research Asst:	$ 173,413 (12)	$1,040,477(18)	$ 1,040,477(18)
Level 2 Transportation/Travel:	$ 5,533	$ 31,491	$ 31,491
Level 2 Office Equipment/Communications:	$ 51,000	$ 71,400	$ 71,400
Level 2 Supplies:	$ 5,330	$ 29,850	$ 29,850
Level 3 Center SJB Family Specialists/Research Asst:	$ 144,511(10)	$ 867,065 (15)	$ 867,065
Level 3 Transportation/Travel:	$ 3,900	$ 23,400	$ 23,400
Level 3 Office Equipment/Communications:	$ 34,000	$ 51,000	$ 51,000
Level 3 Supplies:	$ 3,554	$ 21,321	$ 21,321
State Lead Center Management Sub-Total:	**$ 2,480,050**	**$ 3,158,775**	**$ 3,158,775**
Category of Care Sub-Total:	**$ 596,295**	**$ 789,459**	**$ 789,459**
Case Management Sub-Total:	**$ 692,885**	**$ 3,338,625**	**$ 3,338,625**
Center Management Total:	**$ 3,769,229**	**$ 7,286,859**	**$ 7,286,859**

*** Salaries also include fringe benefits**

Sarah Jane Brain Family State Lead Center of Excellence
For the state of

Hawaii

Center on Disability Studies at The University of Hawaii
www.cds.hawaii.edu

REGION: Pacific

CATEGORY OF CARE: "Mild" TBI

Program Director: Jean Johnson, Ph.D.

Position Title: Associate Director/Associate Professor

Department: Center on Disabilities Studies

Address: 1776 University Avenue, Honolulu, HI 96826
Phone: 808-956-2653
Email: jeanj@hawaii.edu

Level 1 Center(s): Oahu, Maui, Kauai, Hilo (Big Island)
Level 2 Center(s): Guam, Saipan, Palau, FSM, Marshalls, American Samoa, Hana, Molokai, Kona (Big Island)
Level 3 Center(s): FSM, FSM, FSM, Marshalls, Lanai

Number of jobs HR 2600 creates in Hawaii: 177

HR2600 Budget Overview for Hawaii State Lead Center

	Center Management	Indirect Cost	Administrative Cost	Total
Year 1:	$ 7,281,598	$ 1,456,320	$ 182,040	$ 8,919,958
Year 2:	$ 18,783,211	$ 3,756,642	$ 469,580	$ 23,009,433
Year 3:	$ 18,783,211	$ 3,756,642	$ 469,580	$ 23,009,433
Year 4:	$ 15,026,568	$ 3,005,314	$ 375,664	$ 18,407,546
Year 5:	$ 11,269,926	$ 2,253,985	$ 281,748	$ 13,805,660
Year 6:	$ 7,513,284	$ 1,502,657	$ 187,832	$ 9,203,773
Year 7:	$ 3,756,642	$ 751,328	$ 93,916	$ 4,601,887
TOTAL:				**$ 100,957,690**

Hawaii continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
STATE LEAD CENTER MANAGEMENT			
Program Director:	$ 181,173	$ 181,173	$ 181,173
Program Director Assistant:	$ 61,780	$ 61,780	$ 61,780
State Director:	$ 158,863	$ 211,818	$ 211,818
Associate State Director:	$ 72,812	$ 97,083	$ 97,083
State Epidemiologist:	$ 119,148	$ 158,863	$ 158,863
State Epidemiologist Assistant:	$ 59,574	$ 79,432	$ 79,432
State Scientific Investigation Research Coordinator:	$ 86,051	$ 114,735	$ 114,735
State Scientific Investigation Research Assistant:	$ 158,863 (3)	$ 211,818 (3)	$ 211,818 (3)
State Education/Training Coordinator (+ materials):	$ 99,100	$ 132,133	$ 132,133
State General Counsel:	$ 132,386	$ 176,515	$ 176,515
State IT Manager:	$ 79,432	$ 105,909	$ 105,909
State Family Support Coordinator:	$ 119,148	$ 158,863	$ 158,863
State Prevention/Awareness Coordinator:	$ 72,812	$ 97,083	$ 97,083
State Acute Care Coordinator:	$ 72,812	$ 97,083	$ 97,083
State Reintegration Coordinator:	$ 72,812	$ 97,083	$ 97,083
State Adult Transition Coordinator:	$ 72,812	$ 97,083	$ 97,083
State “Mild” TBI Coordinator:	$ 72,812	$ 97,083	$ 97,083
State Mental Health Coordinator:	$ 72,812	$ 97,083	$ 97,083
State Assistive/Emerging Technology Coordinator:	$ 72,812	$ 97,083	$ 97,083
State Correctional System Coordinator:	$ 72,812	$ 97,083	$ 97,083
State MISC Coordinator:	$ 72,812	$ 97,083	$ 97,083
State Veterans Coordinator:	$ 72,812	$ 97,083	$ 97,083
State Data Manager:	$ 79,432	$ 105,909	$ 105,909
State Public Policy Manager:	$ 86,051	$ 114,735	$ 114,735
State Community Relations Manager:	$ 66,193	$ 88,257	$ 88,257
State Administrative Support:	$ 278,011(6)	$ 370,681 (6)	$ 370,681 (6)
Charity care:	$ 191,448	$ 255,264	$ 255,264
Human Resources Support:	$ 138,000	$ 177,000	$ 177,000
Training Support:	$ 34,500	$ 44,250	$ 44,250
Office Space Cost:	$ 195,851	$ 261,135	$ 261,135
Transportation/Travel:	$ 48,600	$ 64,800	$ 64,800
Office Equipment/Communications:	$ 170,700	$ 170,700	$ 170,700
Supplies:	$ 47,383	$ 63,178	$ 63,178
Annual and Regional Conferences:	$ 16,000	$ 16,000	$ 16,000
State Brain Injury Organization Pediatric Programs:	$ 127,632	$ 127,632	$ 127,632

Hawaii continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
CATEGORY OF CARE RESPONSIBILITY: "Mild" TBI			
Regional Category Director:	$ 158,863	$ 211,818	$ 211,818
Regional Category Epidemiologist:	$ 132,386	$ 176,515	$ 176,515
Regional Category Education/Training Coordinator:	$ 119,148	$ 158,863	$ 158,863
Regional Category Scientific Investigation Research:	$ 119,148	$ 158,863	$ 158,863
Regional Additional Technology:	$ 300,000	n/a	n/a
Regional Category Administrative Support:	$ 185,341 (4)	$ 247,121 (4)	$ 247,121 (4)
Regional Category Office Space Cost:	$ 47,479	$ 63,305	$ 63,305
Regional Category Transportation/Travel:	$ 67,500	$ 90,000	$ 90,000
Regional Category Office Equipment/Communications:	$ 16,800	$ 16,800	$ 16,800
Regional Category Supplies:	$ 11,487	$ 15,316	$ 15,316
CASE MANAGEMENT RESPONSIBILITY			
Level 1 Center Manager:	$ 141,212 (4)	$ 564,848 (4)	$ 564,848 (4)
Level 1 Center Field Specialist:	$ 114,735 (4)	$ 458,939 (4)	$ 458,939 (4)
Level 1 Center SJB Family Specialists/Research Asst:	$ 529,545 (24)	$ 3,530,297(40)	$ 3,530,297(40)
Level 1 Center Administrative Support :	$ 123,560 (8)	$ 494,242 (8)	$ 494,242 (8)
Level 1 Office Space Cost:	$ 13,401	$ 53,605	$ 53,605
Level 1 Transportation/Travel:	$ 12,960	$ 76,800	$ 76,800
Level 1 Office Equipment/Communications:	$ 124,600	$ 179,000	$ 179,000
Level 1 Supplies:	$ 20,102	$ 111,040	$ 111,040
Level 2 Center Field Specialists:	$ 258,153 (9)	$ 1,032,612 (9)	$ 1,032,612 (9)
Level 2 Center SJB Family Specialists/Research Asst:	$ 794,317 (36)	$ 4,765,902(54)	$ 4,765,902(54)
Level 2 Transportation/Travel:	$ 16,740	$ 95,040	$ 95,040
Level 2 Office Equipment/Communications:	$ 153,000	$ 214,200	$ 214,200
Level 2 Supplies:	$ 21,538	$ 120,612	$ 120,612
Level 3 Center SJB Family Specialists/Research Asst:	$ 220,644(10)	$1,323,862(15)	$ 1,323,862(15)
Level 3 Transportation/Travel:	$ 3,900	$ 23,400	$ 23,400
Level 3 Office Equipment/Communications:	$ 34,000	$ 51,000	$ 51,000
Level 3 Supplies:	$ 4,786	$ 28,717	$ 28,717
State Lead Center Management Sub-Total:	**$ 3,536,254**	**$ 4,520,494**	**$ 4,520,494**
Category of Care Sub-Total:	**$ 1,158,151**	**$ 1,138,602**	**$ 1,138,602**
Case Management Sub-Total:	**$ 2,587,193**	**$ 13,124,115**	**$ 13,124,115**
Center Management Total:	**$ 7,281,598**	**$ 18,783,211**	**$ 18,783,211**

*** Salaries also include fringe benefits**

Sarah Jane Brain Family State Lead Center of Excellence
For the state of

Idaho

Idaho State University/ Institute of Rural Health
www.isu.edu

REGION: Rocky Mountain

CATEGORY OF CARE: The Virtual Center

Program Director: Russell Spearman, M.Ed.
Position Title: Senior Research Associate
Department: Traumatic Brain Injury Program

Address: ISU-Meridian Heath Science Center, 1311 E. Central Drive, Meridian, ID 83642
Phone: 208-373-1773
Email: spearuss@isu.edu

Level 1 Center(s): Pocatello, Meridian
Level 2 Center(s): Coeur D'Alene
Level 3 Center(s): Nampa, Lewiston

Number of jobs HR 2600 creates in Idaho: 89

HR2600 Budget Overview for Idaho State Lead Center

	Center Management	Indirect Cost	Administrative Cost	Total
Year 1:	$ 4,022,991	$ 804,598	$ 100,575	$ 4,928,163
Year 2:	$ 7,449,247	$ 1,489,849	$ 186,231	$ 9,125,328
Year 3:	$ 7,449,247	$ 1,489,949	$ 186,231	$ 9,125,328
Year 4:	$ 5,959,398	$ 1,191,880	$ 148,985	$ 7,300,262
Year 5:	$ 4,469,548	$ 893,910	$ 111,739	$ 5,475,197
Year 6:	$ 2,979,699	$ 595,940	$ 74,492	$ 3,650,131
Year 7:	$ 1,489,849	$ 297,970	$ 37,246	$ 1,825,066
TOTAL:				**$ 41,429,475**

Idaho continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
STATE LEAD CENTER MANAGEMENT			
Program Director:	$ 29,800	$ 29,800	$ 29,800
Program Director Assistant:	$ 46,652	$ 46,652	$ 46,652
State Director:	$ 119,961	$ 159,948	$ 159,948
Associate State Director:	$ 54,982	$ 73,310	$ 73,310
State Epidemiologist:	$ 89,971	$ 119,961	$ 119,961
State Epidemiologist Assistant:	$ 44,985	$ 59,981	$ 59,981
State Scientific Investigation Research Coordinator:	$ 64,979	$ 86,639	$ 86,639
State Scientific Investigation Research Assistant:	$ 119,961 (3)	$ 159,948 (3)	$ 159,948 (3)
State Education/Training Coordinator (+ materials):	$ 80,414	$ 107,219	$ 107,219
State General Counsel:	$ 99,968	$ 133,290	$ 133,290
State IT Manager:	$ 59,981	$ 79,974	$ 79,974
State Family Support Coordinator:	$ 89,971	$ 119,961	$ 119,961
State Prevention/Awareness Coordinator:	$ 54,982	$ 73,310	$ 73,310
State Acute Care Coordinator:	$ 54,982	$ 73,310	$ 73,310
State Reintegration Coordinator:	$ 54,982	$ 73,310	$ 73,310
State Adult Transition Coordinator:	$ 54,982	$ 73,310	$ 73,310
State “Mild” TBI Coordinator:	$ 54,982	$ 73,310	$ 73,310
State Mental Health Coordinator:	$ 54,982	$ 73,310	$ 73,310
State Assistive/Emerging Technology Coordinator:	$ 54,982	$ 73,310	$ 73,310
State Correctional System Coordinator:	$ 54,982	$ 73,310	$ 73,310
State MISC Coordinator:	$ 54,982	$ 73,310	$ 73,310
State Veterans Coordinator:	$ 54,982	$ 73,310	$ 73,310
State Data Manager:	$ 59,981	$ 79,974	$ 79,974
State Public Policy Manager:	$ 64,979	$ 86,639	$ 86,639
State Community Relations Manager:	$ 49,984	$ 66,645	$ 66,645
State Administrative Support:	$ 209,932 (6)	$ 279,910 (6)	$ 279,910 (6)
Charity care:	$ 134,185	$ 178,913	$ 178,913
Human Resources Support:	$ 77,000	$ 89,000	$ 89,000
Training Support:	$ 19,250	$ 22,250	$ 22,250
Office Space Cost:	$ 137,271	$ 183,028	$ 183,028
Transportation/Travel:	$ 43,476	$ 57,968	$ 57,968
Office Equipment/Communications:	$ 170,700	$ 170,700	$ 170,700
Supplies:	$ 33,211	$ 44,281	$ 44,281
Annual and Regional Conferences:	$ 16,000	$ 16,000	$ 16,000
State Brain Injury Organization Pediatric Programs:	$ 89,457	$ 89,457	$ 89,457

Idaho continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
CATEGORY OF CARE RESPONSIBILITY: Virtual			
Regional Category Director:	$ 119,961	$ 159,948	$ 159,948
Regional Category Epidemiologist:	$ 99,968	$ 133,290	$ 133,290
Regional Category Education/Training Coordinator:	$ 89,971	$ 119,961	$ 119,961
Regional Category Scientific Investigation Research:	$ 89,971	$ 119,961	$ 119,961
Regional Additional (Business Development Manager):	$ 84,973	$ 113,297	$ 113,297
Regional Category Administrative Support:	$ 139,955 (4)	$ 186,606 (4)	$ 186,606 (4)
Regional Category Office Space Cost:	$ 37,438	$ 49,917	$ 49,917
Regional Category Transportation/Travel:	$ 67,500	$ 90,000	$ 90,000
Regional Category Office Equipment/Communications:	$ 18,900	$ 18,900	$ 18,900
Regional Category Supplies:	$ 9,057	$ 12,077	$ 12,077
CASE MANAGEMENT RESPONSIBILITY			
Level 1 Center Manager:	$ 53,316 (2)	$ 213,265 (2)	$ 213,265 (2)
Level 1 Center Field Specialist:	$ 43,319 (2)	$ 173,277 (2)	$ 173,277 (2)
Level 1 Center SJB Family Specialists/Research Asst:	$ 199,936 (12)	$1,332,903 (20)	$1,332,903 (20)
Level 1 Center Administrative Support :	$ 46,652 (4)	$ 186,606 (4)	$ 186,606 (4)
Level 1 Office Space Cost:	$ 9,393	$ 37,572	$ 37,572
Level 1 Transportation/Travel:	$ 6,290	$ 37,641	$ 37,641
Level 1 Office Equipment/Communications:	$ 72,800	$ 100,000	$ 100,000
Level 1 Supplies:	$ 8,722	$ 45,623	$ 45,623
Level 2 Center Field Specialists:	$ 21,660	$ 86,639	$ 86,639
Level 2 Center SJB Family Specialists/Research Asst:	$ 66,645 (4)	$ 399,871 (6)	$ 399,871 (6)
Level 2 Transportation/Travel:	$ 1,828	$ 10,433	$ 10,433
Level 2 Office Equipment/Communications:	$ 17,000	$ 23,800	$ 23,800
Level 2 Supplies:	$ 1,677	$ 9,393	$ 9,393
Level 3 Center SJB Family Specialists/Research Asst:	$ 66,645 (4)	$ 399,871	$ 399,871
Level 3 Transportation/Travel:	$ 1,560	$ 9,360	$ 9,360
Level 3 Office Equipment/Communications:	$ 13,600	$ 20,400	$ 20,400
Level 3 Supplies:	$ 1,342	$ 8,051	$ 8,051
State Lead Center Management Sub-Total:	**$ 2,556,874**	**$ 3,274,545**	**$ 3,274,545**
Category of Care Sub-Total:	**$ 833,732**	**$ 1,079,996**	**$ 1,079,996**
Case Management Sub-Total:	**$ 632,385**	**$ 3,094,706**	**$ 3,094,706**
Center Management Total:	**$ 4,022,991**	**$ 7,449,247**	**$ 7,449,247**

*** Salaries also include fringe benefits**

Sarah Jane Brain Family State Lead Center of Excellence
For the State of

Illinois

Southern Illinois University School of Medicine
www.siumed.edu

REGION: Mid-Central

CATEGORY OF CARE: Rural/Tele-health National Lead Center

Program Director: Phillip V. Davis, Ph.D.

Position Title: Associate Provost for External and Health Affairs

Department: External and Health Affairs Programs

Major Subdivision: Tele-health Networks and Programs

Address: P.O. Box 19604, Springfield, IL 62794-9604
Phone: 217-545-5770
Email: pdavis@siumed.edu

Level 1 Center(s): Chicago (Comer Children's Hospital), Rockford (Rockford Memorial), Springfield (St. John's Hospital), Urbana (Carle Foundation Hospital), Oak Lawn (Advocate Christ Hospital), Maywood (Loyola University Medical Center)
Level 2 Center(s): Chicago Public School District, Elgin School District, Rockford School District, Indian Prarie School District
Level 3 Center(s): Chicago X 3 (La Rabita Children's Hospital, Stroger Hospital of Cook County, Sinai Hospital), Peoria (OSFT St. Francis), Park Ridge (Advocate Lutheran General Hospital), Evanston (Evanston Hospital)

Number of jobs HR 2600 creates in Illinois: 173

HR2600 Budget Overview for Illinois State Lead Center

	Center Management	Indirect Cost	Administrative Cost	Total
Year 1:	$ 11,702,280	$ 2,340,456	$ 292,557	$ 14,335,293
Year 2:	$ 16,510,020	$ 3,302,004	$ 412,751	$ 20,224,775
Year 3:	$ 16,510,020	$ 3,302,004	$ 412,751	$ 20,224,775
Year 4:	$ 13,208,016	$ 2,641,603	$ 330,200	$ 16,179,820
Year 5:	$ 9,906,012	$ 1,981,202	$ 247,650	$ 12,134,865
Year 6:	$ 6,604,008	$ 1,320,802	$ 165,100	$ 8,089,910
Year 7:	$ 3,302,004	$ 660,401	$ 82,550	$ 4,044,955
TOTAL:				**$ 95,234,393**

Illinois continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
STATE LEAD CENTER MANAGEMENT			
Program Director:	$ 82,968	$ 82,968	$ 82,968
Program Director Assistant:	$ 52,007	$ 52,007	$ 52,007
State Director:	$ 178,310	$ 178,310	$ 178,310
Associate State Director:	$ 81,725	$ 81,725	$ 81,725
State Epidemiologist:	$ 133,732	$ 133,732	$ 133,732
State Epidemiologist Assistant:	$ 66,866	$ 66,866	$ 66,866
State Scientific Investigation Research Coordinator:	$ 96,858	$ 96,858	$ 96,858
State Scientific Investigation Research Assistant:	$ 178,310 (3)	$ 178,310 (3)	$ 178,310 (3)
State Education/Training Coordinator (+ materials):	$ 270,832	$ 270,832	$ 270,832
State General Counsel:	$ 148,592	$ 148,592	$ 148,592
State IT Manager:	$ 89,155	$ 89,155	$ 89,155
State Family Support Coordinator:	$ 133,732	$ 133,732	$ 133,732
State Prevention/Awareness Coordinator:	$ 81,725	$ 81,725	$ 81,725
State Acute Care Coordinator:	$ 81,725	$ 81,725	$ 81,725
State Reintegration Coordinator:	$ 81,725	$ 81,725	$ 81,725
State Adult Transition Coordinator:	$ 81,725	$ 81,725	$ 81,725
State “Mild” TBI Coordinator:	$ 81,725	$ 81,725	$ 81,725
State Mental Health Coordinator:	$ 81,725	$ 81,725	$ 81,725
State Assistive/Emerging Technology Coordinator:	$ 81,725	$ 81,725	$ 81,725
State Correctional System Coordinator:	$ 81,725	$ 81,725	$ 81,725
State MISC Coordinator:	$ 81,725	$ 81,725	$ 81,725
State Veterans Coordinator:	$ 81,725	$ 81,725	$ 81,725
State Data Manager:	$ 89,155	$ 89,155	$ 89,155
State Public Policy Manager:	$ 96,585	$ 96,585	$ 96,585
State Community Relations Manager:	$ 74,296	$ 74,296	$ 74,296
State Administrative Support:	$ 312,042 (6)	$ 312,042 (6)	$ 312,042 (6)
Charity care:	$ 214,914	$ 214,914	$ 214,914
Human Resources Support:	$ 135,000	$ 173,000	$ 173,000
Training Support:	$ 33,750	$ 43,250	$ 43,250
Office Space Cost:	$ 219,857	$ 219,857	$ 219,857
Transportation/Travel:	$ 64,800	$ 64,800	$ 64,800
Office Equipment/Communications:	$ 170,700	$ 170,700	$ 170,700
Supplies:	$ 53,191	$ 53,191	$ 53,191
Annual and Regional Conferences:	$ 16,000	$ 16,000	$ 16,000
State Brain Injury Organization Pediatric Programs:	$ 107,457	$ 107,457	$ 107,457

Illinois continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
CATEGORY OF CARE RESPONSIBILITY: "Mild" TBI			
National Category Director:	$ 241,990	$ 241,990	$ 241,990
National Category Epidemiologist:	$ 207,420	$ 207,420	$ 207,420
National Category Education/Training Coordinator:	$ 172,850	$ 172,850	$ 172,850
National Category Scientific Investigation Research:	$ 172,850	$ 172,850	$ 172,850
National Strategic Tele-health technology:	$ 2,000,000		
Regional Category Director:	$ 178,310	$ 178,310	$ 178,310
Regional Category Epidemiologist:	$ 148,592	$ 148,592	$ 148,592
Regional Category Education/Training Coordinator:	$ 133,732	$ 133,732	$ 133,732
Regional Category Scientific Investigation Research:	$ 133,732	$ 133,732	$ 133,732
Regional Category Administrative Support:	$ 208,028 (4)	$ 208,028 (4)	$ 208,028 (4)
Regional Category Office Space Cost:	$ 79,948	$ 79,948	$ 79,948
Regional Category Transportation/Travel:	$ 90,000	$ 90,000	$ 90,000
Regional Category Office Equipment/Communications:	$ 25,200	$ 25,200	$ 25,200
Regional Category Supplies:	$ 19,342	$ 19,342	$ 19,342
CASE MANAGEMENT RESPONSIBILITY			
Level 1 Center Manager:	$ 356,620 (6)	$ 713,240 (6)	$ 713,240 (6)
Level 1 Center Field Specialist:	$ 289,754 (6)	$ 579,507 (6)	$ 579,507 (6)
Level 1 Center SJB Family Specialists/Research Asst:	$ 1,337,324(36)	$ 4,456,748(60)	$ 4,456,748(60)
Level 1 Center Administrative Support :	$ 312,042 (12)	$ 624,085 (12)	$ 624,085 (12)
Level 1 Office Space Cost:	$ 22,566	$ 45,132	$ 45,132
Level 1 Transportation/Travel:	$ 38,880	$ 115,200	$ 115,200
Level 1 Office Equipment/Communications:	$ 176,400	$ 258,000	$ 258,000
Level 1 Supplies:	$ 46,744	$ 132,172	$ 132,172
Level 2 Center Field Specialists:	$ 193,169 (4)	$ 386,338 (4)	$ 386,338 (4)
Level 2 Center SJB Family Specialists/Research Asst:	$ 594,366 (16)	$ 1,783,099(24)	$ 1,783,099(24)
Level 2 Transportation/Travel:	$ 14,880	$ 42,240	$ 42,240
Level 2 Office Equipment/Communications:	$ 68,000	$ 95,200	$ 95,200
Level 2 Supplies:	$ 16,119	$ 45,132	$ 45,132
Level 3 Center SJB Family Specialists/Research Asst:	$ 445,775 (12)	$ 1,337,324(18)	$ 1, 337,324(18)
Level 3 Transportation/Travel:	$ 9,360	$ 28,080	$ 28,080
Level 3 Office Equipment/Communications:	$ 40,800	$ 61,200	$ 61,200
Level 3 Supplies:	$ 9,671	$ 29,013	$ 29,013
State Lead Center Management Sub-Total:	**$ 3,901,815**	**$ 3,949,315**	**$ 3,949,315**
Category of Care Sub-Total:	**$ 3,811,995**	**$ 1,811,995**	**$ 1,811,995**
Case Management Sub-Total:	**$ 3,972,470**	**$ 10,732,711**	**$ 10,732,711**
Center Management Total:	**$ 11,702,280**	**$ 16,510,020**	**$ 16,510,020**

*** Salaries also include fringe benefits**

Sarah Jane Brain Family State Lead Center of Excellence
For the state of

Indiana

James Whitcomb Riley Hospital for Children/ Indiana University
www.rileychildrenshospital.com

REGION: Mid-Central

CATEGORY OF CARE: Acute Care

Program Director: Jodi Smith, M.D.
Position Title: Director
Department: Pediatric Neurosurgery

Address: 702 Barnhill Drive, Indianapolis, IN 46202
Phone: 317-274-8852
Email: jodlsmit@iupui.edu

Level 1 Center(s): Indianapolis, Fort Wayne
Level 2 Center(s): Gary, Evansville
Level 3 Center(s): South Bend, Terre Haute

Number of jobs HR 2600 creates in Indiana: 95

HR2600 Budget Overview for Indiana State Lead Center

	Center Management	Indirect Cost	Administrative Cost	Total
Year 1:	$ 3,708,166	$ 741,633	$ 92,704	$ 4,542,504
Year 2:	$ 7,140,041	$ 1,428,008	$ 178,501	$ 8,746,550
Year 3:	$ 7,140,041	$ 1,428,008	$ 178,501	$ 8,746,550
Year 4:	$ 5,712,033	$ 1,142,407	$ 142,801	$ 6,997,240
Year 5:	$ 4,284,025	$ 856,805	$ 107,101	$ 5,247,930
Year 6:	$ 2,856,016	$ 571,203	$ 71,400	$ 3,498,620
Year 7:	$ 1,428,008	$ 285,602	$ 35,700	$ 1,749,310
TOTAL:				**$ 39,528,704**

Indiana continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
STATE LEAD CENTER MANAGEMENT			
Program Director:	$ 58,500	$ 58,500	$ 58,500
Program Director Assistant:	$ 41,151	$ 41,151	$ 41,151
State Director:	$ 105,824	$ 141,099	$ 141,099
Associate State Director:	$ 48,503	$ 64,670	$ 64,670
State Epidemiologist:	$ 79,368	$ 105,824	$ 105,824
State Epidemiologist Assistant:	$ 39,684	$ 52,912	$ 52,912
State Scientific Investigation Research Coordinator:	$ 57,322	$ 76,429	$ 76,429
State Scientific Investigation Research Assistant:	$ 105,824 (3)	$ 141,099(3)	$ 141,099(3)
State Education/Training Coordinator (+ materials):	$ 121,915	$ 162,553	$ 162,553
State General Counsel:	$ 88,187	$ 117,583	$ 117,583
State IT Manager:	$ 52,912	$ 70,550	$ 70,550
State Family Support Coordinator:	$ 79,368	$ 105,824	$ 105,824
State Prevention/Awareness Coordinator:	$ 48,503	$ 64,670	$ 64,670
State Acute Care Coordinator:	$ 48,503	$ 64,670	$ 64,670
State Reintegration Coordinator:	$ 48,503	$ 64,670	$ 64,670
State Adult Transition Coordinator:	$ 48,503	$ 64,670	$ 64,670
State “Mild” TBI Coordinator:	$ 48,503	$ 64,670	$ 64,670
State Mental Health Coordinator:	$ 48,503	$ 64,670	$ 64,670
State Assistive/Emerging Technology Coordinator:	$ 48,503	$ 64,670	$ 64,670
State Correctional System Coordinator:	$ 48,503	$ 64,670	$ 64,670
State MISC Coordinator:	$ 48,503	$ 64,670	$ 64,670
State Veterans Coordinator:	$ 48,503	$ 64,670	$ 64,670
State Data Manager:	$ 52,912	$ 70,550	$ 70,550
State Public Policy Manager:	$ 57,322	$ 76,429	$ 76,429
State Community Relations Manager:	$ 44,094	$ 58,791	$ 58,791
State Administrative Support:	$ 185,193 (6)	$ 246,924 (6)	$ 246,924 (6)
Charity care:	$ 135,672	$ 180,896	$ 180,896
Human Resources Support:	$ 81,000	$ 95,000	$ 95,000
Training Support:	$ 20,250	$ 23,750	$ 23,750
Office Space Cost:	$ 138,793	$ 185,057	$ 185,057
Transportation/Travel:	$ 43,958	$ 58,610	$ 58,610
Office Equipment/Communications:	$ 170,700	$ 170,700	$ 170,700
Supplies:	$ 33,579	$ 44,772	$ 44,772
Annual and Regional Conferences:	$ 16,000	$ 16,000	$ 16,000
State Brain Injury Organization Pediatric Programs:	$ 90,448	$ 90,448	$ 90,448

Indiana continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
CATEGORY OF CARE RESPONSIBILITY: Acute Care			
Regional Category Director:	$ 105,824	$ 141,099	$ 141,099
Regional Category Epidemiologist:	$ 88,187	$ 117,583	$ 117,583
Regional Category Education/Training Coordinator:	$ 79,368	$ 105,824	$ 105,824
Regional Category Scientific Investigation Research:	$ 79,368	$ 105,824	$ 105,824
Regional Category Administrative Support:	$ 123,462 (4)	$ 164,616 (4)	$ 164,616 (4)
Regional Category Office Space Cost:	$ 33,647	$ 44,862	$ 44,862
Regional Category Transportation/Travel:	$ 67,500	$ 90,000	$ 90,000
Regional Category Office Equipment/Communications:	$ 16,800	$ 16,800	$ 16,800
Regional Category Supplies:	$ 8,140	$ 10,854	$ 10,854
CASE MANAGEMENT RESPONSIBILITY			
Level 1 Center Manager:	$ 47,033 (2)	$ 188,132 (2)	$ 188,132 (2)
Level 1 Center Field Specialist:	$ 38,214 (2)	$ 152,857 (2)	$ 152,857 (2)
Level 1 Center SJB Family Specialists/Research Asst:	$ 176,374 (12)	$1,175,827 (20)	$1,175,827 (20)
Level 1 Center Administrative Support :	$ 41,154 (4)	$ 164,616 (4)	$ 164,616 (4)
Level 1 Office Space Cost:	$ 9,497	$ 37,988	$ 37,988
Level 1 Transportation/Travel:	$ 6,308	$ 37,712	$ 37,712
Level 1 Office Equipment/Communications:	$ 72,800	$ 100,000	$ 100,000
Level 1 Supplies:	$ 8,819	$ 46,129	$ 46,129
Level 2 Center Field Specialists:	$ 38,214 (2)	$ 152,857 (2)	$ 152,857 (2)
Level 2 Center SJB Family Specialists/Research Asst:	$ 117,583 (8)	$ 705,496 (12)	$ 705,496 (12)
Level 2 Transportation/Travel:	$ 3,663	$ 20,891	$ 20,891
Level 2 Office Equipment/Communications:	$ 34,000	$ 47,600	$ 47,600
Level 2 Supplies:	$ 3,392	$ 18,994	$ 18,994
Level 3 Center SJB Family Specialists/Research Asst:	$ 58,791 (4)	$ 352,748 (6)	$ 352,748 (6)
Level 3 Transportation/Travel:	$ 1,560	$ 9,360	$ 9,360
Level 3 Office Equipment/Communications:	$ 13,600	$ 20,400	$ 20,400
Level 3 Supplies:	$ 1,357	$ 8,140	$ 8,140
State Lead Center Management Sub-Total:	**$ 2,433,511**	**$ 3,102,830**	**$ 3,102,830**
Category of Care Sub-Total:	**$ 602,297**	**$ 797,463**	**$ 797,463**
Case Management Sub-Total:	**$ 672,359**	**$ 3,239,748**	**$ 3,239,748**
Center Management Total:	**$ 3,708,166**	**$ 7,140,041**	**$ 7,140,041**

*** Salaries also include fringe benefits**

Sarah Jane Brain Family State Lead Center of Excellence
For the state of

Iowa

University of Iowa Children's Hospital/ Center for Disabilities and Development
www.medicine.uiowa.edu

REGION: Midcentral

CATEGORY OF CARE: Adult Transition

Program Director: Scott Lindgren, Ph.D.
Position Title: Professor
Department: Department of Pediatrics

Address: 200 Hawkins Drive, Iowa City, IA 52242
Phone: 319-353-6142
Email: scott-lindgren@uiowa.edu

Level 1 Center(s): Iowa City
Level 2 Center(s): Des Moines, Davenport
Level 3 Center(s): Waterloo, Sioux City, Ottumwa, Dubuque

Number of jobs HR 2600 creates in Iowa: 90

HR2600 Budget Overview for Iowa State Lead Center

	Center Management	Indirect Cost	Administrative Cost	Total
Year 1:	$ 4,051,105	$ 810,221	$ 101,278	$ 4,962,604
Year 2:	$ 7,431,925	$ 1,486,385	$ 185,798	$ 9,104,109
Year 3:	$ 7,431,925	$ 1,486,385	$ 185,798	$ 9,104,109
Year 4:	$ 5,945,540	$ 1,189,108	$ 148,639	$ 7,283,287
Year 5:	$ 4,459,155	$ 891,831	$ 111,479	$ 5,462,465
Year 6:	$ 2,972,770	$ 594,554	$ 74,319	$ 3,641,643
Year 7:	$ 1,486,385	$ 297,277	$ 37,160	$ 1,820,822
TOTAL:				**$ 41,379,039**

Iowa continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
STATE LEAD CENTER MANAGEMENT			
Program Director:	$ 27,700	$ 27,700	$ 27,700
Program Director Assistant:	$ 46,374	$ 46,374	$ 46,374
State Director:	$ 119,247	$ 158,995	$ 158,995
Associate State Director:	$ 54,655	$ 72,873	$ 72,873
State Epidemiologist:	$ 89,435	$ 119,247	$ 119,247
State Epidemiologist Assistant:	$ 44,717	$ 59,623	$ 59,623
State Scientific Investigation Research Coordinator:	$ 64,592	$ 86,123	$ 86,123
State Scientific Investigation Research Assistant:	$ 119,247 (3)	$ 158,995(3)	$ 158,995(3)
State Education/Training Coordinator (+ materials):	$ 95,006	$ 126,675	$ 126,675
State General Counsel:	$ 99,372	$ 132,496	$ 132,496
State IT Manager:	$ 59,623	$ 79,498	$ 79,498
State Family Support Coordinator:	$ 89,435	$ 119,247	$ 119,247
State Prevention/Awareness Coordinator:	$ 54,655	$ 72,873	$ 72,873
State Acute Care Coordinator:	$ 54,655	$ 72,873	$ 72,873
State Reintegration Coordinator:	$ 54,655	$ 72,873	$ 72,873
State Adult Transition Coordinator:	$ 54,655	$ 72,873	$ 72,873
State “Mild” TBI Coordinator:	$ 54,655	$ 72,873	$ 72,873
State Mental Health Coordinator:	$ 54,655	$ 72,873	$ 72,873
State Assistive/Emerging Technology Coordinator:	$ 54,655	$ 72,873	$ 72,873
State Correctional System Coordinator:	$ 54,655	$ 72,873	$ 72,873
State MISC Coordinator:	$ 54,655	$ 72,873	$ 72,873
State Veterans Coordinator:	$ 54,655	$ 72,873	$ 72,873
State Data Manager:	$ 59,623	$ 79,498	$ 79,498
State Public Policy Manager:	$ 64,592	$ 86,123	$ 86,123
State Community Relations Manager:	$ 49,686	$ 66,248	$ 66,248
State Administrative Support:	$ 208,682 (6)	$ 278,242 (6)	$ 278,242 (6)
Charity care:	$ 143,498	$ 191,330	$ 191,330
Human Resources Support:	$ 78,000	$ 90,000	$ 90,000
Training Support:	$ 19,500	$ 22,500	$ 22,500
Office Space Cost:	$ 146,798	$ 195,731	$ 195,731
Transportation/Travel:	$ 48,600	$ 64,800	$ 64,800
Office Equipment/Communications:	$ 170,700	$ 170,700	$ 170,700
Supplies:	$ 35,516	$ 47,354	$ 47,354
Annual and Regional Conferences:	$ 16,000	$ 16,000	$ 16,000
State Brain Injury Organization Pediatric Programs:	$ 95,665	$ 95,665	$ 95,665

Iowa continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
CATEGORY OF CARE RESPONSIBILITY: Adult Transition			
Regional Category Director:	$ 119,247	$ 158,995	$ 158,995
Regional Category Epidemiologist:	$ 99,372	$ 132,496	$ 132,496
Regional Category Education/Training Coordinator:	$ 89,435	$ 119,247	$ 119,247
Regional Category Scientific Investigation Research:	$ 89,435	$ 119,247	$ 119,247
Regional Additional (Regional Veterans Coordinator):	$ 84,466	$ 112,622	$ 112,622
Regional Category Administrative Support:	$ 139,121 (4)	$ 185,495 (4)	$ 185,495 (4)
Regional Category Office Space Cost:	$ 40,036	$ 53,381	$ 53,381
Regional Category Transportation/Travel:	$ 67,500	$ 90,000	$ 90,000
Regional Category Office Equipment/Communications:	$ 18,900	$ 18,900	$ 18,900
Regional Category Supplies:	$ 9,686	$ 12,915	$ 12,915
CASE MANAGEMENT RESPONSIBILITY			
Level 1 Center Manager:	$ 26,499	$ 105,997	$ 105,997
Level 1 Center Field Specialist:	$ 21,531	$ 86,123	$ 86,123
Level 1 Center SJB Family Specialists/Research Asst:	$ 99,372 (6)	$662,481 (10)	$662,481 (10)
Level 1 Center Administrative Support :	$ 23,187 (2)	$ 92,747 (2)	$ 92,747 (2)
Level 1 Office Space Cost:	$ 10,045	$ 40,149	$ 40,149
Level 1 Transportation/Travel:	$ 3,240	$ 19,200	$ 19,200
Level 1 Office Equipment/Communications:	$ 46,900	$ 60,500	$ 60,500
Level 1 Supplies:	$ 6,457	$ 31,750	$ 31,750
Level 2 Center Field Specialists:	$ 43,061 (2)	$ 172,245 (2)	$ 172,245 (2)
Level 2 Center SJB Family Specialists/Research Asst:	$ 132,496 (8)	$ 794,977 (12)	$ 794,977 (12)
Level 2 Transportation/Travel:	$ 3,720	$ 21,120	$ 21,120
Level 2 Office Equipment/Communications:	$ 34,000	$ 47,600	$ 47,600
Level 2 Supplies:	$ 3,587	$ 20,090	$ 20,090
Level 3 Center SJB Family Specialists/Research Asst:	$ 132,496 (8)	$ 794,977 (12)	$ 794,977 (12)
Level 3 Transportation/Travel:	$ 3,120	$ 18,720	$ 18,720
Level 3 Office Equipment/Communications:	$ 27,200	$ 40,800	$ 40,800
Level 3 Supplies:	$ 2,870	$ 17,220	$ 17,220
State Lead Center Management Sub-Total:	**$ 2,592,809**	**$ 3,320,766**	**$ 3,320,766**
Category of Care Sub-Total:	**$ 838,514**	**$ 1,084,613**	**$ 1,084,613**
Case Management Sub-Total:	**$ 619,782**	**$ 3,026,547**	**$ 3,026,547**
Center Management Total:	**$ 4,051,105**	**$ 7,431,925**	**$ 7,431,925**

*** Salaries also include fringe benefits**

Sarah Jane Brain Family State Lead Center of Excellence
For the state of

Kansas

Center for Health and Development/ University of Kansas Medical Center
www.kumc.edu/cchd

REGION: South-Central **CATEGORY OF CARE:** Reintegration

Program Director: Janet Tyler, Ph.D. **Position Title:**
Department: Center for Health and Development/University of Kansas Medical Center

Address: 3901 Rainbow Blvd, Kansas City, KS 66160
Phone: 913-439-1948
Email: jtyler@kumc.edu

Level 1 Center(s): Kansas City, Wichita
Level 2 Center(s): Garden City, Leavenworth, Salina, Topeka
Level 3 Center(s): n/a

Number of jobs HR 2600 creates in Kansas: 104

HR2600 Budget Overview for Kansas State Lead Center

	Center Management	Indirect Cost	Administrative Cost	Total
Year 1:	$ 4,078,692	$ 815,738	$ 101,967	$ 4,996,398
Year 2:	$ 8,088,154	$ 1,617,631	$ 202,204	$ 9,907,989
Year 3:	$ 8,088,154	$ 1,617,631	$ 202,204	$ 9,907,989
Year 4:	$ 6,470,523	$ 1,294,105	$ 161,763	$ 7,926,391
Year 5:	$ 4,852,893	$ 970,579	$ 121,322	$ 5,944,793
Year 6:	$ 3,235,262	$ 647,052	$ 80,882	$ 3,963,196
Year 7:	$ 1,617,631	$ 323,526	$ 40,441	$ 1,981,598
TOTAL:				**$ 44,578,990**

Kansas continued

Title/Description (# of positions if more than one)*	Year 1	Year 2	Year 3
STATE LEAD CENTER MANAGEMENT			
Program Director:	$ 148,350	$ 148,350	$ 148,350
Program Director Assistant:	$ 40,662	$ 40,662	$ 40,662
State Director:	$ 104,560	$ 139,413	$ 139,413
Associate State Director:	$ 47,923	$ 63,898	$ 63,898
State Epidemiologist:	$ 78,420	$ 104,560	$ 104,560
State Epidemiologist Assistant:	$ 39,210	$ 52,280	$ 52,280
State Scientific Investigation Research Coordinator:	$ 56,636	$ 75,515	$ 75,515
State Scientific Investigation Research Assistant:	$ 104,560 (3)	$ 139,413 (3)	$ 139,413 (3)
State Education/Training Coordinator (+ materials):	$ 85,020	$ 113,361	$ 143,361
State General Counsel:	$ 87,133	$ 116,177	$ 116,177
State IT Manager:	$ 52,280	$ 69,706	$ 69,706
State Family Support Coordinator:	$ 78,420	$ 104,560	$ 104,560
State Prevention/Awareness Coordinator:	$ 47,923	$ 63,898	$ 63,898
State Acute Care Coordinator:	$ 47,923	$ 63,898	$ 63,898
State Reintegration Coordinator:	$ 47,923	$ 63,898	$ 63,898
State Adult Transition Coordinator:	$ 47,923	$ 63,898	$ 63,898
State “Mild” TBI Coordinator:	$ 47,923	$ 63,898	$ 63,898
State Mental Health Coordinator:	$ 47,923	$ 63,898	$ 63,898
State Assistive/Emerging Technology Coordinator:	$ 47,923	$ 63,898	$ 63,898
State Correctional System Coordinator:	$ 47,923	$ 63,898	$ 63,898
State MISC Coordinator:	$ 47,923	$ 63,898	$ 63,898
State Veterans Coordinator:	$ 47,923	$ 63,898	$ 63,898
State Data Manager:	$ 52,280	$ 69,724	$ 69,724
State Public Policy Manager:	$ 56,636	$ 69,706	$ 69,706
State Community Relations Manager:	$ 43,566	$ 75,515	$ 75,515
State Administrative Support:	$ 182,979 (6)	$ 243,972 (6)	$ 243,972 (6)
Charity care:	$ 142,820	$ 190,426	$ 190,426
Human Resources Support:	$ 88,000	$ 104,000	$ 104,000
Training Support:	$ 22,000	$ 26,000	$ 26,000
Office Space Cost:	$ 138,197	$ 184,263	$ 184,263
Transportation/Travel:	$ 48,600	$ 64,800	$ 64,800
Office Equipment/Communications:	$ 170,700	$ 170,700	$ 170,700
Supplies:	$ 33,435	$ 44,580	$ 44,580
Annual and Regional Conferences:	$ 16,000	$ 16,000	$ 16,000
State Brain Injury Organization Pediatric Programs:	$ 95,213	$ 95,213	$ 95,213

Kansas continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
CATEGORY OF CARE RESPONSIBILITY: Reintegration			
Regional Category Director:	$ 104,560	$ 139,413	$ 139,413
Regional Category Epidemiologist:	$ 87,133	$ 116,177	$ 116,177
Regional Category Education/Training Coordinator:	$ 78,420	$ 104,560	$ 104,560
Regional Category Scientific Investigation Research:	$ 78,420	$ 104,560	$ 104,560
Regional Additional (Reg. Assistive/EmergingTechCo.):	$ 78,301	$ 104,401	$ 104,401
Regional Category Administrative Support:	$ 121,986(4)	$ 162,648 (4)	$ 162,648 (4)
Regional Category Office Space Cost:	$ 37,690	$ 50,253	$ 50,253
Regional Category Transportation/Travel:	$ 67,500	$ 90,000	$ 90,000
Regional Category Office Equipment/Communications:	$ 18,900	$ 18,900	$ 18,900
Regional Category Supplies:	$ 9,119	$ 12,158	$ 12,158
CASE MANAGEMENT RESPONSIBILITY			
Level 1 Center Manager:	$ 49,130 (2)	$ 196,520 (2)	$ 196,520 (2)
Level 1 Center Field Specialist:	$ 39,918 (2)	$ 159,672 (2)	$ 159,672 (2)
Level 1 Center SJB Family Specialists/Research Asst:	$ 184,237 (12)	$ 1,228,250(20)	$ 1,228,250(20)
Level 1 Center Administrative Support :	$ 42,989 (4)	$ 171,955 (4)	$ 171,955 (4)
Level 1 Office Space Cost:	$ 9,997	$ 39,990	$ 39,990
Level 1 Transportation/Travel:	$ 6,480	$ 38,400	$ 38,400
Level 1 Office Equipment/Communications:	$ 72,800	$ 100,000	$ 100,000
Level 1 Supplies:	$ 9,283	$ 48,559	$ 48,559
Level 2 Center Field Specialists:	$ 79,836 (4)	$ 319,345 (4)	$ 319,345 (4)
Level 2 Center SJB Family Specialists/Research Asst:	$ 245,650 (16)	$1,473,900(24)	$1,473,900(24)
Level 2 Transportation/Travel:	$ 7,440	$ 42,240	$ 42,240
Level 2 Office Equipment/Communications:	$ 68,000	$ 95,200	$ 95,200
Level 2 Supplies:	$ 7,141	$ 39,990	$ 39,990
Level 3 Center SJB Family Specialists/Research Asst:	n/a	n/a	n/a
Level 3 Transportation/Travel:	n/a	n/a	n/a
Level 3 Office Equipment/Communications:	n/a	n/a	n/a
Level 3 Supplies:	n/a	n/a	n/a
State Lead Center Management Sub-Total:	**$ 2,492,831**	**$ 3,150,133**	**$ 3,150,133**
Category of Care Sub-Total:	**$ 762,959**	**$ 984,001**	**$ 984,001**
Case Management Sub-Total:	**$ 822,902**	**$ 3,954,020**	**$ 3,954,020**
Center Management Total:	**$ 4,078,692**	**$ 8,018,154**	**$ 8,018,154**

*** Salaries also include fringe benefits**

Sarah Jane Brain Family State Lead Center of Excellence
For the commonwealth of

Kentucky

University of Kentucky Hospital
Ukhealthcare.uky.edu

REGION: Mid-Central

CATEGORY OF CARE: Rural/Tele-health

Program Director: Joseph Iocono, MD
Department: Departments of Surgery and Pediatrics

Position Title: Associate Professor
Major Subdivision: Division of Pediatric Surgery

Address: 800 Rose Street, MN 102, Lexington KY
Phone: 859-323-5625
Email: jiocono@uky.edu

Level 1 Center(s): Louisville, Lexington
Level 2 Center(s): Bowling Green, Pikesville
Level 3 Center(s): Somerset/Rockcastle, Paducah, Ashland

Number of jobs HR 2600 creates in Kentucky: 98

HR2600 Budget Overview for Kentucky State Lead Center

	Center Management	Indirect Cost	Administrative Cost	Total
Year 1:	$ 5,671,421	$ 1,134,284	$ 141,786	$ 6,947,491
Year 2:	$ 7,241,888	$ 1,448,378	$ 181,047	$ 8,871,313
Year 3:	$ 7,241,888	$ 1,448,378	$ 181,047	$ 8,871,313
Year 4:	$ 5,793,510	$ 1,158,702	$ 144,838	$ 7,097,050
Year 5:	$ 4,345,133	$ 869,027	$ 108,628	$ 5,322,788
Year 6:	$ 2,896,755	$ 579,351	$ 72,419	$ 3,548,525
Year 7:	$ 1,448,378	$ 289,676	$ 36,209	$ 1,774,263
TOTAL:				**$ 42,432,743**

Kentucky continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
STATE LEAD CENTER MANAGEMENT			
Program Director:	$ 51,800	$ 51,800	$ 51,800
Program Director Assistant:	$ 41,332	$ 41,332	$ 41,332
State Director:	$ 106,282	$ 141,709	$ 141,709
Associate State Director:	$ 48,713	$ 64,950	$ 64,950
State Epidemiologist:	$ 79,712	$ 106,282	$ 106,282
State Epidemiologist Assistant:	$ 39,856	$ 53,141	$ 53,141
State Scientific Investigation Research Coordinator:	$ 57,569	$ 76,759	$ 76,759
State Scientific Investigation Research Assistant:	$ 106,282 (3)	$ 141,709(3)	$ 141,709(3)
State Education/Training Coordinator (+ materials):	$ 100,814	$ 134,419	$ 134,419
State General Counsel:	$ 88,568	$ 118,091	$ 118,091
State IT Manager:	$ 53,141	$ 70,855	$ 70,855
State Family Support Coordinator:	$ 79,712	$ 106,282	$ 106,282
State Prevention/Awareness Coordinator:	$ 48,713	$ 64,950	$ 64,950
State Acute Care Coordinator:	$ 48,713	$ 64,950	$ 64,950
State Reintegration Coordinator:	$ 48,713	$ 64,950	$ 64,950
State Adult Transition Coordinator:	$ 48,713	$ 64,950	$ 64,950
State “Mild” TBI Coordinator:	$ 48,713	$ 64,950	$ 64,950
State Mental Health Coordinator:	$ 48,713	$ 64,950	$ 64,950
State Assistive/Emerging Technology Coordinator:	$ 48,713	$ 64,950	$ 64,950
State Correctional System Coordinator:	$ 48,713	$ 64,950	$ 64,950
State MISC Coordinator:	$ 48,713	$ 64,950	$ 64,950
State Veterans Coordinator:	$ 48,713	$ 64,950	$ 64,950
State Data Manager:	$ 53,141	$ 70,855	$ 70,855
State Public Policy Manager:	$ 57,569	$ 76,759	$ 76,759
State Community Relations Manager:	$ 44,284	$ 59,046	$ 59,046
State Administrative Support:	$ 185,994 (6)	$ 247,991 (6)	$ 247,991 (6)
Charity care:	$ 119,687	$ 159,583	$ 159,583
Human Resources Support:	$ 83,000	$ 98,000	$ 98,000
Training Support:	$ 20,750	$ 24,500	$ 24,500
Office Space Cost:	$ 122,440	$ 163,253	$ 163,253
Transportation/Travel:	$ 38,779	$ 51,705	$ 51,705
Office Equipment/Communications:	$ 170,700	$ 170,700	$ 170,700
Supplies:	$ 29,623	$ 39,497	$ 39,497
Annual and Regional Conferences:	$ 16,000	$ 16,000	$ 16,000
State Brain Injury Organization Pediatric Programs:	$ 79,791	$ 79,791	$ 79,791

Kentucky continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
CATEGORY OF CARE RESPONSIBILITY: Rural/Tele-health			
Regional Category Director:	$ 106,282	$ 141,709	$ 141,709
Regional Category Epidemiologist:	$ 88,568	$ 118,091	$ 118,091
Regional Category Education/Training Coordinator:	$ 79,712	$ 106,282	$ 106,282
Regional Category Scientific Investigation Research:	$ 79,712	$ 106,282	$ 106,282
Regional Category Administrative Support:	$ 123,996 (4)	$ 165,328 (4)	$ 165,328 (4)
Regional Category Office Space Cost:	$ 29,682	$ 39,576	$ 39,576
Regional Category Transportation/Travel:	$ 67,500	$ 90,000	$ 90,000
Regional Category Office Equipment/Communications:	$ 16,800	$ 16,800	$ 16,800
Regional Category Supplies:	$ 7,181	$ 9,575	$ 9,575
CASE MANAGEMENT RESPONSIBILITY			
Level 1 Center Manager:	$ 47,236 (2)	$ 188,946 (2)	$ 188,946 (2)
Level 1 Center Field Specialist:	$ 38,380 (2)	$ 153,519 (2)	$ 153,519 (2)
Level 1 Center SJB Family Specialists/Research Asst:	$ 177,137 (12)	$1,180,912(20)	$1,180,912(20)
Level 1 Center Administrative Support :	$ 41,332 (4)	$ 165,328 (4)	$ 165,328 (4)
Level 1 Office Space Cost:	$ 8,378	$ 33,512	$ 33,512
Level 1 Transportation/Travel:	$ 6,116	$ 36,945	$ 36,945
Level 1 Office Equipment/Communications:	$ 72,800	$ 100,000	$ 100,000
Level 1 Supplies:	$ 7,780	$ 40,694	$ 40,694
Level 2 Center Field Specialists:	$ 38,380 (2)	$ 153,519 (2)	$ 153,519 (2)
Level 2 Center SJB Family Specialists/Research Asst:	$ 118,091 (8)	$ 708,547(12)	$ 708,547(12)
Level 2 Transportation/Travel:	$ 3,599	$ 20,635	$ 20,635
Level 2 Office Equipment/Communications:	$ 34,000	$ 47,600	$ 47,600
Level 2 Supplies:	$ 2,992	$ 16,756	$ 16,756
Level 3 Center SJB Family Specialists/Research Asst:	$ 88,568 (6)	$ 531,040 (9)	$ 531,040 (9)
Level 3 Transportation/Travel:	$ 2,340	$ 14,040	$ 14,040
Level 3 Office Equipment/Communications:	$ 20,400	$ 30,600	$ 30,600
Level 3 Supplies:	$ 1,795	$ 10,772	$ 10,772
State Lead Center Management Sub-Total:	**$ 2,362,664**	**$ 3,014,511**	**$ 3,014,511**
Category of Care Sub-Total:	**$ 2,599,433**	**$ 793,644**	**$ 793,644**
Case Management Sub-Total:	**$ 709,324**	**$ 3,433,733**	**$ 3,433,733**
Center Management Total:	**$ 5,671,421**	**$ 7,241,888**	**$ 7,241,888**

*** Salaries also include fringe benefits**

Sarah Jane Brain Family State Lead Center of Excellence
For the state of

Louisiana

Louisiana Health Care Quality Forum
www.lhcqf.org

REGION: South-Central **CATEGORY OF CARE:** Rural/Tele-health

Program Director: Cindy Munn, MHA **Position Title:** Executive Director

Address: 8550 United Plaza Blvd, Suite 500, Baton Rouge, Louisiana 70809
Phone: 225-334-9299
Email: cmunn@lhcqf.org

Level 1 Center(s): Baton Rouge
Level 2 Center(s): Shreveport, Lafayette, New Orleans
Level 3 Center(s): Alexandria, Lake Charles, Monroe

Number of jobs HR 2600 creates in Louisiana: 93

HR2600 Budget Overview for Louisiana State Lead Center

	Center Management	Indirect Cost	Administrative Cost	Total
Year 1:	$ 5,351,453	$ 1,070,291	$ 133,786	$ 6,555,530
Year 2:	$ 6,294,546	$ 1,258,909	$ 157,364	$ 7,710,819
Year 3:	$ 6,294,546	$ 1,258,909	$ 157,364	$ 7,710,819
Year 4:	$ 5,035,637	$ 1,007,127	$ 125,891	$ 6,168,655
Year 5:	$ 3,776,728	$ 755,346	$ 94,418	$ 4,626,491
Year 6:	$ 2,517,818	$ 503,564	$ 62,945	$ 3,084,328
Year 7:	$ 1,258,909	$ 251,782	$ 31,473	$ 1,542,164
TOTAL:				**$ 37,863,003**

Louisiana continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
STATE LEAD CENTER MANAGEMENT			
Program Director:	$ 38,934	$ 38,934	$ 38,934
Program Director Assistant:	$ 37,313	$ 37,313	$ 37,313
State Director:	$ 95,948	$ 127,930	$ 127,930
Associate State Director:	$ 43,946	$ 58,635	$ 58,635
State Epidemiologist:	$ 71,961	$ 95,948	$ 95,948
State Epidemiologist Assistant:	$ 35,980	$ 47,974	$ 47,974
State Scientific Investigation Research Coordinator:	$ 51,972	$ 69,296	$ 69,296
State Scientific Investigation Research Assistant:	$ 95,948 (3)	$ 127,930 (3)	$ 127,930 (3)
State Education/Training Coordinator (+ materials):	$ 96,651	$ 128,867	$ 128,867
State General Counsel:	$ 79,956	$ 106,609	$ 106,609
State IT Manager:	$ 47,974	$ 63,965	$ 63,965
State Family Support Coordinator:	$ 71,961	$ 95,948	$ 95,948
State Prevention/Awareness Coordinator:	$ 43,976	$ 58,635	$ 58,635
State Acute Care Coordinator:	$ 43,976	$ 58,635	$ 58,635
State Reintegration Coordinator:	$ 43,976	$ 58,635	$ 58,635
State Adult Transition Coordinator:	$ 43,976	$ 58,635	$ 58,635
State “Mild” TBI Coordinator:	$ 43,976	$ 58,635	$ 58,635
State Mental Health Coordinator:	$ 43,976	$ 58,635	$ 58,635
State Assistive/Emerging Technology Coordinator:	$ 43,976	$ 58,635	$ 58,635
State Correctional System Coordinator:	$ 43,976	$ 58,635	$ 58,635
State MISC Coordinator:	$ 43,976	$ 58,635	$ 58,635
State Veterans Coordinator:	$ 43,976	$ 58,635	$ 58,635
State Data Manager:	$ 47,974	$ 63,965	$ 63,965
State Public Policy Manager:	$ 51,972	$ 69,296	$ 69,296
State Community Relations Manager:	$ 39,978	$ 53,304	$ 53,304
State Administrative Support:	$ 167909 (6)	$ 223,878 (6)	$ 223,878 (6)
Charity care:	$ 126,915	$ 169,220	$ 169,220
Human Resources Support:	$ 80,000	$ 93,000	$ 93,000
Training Support:	$ 20,000	$ 23,250	$ 23,250
Office Space Cost:	$ 129,834	$ 173,112	$ 173,112
Transportation/Travel:	$ 41,120	$ 54,827	$ 54,827
Office Equipment/Communications:	$ 170,700	$ 170,700	$ 170,700
Supplies:	$ 31,411	$ 41,882	$ 41,882
Annual and Regional Conferences:	$ 16,000	$ 16,000	$ 16,000
State Brain Injury Organization Pediatric Programs:	$ 84,610	$ 84,610	$ 84,610

Louisiana continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
CATEGORY OF CARE RESPONSIBILITY: Rural/Tele-health			
Regional Category Director:	$ 95,948	$ 127,930	$ 127,930
Regional Category Epidemiologist:	$ 79,956	$ 106,609	$ 106,609
Regional Category Education/Training Coordinator:	$ 71,961	$ 95,948	$ 95,948
Regional Category Scientific Investigation Research:	$ 71,961	$ 95,948	$ 95,948
Regional Additional Technology:	$ 2,000,000		
Regional Category Administrative Support:	$ 111,939 (4)	$ 149,252 (4)	$ 149,252 (4)
Regional Category Office Space Cost:	$ 31,475	$ 41,967	$ 41,967
Regional Category Transportation/Travel:	$ 67,500	$ 90,000	$ 90,000
Regional Category Office Equipment/Communications:	$ 16,800	$ 16,800	$ 16,800
Regional Category Supplies:	$ 7,615	$ 10,153	$ 10,153
CASE MANAGEMENT RESPONSIBILITY			
Level 1 Center Manager:	$ 21,322	$ 85,287	$ 85,287
Level 1 Center Field Specialist:	$ 17,324	$ 69,296	$ 69,296
Level 1 Center SJB Family Specialists/Research Asst:	$ 79,956 (6)	$ 533,043 (10)	$ 533,043 (10)
Level 1 Center Administrative Support :	$ 18,657 (2)	$ 74,626 (2)	$ 74,626 (2)
Level 1 Office Space Cost:	$ 8,884	$ 35,536	$ 35,536
Level 1 Transportation/Travel:	$ 3,101	$ 18,646	$ 18,646
Level 1 Office Equipment/Communications:	$ 46,900	$ 60,500	$ 60,500
Level 1 Supplies:	$ 5,711	$ 27,921	$ 27,921
Level 2 Center Field Specialists:	$ 51,972 (3)	$ 207,887 (3)	$ 207,887 (3)
Level 2 Center SJB Family Specialists/Research Asst:	$ 159,913 (12)	$ 959,478 (18)	$ 959,478 (18)
Level 2 Transportation/Travel:	$ 5,441	$ 31,126	$ 31,126
Level 2 Office Equipment/Communications:	$ 51,000	$ 71,400	$ 71,400
Level 2 Supplies:	$ 4,759	$ 26,652	$ 26,652
Level 3 Center SJB Family Specialists/Research Asst:	$ 79,956 (6)	$ 479,739 (9)	$ 479,739 (9)
Level 3 Transportation/Travel:	$ 2,340	$ 14,040	$ 14,040
Level 3 Office Equipment/Communications:	$ 20,400	$ 30,600	$ 30,600
Level 3 Supplies:	$ 1,904	$ 11,422	$ 11,422
State Lead Center Management Sub-Total:	**$ 2,216,757**	**$ 2,822,741**	**$ 2,822,741**
Category of Care Sub-Total:	**$ 2,555,155**	**$ 734,606**	**$ 734,606**
Case Management Sub-Total:	**$ 579,541**	**$ 2,737,199**	**$ 2,737,199**
Center Management Total:	**$ 5,351,453**	**$ 6,294,546**	**$ 6,294,546**

*** Salaries also include fringe benefits**

Sarah Jane Brain Family State Lead Center of Excellence
For the state of

Maine

Maine Institute of Human Genetics and Health
www.mainegenetics.org

REGION: Northeast

CATEGORY OF CARE: Rural/Tele-Health

Program Director: Marie Hayes, Ph.D.

Position Title: Allied Senior Research Scientist

Department: Department of Psychology

Address: 43 Whiting Hill Road, Suite 150, Brewer, ME 04412
Phone: 207-973-4963
Email: mjhayes@emh.org

Level 1 Center(s): Bangor, Portland
Level 2 Center(s): Muchias, Lewiston, Millinnocket
Level 3 Center(s): Lubec, Pittsfield, Houlton

Number of jobs HR 2600 creates in Maine: 105

HR2600 Budget Overview for Maine State Lead Center

	Center Management	Indirect Cost	Administrative Cost	Total
Year 1:	$ 6,141,471	$ 1,228,294	$ 153,537	$ 7,523,302
Year 2:	$ 8,420,010	$ 1,684,002	$ 210,500	$ 10,314,512
Year 3:	$ 8,420,010	$ 1,684,002	$ 210,500	$ 10,314,512
Year 4:	$ 6,736,008	$ 1,347,202	$ 168,400	$ 8,251,610
Year 5:	$ 5,052,006	$ 1,010,401	$ 126,300	$ 6,188,707
Year 6:	$ 3,368,004	$ 673,601	$ 84,200	$ 4,125,805
Year 7:	$ 1,684,002	$ 336,800	$ 42,100	$ 2,062,902
TOTAL:				**$ 48,781,350**

Maine continued

Title/Description (# of positions if more than one)*	Year 1	Year 2	Year 3
STATE LEAD CENTER MANAGEMENT			
Program Director:	$ 148,050	$ 148,050	$ 148,050
Program Director Assistant:	$ 44,941	$ 44,941	$ 44,941
State Director:	$ 115,562	$ 154,941	$ 154,941
Associate State Director:	$ 52,966	$ 70,621	$ 70,621
State Epidemiologist:	$ 86,672	$ 115,562	$ 115,562
State Epidemiologist Assistant:	$ 43,336	$ 57,781	$ 57,781
State Scientific Investigation Research Coordinator:	$ 62,596	$ 83,462	$ 83,462
State Scientific Investigation Research Assistant:	$ 115,562 (3)	$ 154,083 (3)	$ 154,083 (3)
State Education/Training Coordinator (+ materials):	$ 75,931	$ 101,241	$ 101,241
State General Counsel:	$ 96,302	$ 128,402	$ 128,402
State IT Manager:	$ 57,781	$ 77,041	$ 77,041
State Family Support Coordinator:	$ 86,672	$ 115,562	$ 115,562
State Prevention/Awareness Coordinator:	$ 52,966	$ 70,621	$ 70,621
State Acute Care Coordinator:	$ 52,966	$ 70,621	$ 70,621
State Reintegration Coordinator:	$ 52,966	$ 70,621	$ 70,621
State Adult Transition Coordinator:	$ 52,966	$ 70,621	$ 70,621
State “Mild” TBI Coordinator:	$ 52,966	$ 70,621	$ 70,621
State Mental Health Coordinator:	$ 52,966	$ 70,621	$ 70,621
State Assistive/Emerging Technology Coordinator:	$ 52,966	$ 70,621	$ 70,621
State Correctional System Coordinator:	$ 52,966	$ 70,621	$ 70,621
State MISC Coordinator:	$ 52,966	$ 70,621	$ 70,621
State Veterans Coordinator:	$ 52,966	$ 70,621	$ 70,621
State Data Manager:	$ 57,781	$ 77,041	$ 77,041
State Public Policy Manager:	$ 62,596	$ 83,462	$ 83,462
State Community Relations Manager:	$ 48,151	$ 64,201	$ 64,201
State Administrative Support:	$ 202,234 (6)	$ 269,645 (6)	$ 269,645 (6)
Charity care:	$ 136,598	$ 182,131	$ 182,131
Human Resources Support:	$ 88,000	$ 105,000	$ 105,000
Training Support:	$ 22,000	$ 26,250	$ 26,250
Office Space Cost:	$ 139,740	$ 186,320	$ 186,320
Transportation/Travel:	$ 44,258	$ 59,010	$ 59,010
Office Equipment/Communications:	$ 170,700	$ 170,700	$ 170,700
Supplies:	$ 33,808	$ 45,077	$ 45,077
Annual and Regional Conferences:	$ 16,000	$ 16,000	$ 16,000
State Brain Injury Organization Pediatric Programs:	$ 91,065	$ 91,065	$ 91,065

Maine continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
CATEGORY OF CARE RESPONSIBILITY: Rural/Tele-health			
Regional Category Director:	$ 115,562	$ 154,083	$ 154,083
Regional Category Epidemiologist:	$ 96,302	$ 128,402	$ 128,402
Regional Category Education/Training Coordinator:	$ 86,672	$ 115,562	$ 115,562
Regional Category Scientific Investigation Research:	$ 86,672	$ 115,562	$ 115,562
Regional Additional Technology:	$ 2,000,000		
Regional Category Administrative Support:	$ 134,822 (4)	$ 179,763 (4)	$ 179,763 (4)
Regional Category Office Space Cost:	$ 33,876	$ 45,168	$ 45,168
Regional Category Transportation/Travel:	$ 67,500	$ 90,000	$ 90,000
Regional Category Office Equipment/Communications:	$ 16,800	$ 16,800	$ 16,800
Regional Category Supplies:	$ 8,196	$ 10,928	$ 10,928
CASE MANAGEMENT RESPONSIBILITY			
Level 1 Center Manager:	$ 51,361 (2)	$ 205,444 (2)	$ 205,444 (2)
Level 1 Center Field Specialist:	$ 41,731 (2)	$ 166,923 (2)	$ 166,923 (2)
Level 1 Center SJB Family Specialists/Research Asst:	$ 192,604 (12)	$1,284,023(20)	$1,284,023(20)
Level 1 Center Administrative Support :	$ 44,941 (4)	$ 179,763 (4)	$ 179,763 (4)
Level 1 Office Space Cost:	$ 9,562	$ 38,248	$ 38,248
Level 1 Transportation/Travel:	$ 6,319	$ 37,757	$ 37,757
Level 1 Office Equipment/Communications:	$ 72,800	$ 100,000	$ 100,000
Level 1 Supplies:	$ 8,879	$ 46,443	$ 46,443
Level 2 Center Field Specialists:	$ 62,596 (3)	$ 250,385 (3)	$ 250,385 (3)
Level 2 Center SJB Family Specialists/Research Asst:	$ 192,604 (12)	$1,155,621(18)	$1,155,621(18)
Level 2 Transportation/Travel:	$ 5,500	$ 31,358	$ 31,358
Level 2 Office Equipment/Communications:	$ 51,000	$ 71,400	$ 71,400
Level 2 Supplies:	$ 5,122	$ 28,686	$ 28,686
Level 3 Center SJB Family Specialists/Research Asst:	$ 96,302 (6)	$ 577,811 (9)	$ 577,811 (9)
Level 3 Transportation/Travel:	$ 2,340	$ 14,040	$ 14,040
Level 3 Office Equipment/Communications:	$ 20,400	$ 30,600	$ 30,600
Level 3 Supplies:	$ 2,049	$ 12,294	$ 12,294
State Lead Center Management Sub-Total:	**$ 2,628,961**	**$ 3,332,946**	**$ 3,332,946**
Category of Care Sub-Total:	**$ 2,646,402**	**$ 856,269**	**$ 856,269**
Case Management Sub-Total:	**$ 866,108**	**$ 4,230,795**	**$ 4,230,795**
Center Management Total:	**$ 6,141,471**	**$ 8,420,010**	**$ 8,420,010**

*** Salaries also include fringe benefits**

Sarah Jane Brain Family State Lead Center of Excellence
For the state of

Maryland

Kennedy Krieger Institute / Johns Hopkins University
www.kennedykrieger.com

REGION: Mid-Atlantic **CATEGORY OF CARE:** Reintegration

Program Director: Joan Carney, M.Ed. **Position Title:** Director
Department: Specialized Transition Program and Community Rehabilitation Program

Address: 1750 East Fairmount Avenue, Baltimore, MD 21205
Phone: 443-923-4555
Email: carney@kennedykrieger.org

Level 1 Center(s): Baltimore
Level 2 Center(s): Baltimore Suburb, Washington Suburb
Level 3 Center(s): Rural Regions

Number of jobs HR 2600 creates in Maryland: 84

HR2600 Budget Overview for Maryland State Lead Center

	Center Management	Indirect Cost	Administrative Cost	Total
Year 1:	$ 5,380,930	$ 1,076,186	$ 134,523	$ 6,591,639
Year 2:	$ 9,565,753	$ 1,913,151	$ 239,144	$ 11,718,047
Year 3:	$ 9,565,753	$ 1,913,151	$ 239,144	$ 11,718,047
Year 4:	$ 7,652,602	$ 1,530,520	$ 191,315	$ 9,374,438
Year 5:	$ 5,739,452	$ 1,147,890	$ 143,486	$ 7,030,828
Year 6:	$ 3,826,301	$ 765,260	$ 95,658	$ 4,687,219
Year 7:	$ 1,913,151	$ 382,3630	$ 47,829	$ 2,343,609
TOTAL:				**$ 53,463,827**

Maryland continued

Title/Description (# of positions if more than one)*	Year 1	Year 2	Year 3
STATE LEAD CENTER MANAGEMENT			
Program Director:	$ 53,600	$ 53,600	$ 53,600
Program Director Assistant:	$ 64,691	$ 64,691	$ 64,691
State Director:	$ 166,349	$ 221,798	$ 221,798
Associate State Director:	$ 76,243	$ 101,658	$ 101,658
State Epidemiologist:	$ 124,762	$ 166,349	$ 166,349
State Epidemiologist Assistant:	$ 62,381	$ 83,174	$ 83,174
State Scientific Investigation Research Coordinator:	$ 90,106	$ 120,141	$ 120,141
State Scientific Investigation Research Assistant:	$ 166,349 (3)	$ 221,798 (3)	$ 221,798 (3)
State Education/Training Coordinator (+ materials):	$ 147,171	$ 196,228	$ 196,228
State General Counsel:	$ 138,624	$ 184,832	$ 184,832
State IT Manager:	$ 83,174	$ 110,899	$ 110,899
State Family Support Coordinator:	$ 124,762	$ 166,349	$ 166,349
State Prevention/Awareness Coordinator:	$ 76,243	$ 101,658	$ 101,658
State Acute Care Coordinator:	$ 76,243	$ 101,658	$ 101,658
State Reintegration Coordinator:	$ 76,243	$ 101,658	$ 101,658
State Adult Transition Coordinator:	$ 76,243	$ 101,658	$ 101,658
State “Mild” TBI Coordinator:	$ 76,243	$ 101,658	$ 101,658
State Mental Health Coordinator:	$ 76,243	$ 101,658	$ 101,658
State Assistive/Emerging Technology Coordinator:	$ 76,243	$ 101,658	$ 101,658
State Correctional System Coordinator:	$ 76,243	$ 101,658	$ 101,658
State MISC Coordinator:	$ 76,243	$ 101,658	$ 101,658
State Veterans Coordinator:	$ 76,243	$ 101,658	$ 101,658
State Data Manager:	$ 83,174	$ 110,899	$ 110,899
State Public Policy Manager:	$ 90,106	$ 120,141	$ 120,141
State Community Relations Manager:	$ 69,312	$ 92,416	$ 92,416
State Administrative Support:	$ 291,110 (6)	$ 388,147 (6)	$ 388,147 (6)
Charity care:	$ 206,901	$ 275,869	$ 275,869
Human Resources Support:	$ 74,000	$ 84,000	$ 84,000
Training Support:	$ 18,500	$ 21,000	$ 21,000
Office Space Cost:	$ 211,660	$ 282,214	$ 282,214
Transportation/Travel:	$ 48,600	$ 64,800	$ 64,800
Office Equipment/Communications:	$ 170,700	$ 170,700	$ 170,700
Supplies:	$ 51,208	$ 68,277	$ 68,277
Annual and Regional Conferences:	$ 16,000	$ 16,000	$ 16,000
State Brain Injury Organization Pediatric Programs:	$ 137,934	$ 137,934	$ 137,934

Maryland continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
CATEGORY OF CARE RESPONSIBILITY: Reintegration			
Regional Category Director:	$ 166,349	$ 221,798	$ 221,798
Regional Category Epidemiologist:	$ 138,624	$ 184,832	$ 184,832
Regional Category Education/Training Coordinator:	$ 124,762	$ 166,349	$ 166,349
Regional Category Scientific Investigation Research:	$ 124,762	$ 166,349	$ 166,349
Regional Additional (Reg. Assistive/Emerging TechCo):	$ 117,830	$ 157,107	$ 157,107
Regional Category Administrative Support:	$ 194,074 (4)	$ 258,765 (4)	$ 258,765 (4)
Regional Category Office Space Cost:	$ 57,726	$ 76,967	$ 76,967
Regional Category Transportation/Travel:	$ 67,500	$ 90,000	$ 90,000
Regional Category Office Equipment/Communications:	$ 18,900	$ 18,900	$ 18,900
Regional Category Supplies:	$ 13,966	$ 18,621	$ 18,621
CASE MANAGEMENT RESPONSIBILITY			
Level 1 Center Manager:	$ 39,966	$ 147,866	$ 147,866
Level 1 Center Field Specialist:	$ 30,035	$ 120,141	$ 120,141
Level 1 Center SJB Family Specialists/Research Asst:	$ 138,624 (6)	$ 924,160 (10)	$ 924,160 (10)
Level 1 Center Administrative Support :	$ 32,346 (2)	$ 129,382 (2)	$ 129,382 (2)
Level 1 Office Space Cost:	$ 14,483	$ 57,932	$ 57,932
Level 1 Transportation/Travel:	$ 3,240	$ 19,200	$ 19,200
Level 1 Office Equipment/Communications:	$ 46,900	$ 60,500	$ 60,500
Level 1 Supplies:	$ 9,311	$ 45,518	$ 45,518
Level 2 Center Field Specialists:	$ 60,070 (2)	$ 240,282 (2)	$ 240,282 (2)
Level 2 Center SJB Family Specialists/Research Asst:	$ 184,832 (8)	$ 1,108,992(12)	$ 1,108,992 (12)
Level 2 Transportation/Travel:	$ 3,720	$ 21,120	$ 21,120
Level 2 Office Equipment/Communications:	$ 34,000	$ 47,600	$ 47,600
Level 2 Supplies:	$ 5,173	$ 28,966	$ 28,966
Level 3 Center SJB Family Specialists/Research Asst:	$ 32,416 (4)	$ 554,496 (6)	$ 554,496 (6)
Level 3 Transportation/Travel:	$ 1,560	$ 9,360	$ 9,360
Level 3 Office Equipment/Communications:	$ 13,600	$ 20,400	$ 20,400
Level 3 Supplies:	$ 2,069	$ 12,414	$ 12,414
State Lead Center Management Sub-Total:	**$ 3,529,849**	**$ 4,540,491**	**$ 4,540,491**
Category of Care Sub-Total:	**$ 1,141,736**	**$ 1,476,933**	**$ 1,476,933**
Case Management Sub-Total:	**$ 709,345**	**$ 3,548,329**	**$ 3,548,329**
Center Management Total:	**$ 5,380,930**	**$ 9,565,753**	**$ 9,565,753**

*** Salaries also include fringe benefits**

Sarah Jane Brain Family State Lead Center of Excellence
For the State of

Massachusetts

Children's Hospital of Boston and Harvard Medical School
www.childrenshospital.org

REGION: Northeast

CATEGORY OF CARE: Prevention
National Lead Center

Program Director: Mark Proctor, M.D.
Department: Department of Pediatrics

Position Title: Director
Major Subdivision: Pediatric Neurosurgery

Address: 300 Longwood Avenue, Boston, MA 02115
Phone: 617-355-2403
Email: mark.proctor@childrens.harvard.edu

Level 1 Center(s): Boston, Worcester, Springfield, Lowell
Level 2 Center(s): Cambridge, Lawrence, Dedham
Level 3 Center(s): Brockton, New Bedford

Number of jobs HR 2600 creates in Massachusetts: 131

HR2600 Budget Overview for Massachusetts State Lead Center

	Center Management	Indirect Cost	Administrative Cost	Total
Year 1:	$ 9,335,479	$ 1,867,096	$ 233,387	$ 11,435,962
Year 2:	$ 14,354,145	$ 2,870,829	$ 358,854	$ 17,583,827
Year 3:	$ 14,354,145	$ 2,870,829	$ 358,854	$ 17,583,827
Year 4:	$ 11,483,316	$ 2,296,663	$ 287,083	$ 14,067,062
Year 5:	$ 8,612,487	$ 1,722,497	$ 215,312	$ 10,550,296
Year 6:	$ 5,741,658	$ 1,148,332	$ 143,541	$ 7,033,531
Year 7:	$ 2,870,829	$ 574,166	$ 71,771	$ 3,516,765
TOTAL:				**$ 81,771,267**

Massachusetts continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
STATE LEAD CENTER MANAGEMENT			
Program Director:	$ 60,750	$ 60,750	$ 60,750
Program Director Assistant:	$ 60,290	$ 60,290	$ 60,290
State Director:	$ 206,709	$ 206,709	$ 206,709
Associate State Director:	$ 94,742	$ 94,742	$ 94,742
State Epidemiologist:	$ 155,032	$ 155,032	$ 155,032
State Epidemiologist Assistant:	$ 77,516	$ 77,516	$ 77,516
State Scientific Investigation Research Coordinator:	$ 111,967	$ 111,967	$ 111,967
State Scientific Investigation Research Assistant:	$ 206,709 (3)	$ 206,709 (3)	$ 206,709 (3)
State Education/Training Coordinator (+ materials):	$ 199,728	$ 199,728	$ 199,728
State General Counsel:	$ 172,257	$ 172,257	$ 172,257
State IT Manager:	$ 103,354	$ 103,354	$ 103,354
State Family Support Coordinator:	$ 155,032	$ 155,032	$ 155,032
State Prevention/Awareness Coordinator:	$ 94,742	$ 94,742	$ 94,742
State Acute Care Coordinator:	$ 94,742	$ 94,742	$ 94,742
State Reintegration Coordinator:	$ 94,742	$ 94,742	$ 94,742
State Adult Transition Coordinator:	$ 94,742	$ 94,742	$ 94,742
State “Mild” TBI Coordinator:	$ 94,742	$ 94,742	$ 94,742
State Mental Health Coordinator:	$ 94,742	$ 94,742	$ 94,742
State Assistive/Emerging Technology Coordinator:	$ 94,742	$ 94,742	$ 94,742
State Correctional System Coordinator:	$ 94,742	$ 94,742	$ 94,742
State MISC Coordinator:	$ 94,742	$ 94,742	$ 94,742
State Veterans Coordinator:	$ 94,742	$ 94,742	$ 94,742
State Data Manager:	$ 103,354	$ 103,354	$ 103,354
State Public Policy Manager:	$ 111,967	$ 111,967	$ 111,967
State Community Relations Manager:	$ 86,129	$ 86,129	$ 86,129
State Administrative Support:	$ 361,740 (6)	$ 361,740 (6)	$ 361,740 (6)
Charity care:	$ 255,196	$ 255,196	$ 255,196
Human Resources Support:	$ 107,000	$ 131,000	$ 131,000
Training Support:	$ 26,750	$ 32,750	$ 32,750
Office Space Cost:	$ 261,066	$ 261,066	$ 261,066
Transportation/Travel:	$ 64,800	$ 64,800	$ 64,800
Office Equipment/Communications:	$ 170,700	$ 170,700	$ 170,700
Supplies:	$ 63,161	$ 63,161	$ 63,161
Annual and Regional Conferences:	$ 16,000	$ 16,000	$ 16,000
State Brain Injury Organization Pediatric Programs:	$ 127,598	$ 127,598	$ 127,598

Massachusetts continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
CATEGORY OF CARE RESPONSIBILITY: Prevention			
National Category Director:	$ 236,250	$ 236,250	$ 236,250
National Category Epidemiologist:	$ 202,500	$ 202,500	$ 202,500
National Category Education/Training Coordinator:	$ 168,750	$ 168,750	$ 168,750
National Category Scientific Investigation Research:	$ 168,750	$ 168,750	$ 168,750
National Additional Positions (Intentional, Unintentional And non-Traumatic Brain Injury Prevention)	$ 506,250 (3)	$ 506,250 (3)	$ 506,250 (3)
Regional Category Director:	$ 206,709	$ 206,709	$ 206,709
Regional Category Epidemiologist:	$ 172,257	$ 172,257	$ 172,257
Regional Category Education/Training Coordinator:	$ 155,032	$ 155,032	$ 155,032
Regional Category Scientific Investigation Research:	$ 155,032	$ 155,032	$ 155,032
Regional Category Administrative Support:	$ 241,160 (4)	$ 241,160 (4)	$ 241,160 (4)
Regional Category Office Space Cost:	$ 102,844	$ 102,844	$ 102,844
Regional Category Transportation/Travel:	$ 90,000	$ 90,000	$ 90,000
Regional Category Office Equipment/Communications:	$ 27,300	$ 27,300	$ 27,300
Regional Category Supplies:	$ 24,882	$ 24,882	$ 24,882
CASE MANAGEMENT RESPONSIBILITY			
Level 1 Center Manager:	$ 275,612 (4)	$ 551,223 (4)	$ 551,223 (4)
Level 1 Center Field Specialist:	$ 223,935 (4)	$ 447,869 (4)	$ 447,869 (4)
Level 1 Center SJB Family Specialists/Research Asst:	$ 1,033,544(24)	$ 3,445,146(40)	$ 3,445,146(40)
Level 1 Center Administrative Support :	$ 241,160 (8)	$ 482,321 (8)	$ 482,321 (8)
Level 1 Office Space Cost:	$ 26,796	$ 53,591	$ 53,591
Level 1 Transportation/Travel:	$ 25,920	$ 76,800	$ 76,800
Level 1 Office Equipment/Communications:	$ 124,600	$ 179,000	$ 179,000
Level 1 Supplies:	$ 40,193	$ 111,010	$ 111,010
Level 2 Center Field Specialists:	$ 167,951 (3)	$ 335,902 (3)	$ 335,902 (3)
Level 2 Center SJB Family Specialists/Research Asst:	$ 516,772 (12)	$ 1,550,316(18)	$ 1,550,316(18)
Level 2 Transportation/Travel:	$ 11,160	$ 31,680	$ 31,680
Level 2 Office Equipment/Communications:	$ 51,000	$ 71,400	$ 71,400
Level 2 Supplies:	$ 14,355	$ 40,193	$ 40,193
Level 3 Center SJB Family Specialists/Research Asst:	$ 172,257 (4)	$ 516,772 (6)	$ 516,772 (6)
Level 3 Transportation/Travel:	$ 3,120	$ 9,360	$ 9,360
Level 3 Office Equipment/Communications:	$ 13,600	$ 20,400	$ 20,400
Level 3 Supplies:	$ 93,828	$ 11,484	$ 11,484
State Lead Center Management Sub-Total:	**$ 4,290,962**	**$ 4,336,962**	**$ 4,336,962**
Category of Care Sub-Total:	**$ 2,082,715**	**$ 2,082,715**	**$ 2,082,715**
Case Management Sub-Total:	**$ 2,945,802**	**$ 7,934,468**	**$ 7,934,468**
Center Management Total:	**$ 9,335,479**	**$ 14,354,145**	**$ 14,354,145**

*** Salaries also include fringe benefits**

Sarah Jane Brain Family State Lead Center of Excellence
For the state of

Michigan

Michigan Public Health Institute and Brain Injury Association of Michigan
www.mphi.org

REGION: Mid-Central **CATEGORY OF CARE:** The Virtual Center

Program Director: Clare Tanner, Ph.D. **Position Title:** Program Director
Department: Center for Data Management and Transitional Research

Address: 2436 Woodlake Circle #380, Okemos, MI 48864
Phone: 517-324-7381
Email: ctanner@mphi.org

Level 1 Center(s): Detroit, Lansing, Grand Rapids, Sault Ste. Marie
Level 2 Center(s): Warren, Ann Arbor, Flint, Sterling Heights
Level 3 Center(s): Detroit, Kalamazoo, Marquette, Saginaw

Number of jobs HR 2600 creates in Michigan: 140

HR2600 Budget Overview for Michigan State Lead Center

	Center Management	Indirect Cost	Administrative Cost	Total
Year 1:	$ 4,554,260	$ 910,852	$ 113,856	$ 5,578,968
Year 2:	$ 10,550,009	$ 2,110,002	$ 263,750	$ 12,923,761
Year 3:	$ 10,550,009	$ 2,110,002	$ 263,750	$ 12,923,761
Year 4:	$ 8,440,007	$ 1,688,001	$ 211,000	$ 10,339,008
Year 5:	$ 6,330,005	$ 1,266,001	$ 158,250	$ 7,754,256
Year 6:	$ 4,220,003	$ 844,001	$ 105,500	$ 5,169,504
Year 7:	$ 2,110,002	$ 422,000	$ 52,750	$ 2,584,752
TOTAL:				**$ 57,274,010**

Michigan continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
STATE LEAD CENTER MANAGEMENT			
Program Director:	$ 45,500	$ 45,500	$ 45,500
Program Director Assistant:	$ 41,001	$ 41,001	$ 41,001
State Director:	$ 105,431	$ 140,574	$ 140,574
Associate State Director:	$ 48,322	$ 64,430	$ 64,430
State Epidemiologist:	$ 79,073	$ 105,431	$ 105,431
State Epidemiologist Assistant:	$ 39,537	$ 52,715	$ 52,715
State Scientific Investigation Research Coordinator:	$ 57,108	$ 76,144	$ 76,144
State Scientific Investigation Research Assistant:	$ 105,431(3)	$ 140,574 (3)	$ 140,574 (3)
State Education/Training Coordinator (+ materials):	$ 158,437	$ 211,250	$ 211,250
State General Counsel:	$ 87,859	$ 117,145	$ 117,145
State IT Manager:	$ 52,715	$ 70,287	$ 70,287
State Family Support Coordinator:	$ 79,073	$ 105,431	$ 105,431
State Prevention/Awareness Coordinator:	$ 48,322	$ 64,430	$ 64,430
State Acute Care Coordinator:	$ 48,322	$ 64,430	$ 64,430
State Reintegration Coordinator:	$ 48,322	$ 64,430	$ 64,430
State Adult Transition Coordinator:	$ 48,322	$ 64,430	$ 64,430
State “Mild” TBI Coordinator:	$ 48,322	$ 64,430	$ 64,430
State Mental Health Coordinator:	$ 48,322	$ 64,430	$ 64,430
State Assistive/Emerging Technology Coordinator:	$ 48,322	$ 64,430	$ 64,430
State Correctional System Coordinator:	$ 48,322	$ 64,430	$ 64,430
State MISC Coordinator:	$ 48,322	$ 64,430	$ 64,430
State Veterans Coordinator:	$ 48,322	$ 64,430	$ 64,430
State Data Manager:	$ 52,715	$ 70,287	$ 70,287
State Public Policy Manager:	$ 57,108	$ 76,144	$ 76,144
State Community Relations Manager:	$ 43,929	$ 58,573	$ 58,573
State Administrative Support:	$ 184,504 (6)	$ 246,005 (6)	$ 246,005 (6)
Charity care:	$ 135,168	$ 180,223	$ 180,223
Human Resources Support:	$ 112,000	$ 140,000	$ 140,000
Training Support:	$ 28,000	$ 35,000	$ 35,000
Office Space Cost:	$ 138,276	$ 184,369	$ 184,369
Transportation/Travel:	$ 43,794	$ 58,392	$ 58,392
Office Equipment/Communications:	$ 170,700	$ 170,700	$ 170,700
Supplies:	$ 33,454	$ 44,605	$ 44,605
Annual and Regional Conferences:	$ 16,000	$ 16,000	$ 16,000
State Brain Injury Organization Pediatric Programs:	$ 90,112	$ 90,112	$ 90,112

Michigan continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
CATEGORY OF CARE RESPONSIBILITY: The Virtual Center			
Regional Category Director:	$ 105,431	$ 140,574	$ 140,574
Regional Category Epidemiologist:	$ 87,859	$ 117,145	$ 117,145
Regional Category Education/Training Coordinator:	$ 79,073	$ 105,431	$ 105,431
Regional Category Scientific Investigation Research:	$ 79,073	$ 105,431	$ 105,431
Regional Additional (Business Development Manager):	$ 74,680	$ 99,573	$ 99,573
Regional Category Administrative Support:	$ 123,002 (4)	$ 164,003 (4)	$ 164,003 (4)
Regional Category Office Space Cost:	$ 37,712	$ 50,282	$ 50,282
Regional Category Transportation/Travel:	$ 67,500	$ 90,000	$ 90,000
Regional Category Office Equipment/Communications:	$ 18,900	$ 18,900	$ 18,900
Regional Category Supplies:	$ 9,124	$ 12,165	$ 12,165
CASE MANAGEMENT RESPONSIBILITY			
Level 1 Center Manager:	$ 93,716 (4)	$ 374,865 (4)	$ 374,865 (4)
Level 1 Center Field Specialist:	$ 76,144 (4)	$ 304,578 (4)	$ 304,578 (4)
Level 1 Center SJB Family Specialists/Research Asst:	$ 351,436 (24)	$ 2,342,904(40)	$ 2,342,904(40)
Level 1 Center Administrative Support :	$ 82,002 (8)	$ 328,007 (8)	$ 328,007 (8)
Level 1 Office Space Cost:	$ 9,462	$ 37,847	$ 37,847
Level 1 Transportation/Travel:	$ 12,604	$ 75,376	$ 75,376
Level 1 Office Equipment/Communications:	$ 124,600	$ 179,000	$ 179,000
Level 1 Supplies:	$ 14,193	$ 78,397	$ 78,397
Level 2 Center Field Specialists:	$ 76,144 (4)	$ 304,578 (4)	$ 304,578 (4)
Level 2 Center SJB Family Specialists/Research Asst:	$ 234,290 (16)	$ 1,405,743(24)	$ 1,405,743(24)
Level 2 Transportation/Travel:	$ 7,321	$ 41,765	$ 41,765
Level 2 Office Equipment/Communications:	$ 68,000	$ 95,200	$ 95,200
Level 2 Supplies:	$ 6,758	$ 37,847	$ 37,847
Level 3 Center SJB Family Specialists/Research Asst:	$ 117,145 (8)	$ 702,871(12)	$ 702,871(12)
Level 3 Transportation/Travel:	$ 3,120	$ 18,720	$ 18,720
Level 3 Office Equipment/Communications:	$ 27,200	$ 40,800	$ 40,800
Level 3 Supplies:	$ 2,703	$ 16,220	$ 16,220
State Lead Center Management Sub-Total:	**$ 2,488,472**	**$ 3,185,191**	**$ 3,185,191**
Category of Care Sub-Total:	**$ 758,949**	**$ 980,100**	**$ 980,100**
Case Management Sub-Total:	**$ 1,306,839**	**$ 6,384,717**	**$ 6,384,717**
Center Management Total:	**$ 4,554,260**	**$ 10,550,009**	**$ 10,550,009**

*** Salaries also include fringe benefits**

Sarah Jane Brain Family State Lead Center of Excellence
For the state of

Minnesota

Mayo Clinic
www.mayoclinic.com

REGION: Mid-Central

CATEGORY OF CARE: "Mild" TBI

Program Director: Sherilyn Driscoll, M.D.
Position Title: Assistant Professor
Department: Physical Medicine & Rehabilitation

Address: 200 First Street SW, Rochester, MN 55905
Phone: 507-266-8913
Email: driscoll.sherilyn@mayo.edu

Level 1 Center(s): Mayo Clinic(SE), HCMC(Metro), St. Mary's Duluth(NE), St. Cloud (Central)
Level 2 Center(s): Gillette Children's (Metro), St. Joseph's Mankato(SE), Fairview/U of M (Central)
Level 3 Center(s): Fairmont(SW), Riverview Healthcare Crookston(NW)

Number of jobs HR 2600 creates in Minnesota: 126

HR2600 Budget Overview for Minnesota State Lead Center

	Center Management	Indirect Cost	Administrative Cost	Total
Year 1:	$ 5,585,675	$ 1,117,135	$ 139,642	$ 6,842,452
Year 2:	$ 12,143,345	$ 2,428,669	$ 303,584	$ 14,875,598
Year 3:	$ 12,143,345	$ 2,428,669	$ 303,584	$ 14,875,598
Year 4:	$ 9,714,676	$ 1,942,935	$ 242,867	$ 11,900,478
Year 5:	$ 7,286,007	$ 1,457,201	$ 182,150	$ 8,925,359
Year 6:	$ 4,857,338	$ 971,468	$ 121,433	$ 5,950,239
Year 7:	$ 2,428,669	$ 485,734	$ 60,717	$ 2,975,120
TOTAL:				**$ 66,344,844**

Minnesota continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
STATE LEAD CENTER MANAGEMENT			
Program Director:	$ 105,000	$ 105,000	$ 105,000
Program Director Assistant:	$ 54,264	$ 54,264	$ 54,264
State Director:	$ 139,536	$ 186,047	$ 186,047
Associate State Director:	$ 63,954	$ 85,272	$ 85,272
State Epidemiologist:	$ 104,652	$ 139,536	$ 139,536
State Epidemiologist Assistant:	$ 52,326	$ 69,768	$ 69,768
State Scientific Investigation Research Coordinator:	$ 75,582	$ 100,776	$ 100,776
State Scientific Investigation Research Assistant:	$ 139,536(3)	$ 186,047 (3)	$ 186,047 (3)
State Education/Training Coordinator (+ materials):	$ 128,461	$ 171,282	$ 171,282
State General Counsel:	$ 116,280	$ 155,040	$ 155,040
State IT Manager:	$ 69,768	$ 93,024	$ 93,024
State Family Support Coordinator:	$ 104,652	$ 139,536	$ 139,536
State Prevention/Awareness Coordinator:	$ 63,954	$ 85,272	$ 85,272
State Acute Care Coordinator:	$ 63,954	$ 85,272	$ 85,272
State Reintegration Coordinator:	$ 63,954	$ 85,272	$ 85,272
State Adult Transition Coordinator:	$ 63,954	$ 85,272	$ 85,272
State “Mild” TBI Coordinator:	$ 63,954	$ 85,272	$ 85,272
State Mental Health Coordinator:	$ 63,954	$ 85,272	$ 85,272
State Assistive/Emerging Technology Coordinator:	$ 63,954	$ 85,272	$ 85,272
State Correctional System Coordinator:	$ 63,954	$ 85,272	$ 85,272
State MISC Coordinator:	$ 63,954	$ 85,272	$ 85,272
State Veterans Coordinator:	$ 63,954	$ 85,272	$ 85,272
State Data Manager:	$ 69,768	$ 93,024	$ 93,024
State Public Policy Manager:	$ 75,582	$ 100,776	$ 100,776
State Community Relations Manager:	$ 58,140	$ 77,520	$ 77,520
State Administrative Support:	$ 244,187 (6)	$ 325,583(6)	$ 325,583(6)
Charity care:	$ 166,114	$ 221,485	$ 221,485
Human Resources Support:	$ 102,000	$ 126,000	$ 126,000
Training Support:	$ 25,000	$ 31,500	$ 31,500
Office Space Cost:	$ 169,934	$ 266,579	$ 266,579
Transportation/Travel:	$ 48,600	$ 64,800	$ 64,800
Office Equipment/Communications:	$ 170,700	$ 170,700	$ 170,700
Supplies:	$ 41,113	$ 54,818	$ 54,818
Annual and Regional Conferences:	$ 16,000	$ 16,000	$ 16,000
State Brain Injury Organization Pediatric Programs:	$ 110,743	$ 110,743	$ 110,743

Minnesota continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
CATEGORY OF CARE RESPONSIBILITY: "Mild" TBI			
Regional Category Director:	$ 139,536	$ 186,047	$ 186,047
Regional Category Epidemiologist:	$ 116,280	$ 155,040	$ 155,040
Regional Category Education/Training Coordinator:	$ 104,652	$ 139,536	$ 139,536
Regional Category Scientific Investigation Research:	$ 104,652	$ 139,536	$ 139,536
Regional Additional Technology:	$ 300,000		
Regional Category Administrative Support:	$ 162,792	$ 217,055 (4)	$ 217,055 (4)
Regional Category Office Space Cost:	$ 41,196	$ 54,928	$ 54,928
Regional Category Transportation/Travel:	$ 67,500	$ 90,000	$ 90,000
Regional Category Office Equipment/Communications:	$ 16,800	$ 16,800	$ 16,800
Regional Category Supplies:	$ 9,967	$ 13,289	$ 13,289
CASE MANAGEMENT RESPONSIBILITY			
Level 1 Center Manager:	$ 124,032 (4)	$ 496,126 (4)	$ 496,126 (4)
Level 1 Center Field Specialist:	$ 100,776 (4)	$ 403,103(4)	$ 403,103(4)
Level 1 Center SJB Family Specialists/Research Asst:	$ 465,119 (24)	$ 3,100,791(40)	$ 3,100,791(40)
Level 1 Center Administrative Support :	$ 108,528 (8)	$ 434,111 (8)	$ 434,111 (8)
Level 1 Office Space Cost:	$ 11,628	$ 46,512	$ 46,512
Level 1 Transportation/Travel:	$ 12,960	$ 76,800	$ 76,800
Level 1 Office Equipment/Communications:	$ 124,600	$ 179,000	$ 179,000
Level 1 Supplies:	$ 17,442	$ 96,346	$ 96,346
Level 2 Center Field Specialists:	$ 75,582 (3)	$ 302,327 (3)	$ 302,327 (3)
Level 2 Center SJB Family Specialists/Research Asst:	$ 232,559 (12)	$ 1,395,356(18)	$ 1,395,356(18)
Level 2 Transportation/Travel:	$ 5,580	$ 31,680	$ 31,680
Level 2 Office Equipment/Communications:	$ 51,000	$ 71,400	$ 71,400
Level 2 Supplies:	$ 6,229	$ 34,884	$ 34,884
Level 3 Center SJB Family Specialists/Research Asst:	$ 77,520 (4)	$ 465,119 (6)	$ 465,119 (6)
Level 3 Transportation/Travel:	$ 1,560	$ 9,360	$ 9,360
Level 3 Office Equipment/Communications:	$ 13,600	$ 20,400	$ 20,400
Level 3 Supplies:	$ 1,661	$ 9,967	$ 9,967
State Lead Center Management Sub-Total:	**$ 3,091,927**	**$ 3,957,834**	**$ 3,957,834**
Category of Care Sub-Total:	**$ 1,063,373**	**$ 1,012,231**	**$ 1,012,231**
Case Management Sub-Total:	**$ 1,430,375**	**$ 7,173,280**	**$ 7,173,280**
Center Management Total:	**$ 5,585,675**	**$ 12,143,345**	**$ 12,143,345**

*** Salaries also include fringe benefits**

Sarah Jane Brain Family State Lead Center of Excellence
For the state of

Mississippi

Children's Rehabilitation Services/ Blair E. Batson Hospital for Children
www.umhc.com

REGION: Southeast

CATEGORY OF CARE: Rural/Tele-health

Program Director: Dr. Amanda Witt
Position Title: Assistant Professor
Department: Children's Rehabilitation

Address: 2500 N. State Street, Jackson, MS 39216
Phone: 601-815-2005
Email: awitt@umc.edu

Level 1 Center(s): Jackson
Level 2 Center(s): Meridian, Greenville
Level 3 Center(s): Gulport/Biloxi, Tupelo

Number of jobs HR 2600 creates in Mississippi: 83

HR2600 Budget Overview for Mississippi State Lead Center

	Center Management	Indirect Cost	Administrative Cost	Total
Year 1:	$ 5,014,052	$ 1,002,810	$ 125,351	$ 6,142,214
Year 2:	$ 5,332,638	$ 1,066,528	$ 133,316	$ 6,532,481
Year 3:	$ 5,332,638	$ 1,066,528	$ 133,316	$ 6,532,481
Year 4:	$ 4,266,110	$ 853,222	$ 106,653	$ 5,225,985
Year 5:	$ 3,199,583	$ 639,917	$ 79,990	$ 3,919,489
Year 6:	$ 2,133,055	$ 426,611	$ 53,326	$ 2,612,993
Year 7:	$ 1,066,528	$ 213,306	$ 26,663	$ 1,306,496
TOTAL:				**$ 32,272,139**

Mississippi continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
STATE LEAD CENTER MANAGEMENT			
Program Director:	$ 22,935	$ 22,935	$ 22,935
Program Director Assistant:	$ 35,500	$ 35,500	$ 35,500
State Director:	$ 91,285	$ 121,713	$ 121,713
Associate State Director:	$ 41,839	$ 55,785	$ 55,785
State Epidemiologist:	$ 68,464	$ 91,285	$ 91,285
State Epidemiologist Assistant:	$ 34,232	$ 45,642	$ 45,642
State Scientific Investigation Research Coordinator:	$ 49,446	$ 65,928	$ 65,928
State Scientific Investigation Research Assistant:	$ 91,285(3)	$ 121,713 (3)	$ 121,713 (3)
State Education/Training Coordinator (+ materials):	$ 79,212	$ 105,617	$ 105,617
State General Counsel:	$ 76,071	$ 101,428	$ 101,428
State IT Manager:	$ 45,642	$ 60,857	$ 60,857
State Family Support Coordinator:	$ 68,464	$ 91,285	$ 91,285
State Prevention/Awareness Coordinator:	$ 47,839	$ 55,785	$ 55,785
State Acute Care Coordinator:	$ 47,839	$ 55,785	$ 55,785
State Reintegration Coordinator:	$ 47,839	$ 55,785	$ 55,785
State Adult Transition Coordinator:	$ 47,839	$ 55,785	$ 55,785
State “Mild” TBI Coordinator:	$ 47,839	$ 55,785	$ 55,785
State Mental Health Coordinator:	$ 47,839	$ 55,785	$ 55,785
State Assistive/Emerging Technology Coordinator:	$ 47,839	$ 55,785	$ 55,785
State Correctional System Coordinator:	$ 47,839	$ 55,785	$ 55,785
State MISC Coordinator:	$ 47,839	$ 55,785	$ 55,785
State Veterans Coordinator:	$ 47,839	$ 55,785	$ 55,785
State Data Manager:	$ 45,642	$ 60,857	$ 60,857
State Public Policy Manager:	$ 49,446	$ 65,928	$ 65,928
State Community Relations Manager:	$ 38,035	$ 50,714	$ 50,714
State Administrative Support:	$ 159,748 (6)	$ 212,998(6)	$ 212,998 (6)
Charity care:	$ 109,454	$ 145,939	$ 145,939
Human Resources Support:	$ 73,000	$ 83,000	$ 83,000
Training Support:	$ 18,250	$ 20,750	$ 20,750
Office Space Cost:	$ 111,972	$ 149,296	$ 149,296
Transportation/Travel:	$ 35,463	$ 47,284	$ 47,284
Office Equipment/Communications:	$ 170,700	$ 170,700	$ 170,700
Supplies:	$ 27,090	$ 36,120	$ 36,120
Annual and Regional Conferences:	$ 16,000	$ 16,000	$ 16,000
State Brain Injury Organization Pediatric Programs:	$ 72,969	$ 72,969	$ 72,969

Mississippi continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
CATEGORY OF CARE RESPONSIBILITY: Rural/Tele-health			
Regional Category Director:	$ 91,285	$ 121,713	$ 121,713
Regional Category Epidemiologist:	$ 76,071	$ 101,428	$ 101,428
Regional Category Education/Training Coordinator:	$ 68,464	$ 91,285	$ 91,285
Regional Category Scientific Investigation Research:	$ 68,464	$ 91,285	$ 91,285
Regional Additional Technology:	$ 2,000,000		
Regional Category Administrative Support:	$ 106,499 (4)	$ 141,999 (4)	$ 141,999 (4)
Regional Category Office Space Cost:	$ 27,145	$ 36,193	$ 36,193
Regional Category Transportation/Travel:	$ 67,500	$ 90,000	$ 90,000
Regional Category Office Equipment/Communications:	$ 16,800	$ 16,800	$ 16,800
Regional Category Supplies:	$ 6,567	$ 8,756	$ 8,756
CASE MANAGEMENT RESPONSIBILITY			
Level 1 Center Manager:	$ 20,286	$ 81,142	$ 81,142
Level 1 Center Field Specialist:	$ 16,482	$ 65,928	$ 65,928
Level 1 Center SJB Family Specialists/Research Asst:	$ 76,071 (6)	$ 507,138 (10)	$ 507,138 (10)
Level 1 Center Administrative Support :	$ 17,750 (2)	$ 70,999 (2)	$ 70,999 (2)
Level 1 Office Space Cost:	$ 7,662	$ 30,647	$ 30,647
Level 1 Transportation/Travel:	$ 2,997	$ 18,227	$ 18,227
Level 1 Office Equipment/Communications:	$ 46,900	$ 60,500	$ 60,500
Level 1 Supplies:	$ 4,925	$ 24,080	$ 24,080
Level 2 Center Field Specialists:	$ 32,964 (2)	$ 131,856 (2)	$ 131,856 (2)
Level 2 Center SJB Family Specialists/Research Asst:	$ 101,428 (8)	$608,565 (12)	$608,565 (12)
Level 2 Transportation/Travel:	$ 3,558	$ 20,471	$ 20,471
Level 2 Office Equipment/Communications:	$ 34,000	$ 47,600	$ 47,600
Level 2 Supplies:	$ 2,736	$ 15,324	$ 15,324
Level 3 Center SJB Family Specialists/Research Asst:	$ 50,714 (4)	$ 304,283 (6)	$ 304,283 (6)
Level 3 Transportation/Travel:	$ 1,560	$ 9,360	$ 9,360
Level 3 Office Equipment/Communications:	$ 13,600	$ 20,400	$ 20,400
Level 3 Supplies:	$ 1,095	$ 6,567	$ 6,567
State Lead Center Management Sub-Total:	**$ 2,050,533**	**$ 2,610,092**	**$ 2,610,092**
Category of Care Sub-Total:	**$ 2,528,794**	**$ 699,458**	**$ 699,458**
Case Management Sub-Total:	**$ 434,726**	**$ 2,023,087**	**$ 2,023,087**
Center Management Total:	**$ 5,014,052**	**$ 5,332,638**	**$ 5,332,638**

*** Salaries also include fringe benefits**

Sarah Jane Brain Family State Lead Center of Excellence
For the state of

Missouri

Saint Louis Children's Hospital
www.stlouischildrens.org

REGION: South-Central **CATEGORY OF CARE:** "Mild" TBI

Program Director: Jose Pineda, M.D. **Position Title:** Director
Department: Pediatric Neurocritical Care Program

Address: One Children's Place, Suite 5S20, St. Louis, MO 63110
Phone: 314-454-2545
Email: pineda_j@kids.wustl.edu

Level 1 Center(s): St Louis, Kansas City
Level 2 Center(s): St. Louis, Springfield, Columbia
Level 3 Center(s): Cape Girardeau, Rolla, Washington, Kirksville

Number of jobs HR 2600 creates in Missouri: 108

HR2600 Budget Overview for Missouri State Lead Center

	Center Management	Indirect Cost	Administrative Cost	Total
Year 1:	$ 4,144,984	$ 828,997	$ 103,625	$ 5,077,606
Year 2:	$ 7,896,678	$ 1,579,336	$ 197,417	$ 9,673,431
Year 3:	$ 7,896,678	$ 1,579,336	$ 197,417	$ 9,673,431
Year 4:	$ 6,317,343	$ 1,263,469	$ 157,934	$ 7,738,745
Year 5:	$ 4,738,007	$ 947,601	$ 118,450	$ 5,804,059
Year 6:	$ 3,158,671	$ 631,734	$ 78,967	$ 3,869,372
Year 7:	$ 1,579,336	$ 315,867	$ 39,483	$ 1,934,686
TOTAL:				**$ 43,771,330**

Missouri continued

Title/Description (# of positions if more than one)*	Year 1	Year 2	Year 3
STATE LEAD CENTER MANAGEMENT			
Program Director:	$ 70,400	$ 70,400	$ 70,400
Program Director Assistant:	$ 40,347	$ 40,347	$ 40,347
State Director:	$ 103,749	$ 138,332	$ 138,332
Associate State Director:	$ 47,755	$ 63,402	$ 63,402
State Epidemiologist:	$ 77,812	$ 103,749	$ 103,749
State Epidemiologist Assistant:	$ 38,906	$ 51,875	$ 51,875
State Scientific Investigation Research Coordinator:	$ 56,197	$ 74,930	$ 74,930
State Scientific Investigation Research Assistant:	$ 103,749(3)	$ 138,332 (3)	$ 138,332 (3)
State Education/Training Coordinator (+ materials):	$ 116,079	$ 154,771	$ 154,771
State General Counsel:	$ 86,458	$ 115,277	$ 115,277
State IT Manager:	$ 51,875	$ 69,166	$ 69,166
State Family Support Coordinator:	$ 77,812	$ 103,749	$ 103,749
State Prevention/Awareness Coordinator:	$ 47,552	$ 63,402	$ 63,402
State Acute Care Coordinator:	$ 47,552	$ 63,402	$ 63,402
State Reintegration Coordinator:	$ 47,552	$ 63,402	$ 63,402
State Adult Transition Coordinator:	$ 47,552	$ 63,402	$ 63,402
State “Mild” TBI Coordinator:	$ 47,552	$ 63,402	$ 63,402
State Mental Health Coordinator:	$ 47,552	$ 63,402	$ 63,402
State Assistive/Emerging Technology Coordinator:	$ 47,552	$ 63,402	$ 63,402
State Correctional System Coordinator:	$ 47,552	$ 63,402	$ 63,402
State MISC Coordinator:	$ 47,552	$ 63,402	$ 63,402
State Veterans Coordinator:	$ 47,552	$ 63,402	$ 63,402
State Data Manager:	$ 51,875	$ 69,166	$ 69,166
State Public Policy Manager:	$ 56,197	$ 74,930	$ 74,930
State Community Relations Manager:	$ 43,229	$ 57,638	$ 57,638
State Administrative Support:	$ 181,561 (6)	$ 242,081(6)	$ 242,081(6)
Charity care:	$ 135,090	$ 180,120	$ 180,120
Human Resources Support:	$ 90,000	$ 108,000	$ 108,000
Training Support:	$ 22,500	$ 27,000	$ 27,000
Office Space Cost:	$ 138,197	$ 184,263	$ 184,263
Transportation/Travel:	$ 43,769	$ 58,359	$ 58,359
Office Equipment/Communications:	$ 170,700	$ 170,700	$ 170,700
Supplies:	$ 33,435	$ 44,580	$ 44,580
Annual and Regional Conferences:	$ 16,000	$ 16,000	$ 16,000
State Brain Injury Organization Pediatric Programs:	$ 90,060	$ 90,060	$ 90,060

Missouri continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
CATEGORY OF CARE RESPONSIBILITY: "Mild" TBI			
Regional Category Director:	$ 103,749	$ 138,332	$ 138,332
Regional Category Epidemiologist:	$ 86,458	$ 115,277	$ 115,277
Regional Category Education/Training Coordinator:	$ 77,812	$ 103,749	$ 103,749
Regional Category Scientific Investigation Research:	$ 77,812	$ 103,749	$ 103,749
Regional Additional Technology:	$ 300,000		
Regional Category Administrative Support:	$ 121,041 (4)	$ 161,387 (4)	$ 161,387 (4)
Regional Category Office Space Cost:	$ 33,502	$ 44,670	$ 44,670
Regional Category Transportation/Travel:	$ 67,500	$ 90,000	$ 90,000
Regional Category Office Equipment/Communications:	$ 16,800	$ 16,800	$ 16,800
Regional Category Supplies:	$ 8,105	$ 10,807	$10,807
CASE MANAGEMENT RESPONSIBILITY			
Level 1 Center Manager:	$ 46,111 (2)	$ 184,443 (2)	$ 184,443 (2)
Level 1 Center Field Specialist:	$ 37,465 (2)	$ 149,860 (2)	$ 149,860 (2)
Level 1 Center SJB Family Specialists/Research Asst:	$ 172,915 (12)	$ 1,152,767(20)	$ 1,152,767(20)
Level 1 Center Administrative Support :	$ 40,347 (4)	$ 161,387 (4)	$ 161,387 (4)
Level 1 Office Space Cost:	$ 9,456	$ 37,825	$ 37,825
Level 1 Transportation/Travel:	$ 6,301	$ 37,684	$ 37,684
Level 1 Office Equipment/Communications:	$ 72,800	$ 100,000	$ 100,000
Level 1 Supplies:	$ 8,781	$45,931	$ 45,931
Level 2 Center Field Specialists:	$ 56,197 (3)	$ 224,790 (3)	$ 224,790 (3)
Level 2 Center SJB Family Specialists/Research Asst:	$ 172,915 (12)	$ 1,037,490(18)	$ 1,037,490(18)
Level 2 Transportation/Travel:	$ 5,491	$ 31,322	$ 31,322
Level 2 Office Equipment/Communications:	$ 51,000	$ 71,400	$ 71,400
Level 2 Supplies:	$ 5,066	$ 28,369	$ 28,369
Level 3 Center SJB Family Specialists/Research Asst:	$ 115,277 (8)	$ 691,660 (12)	$ 691,660 (12)
Level 3 Transportation/Travel:	$ 3,120	$ 18,720	$ 18,720
Level 3 Office Equipment/Communications:	$ 27,200	$ 40,800	$ 40,800
Level 3 Supplies:	$ 2,702	$ 16,211	$ 16,211
State Lead Center Management Sub-Total:	**$ 2,419,063**	**$ 3,081,248**	**$ 3,081,248**
Category of Care Sub-Total:	**$ 892,778**	**$ 784,771**	**$ 784,771**
Case Management Sub-Total:	**$ 833,143**	**$ 4,030,659**	**$ 4,030,659**
Center Management Total:	**$ 4,144,984**	**$ 7,896,678**	**$ 7,896,678**

*** Salaries also include fringe benefits**

Sarah Jane Brain Family State Lead Center of Excellence
For the state of

Montana

Montana State University Billings/ Montana Center of Disabilities
www.msubillings.edu

REGION: Rocky Mountain **CATEGORY OF CARE:** Rural/Tele-health

Program Director: Marsha Sampson, M.S. **Position Title:** Director
Department: Montana Center for Inclusive Education

Address: 1500 University Drive, Billings, MT 59101
Phone: 406-657-2085
Email: msampson@msubillings.edu

Level 1 Center(s): Billings/Yellowstone/Southern
Level 2 Center(s): Great Falls/Cascade/Northern, Missoula/Western
Level 3 Center(s): Billings(Mobile), Great Falls (Mobile)

Number of jobs HR 2600 creates in Montana: 83

HR2600 Budget Overview for Montana State Lead Center

	Center Management	Indirect Cost	Administrative Cost	Total
Year 1:	$ 5,450,356	$ 1,090,071	$ 136,259	$ 6,676,686
Year 2:	$ 6,137,253	$ 1,227,451	$ 153,431	$ 7,518,135
Year 3:	$ 6,137,253	$ 1,227,451	$ 153,431	$ 7,518,135
Year 4:	$ 4,909,803	$ 981,961	$ 122,745	$ 6,014,508
Year 5:	$ 3,682,352	$ 736,470	$ 92,059	$ 4,510,881
Year 6:	$ 2,454,901	$ 490,980	$ 61,373	$ 3,007,254
Year 7:	$ 1,227,451	$ 245,490	$ 30,686	$ 1,503,627
TOTAL:				**$ 36,749,226**

Montana continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
STATE LEAD CENTER MANAGEMENT			
Program Director:	$ 54,964	$ 54,964	$ 54,964
Program Director Assistant:	$ 40,529	$ 40,529	$ 40,529
State Director:	$ 104,218	$ 138,957	$ 138,957
Associate State Director:	$ 47,766	$ 63,689	$ 63,689
State Epidemiologist:	$ 78,163	$ 104,218	$ 104,218
State Epidemiologist Assistant:	$ 39,082	$ 52,109	$ 52,109
State Scientific Investigation Research Coordinator:	$ 56,451	$ 75,268	$ 75,268
State Scientific Investigation Research Assistant:	$ 104,218(3)	$ 138,957 (3)	$ 138,957 (3)
State Education/Training Coordinator (+ materials):	$ 66,251	$ 88,335	$ 88,335
State General Counsel:	$ 86,848	$ 115,797	$ 115,797
State IT Manager:	$ 52,109	$ 69,478	$ 69,478
State Family Support Coordinator:	$ 78,163	$ 104,218	$ 104,218
State Prevention/Awareness Coordinator:	$ 47,766	$ 63,689	$ 63,689
State Acute Care Coordinator:	$ 47,766	$ 63,689	$ 63,689
State Reintegration Coordinator:	$ 47,766	$ 63,689	$ 63,689
State Adult Transition Coordinator:	$ 47,766	$ 63,689	$ 63,689
State “Mild” TBI Coordinator:	$ 47,766	$ 63,689	$ 63,689
State Mental Health Coordinator:	$ 47,766	$ 63,689	$ 63,689
State Assistive/Emerging Technology Coordinator:	$ 47,766	$ 63,689	$ 63,689
State Correctional System Coordinator:	$ 47,766	$ 63,689	$ 63,689
State MISC Coordinator:	$ 47,766	$ 63,689	$ 63,689
State Veterans Coordinator:	$ 47,766	$ 63,689	$ 63,689
State Data Manager:	$ 52,109	$ 69,478	$ 69,478
State Public Policy Manager:	$ 56,451	$ 75,268	$ 75,268
State Community Relations Manager:	$ 43,424	$ 57,899	$ 57,899
State Administrative Support:	$ 182,381 (6)	$ 243,175 (6)	$ 243,175 (6)
Charity care:	$ 126,407	$ 168,543	$ 168,543
Human Resources Support:	$ 73,000	$ 83,000	$ 83,000
Training Support:	$ 18,250	$ 20,750	$ 20,750
Office Space Cost:	$ 129,315	$ 172,420	$ 172,420
Transportation/Travel:	$ 97,200	$ 129,600	$ 129,600
Office Equipment/Communications:	$ 170,700	$ 170,700	$ 170,700
Supplies:	$ 31,286	$ 41,714	$ 41,714
Annual and Regional Conferences:	$ 16,000	$ 16,000	$ 16,000
State Brain Injury Organization Pediatric Programs:	$ 84,272	$ 84,272	$ 84,272

Montana continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
CATEGORY OF CARE RESPONSIBILITY: Rural/Tele-health			
Regional Category Director:	$ 104,218	$ 138,957	$ 138,957
Regional Category Epidemiologist:	$ 86,848	$ 115,797	$ 115,797
Regional Category Education/Training Coordinator:	$ 78,163	$ 104,218	$ 104,218
Regional Category Scientific Investigation Research:	$ 78,163	$ 104,218	$ 104,218
Regional Additional Technology:	$ 2,000,000		
Regional Category Administrative Support:	$ 121,587 (4)	$ 162,116 (4)	$ 162,116 (4)
Regional Category Office Space Cost:	$ 31,349	$ 41,799	$ 41,799
Regional Category Transportation/Travel:	$ 67,500	$ 90,000	$ 90,000
Regional Category Office Equipment/Communications:	$ 16,800	$ 16,800	$ 16,800
Regional Category Supplies:	$ 7,584	$ 10,113	$10,113
CASE MANAGEMENT RESPONSIBILITY			
Level 1 Center Manager:	$ 23,159	$ 92,638	$ 92,638
Level 1 Center Field Specialist:	$ 18,817	$ 75,268	$ 75,268
Level 1 Center SJB Family Specialists/Research Asst:	$ 86,848 (6)	$ 578,987 (10)	$ 578,987 (10)
Level 1 Center Administrative Support :	$ 20,265 (2)	$ 81,058 (2)	$ 81,058 (2)
Level 1 Office Space Cost:	$ 8,849	$ 35,394	$ 35,394
Level 1 Transportation/Travel:	$ 6,480	$ 38,400	$ 38,400
Level 1 Office Equipment/Communications:	$ 46,900	$ 60,500	$ 60,500
Level 1 Supplies:	$ 5,688	$ 27,810	$ 27,810
Level 2 Center Field Specialists:	$ 37,634 (2)	$ 150,537 (2)	$ 150,537 (2)
Level 2 Center SJB Family Specialists/Research Asst:	$ 115,797 (8)	$ 694,785 (12)	$ 694,785 (12)
Level 2 Transportation/Travel:	$ 7,440	$42,240	$ 42,240
Level 2 Office Equipment/Communications:	$ 34,000	$ 47,600	$ 47,600
Level 2 Supplies:	$ 3,160	$ 17,697	$ 17,697
Level 3 Center SJB Family Specialists/Research Asst:	$ 57,899 (4)	$ 347,392 (6)	$ 347,392 (6)
Level 3 Transportation/Travel:	$ 3,120	$ 18,720	$ 18,720
Level 3 Office Equipment/Communications:	$ 13,600	$ 20,400	$ 20,400
Level 3 Supplies:	$ 1,264	$ 7,584	$ 7,584
State Lead Center Management Sub-Total:	**$ 2,367,222**	**$ 3,016,224**	**$ 3,016,224**
Category of Care Sub-Total:	**$ 2,592,213**	**$ 784,018**	**$ 784,018**
Case Management Sub-Total:	**$ 490,921**	**$ 2,337,011**	**$ 2,337,011**
Center Management Total:	**$ 5,450,356**	**$ 6,137,253**	**$ 6,137,253**

*** Salaries also include fringe benefits**

Sarah Jane Brain Family State Lead Center of Excellence
For the state of

Nebraska

Madonna Rehabilitation Hospital
www.madonna.org

REGION: Rocky Mountain **CATEGORY OF CARE:** Reintegration

Program Director: Karen Divito, MSHA **Position Title:** Director
Department: Rehabilitation Programs

Address: 5401 South Street, Lincoln, NE 68506
Phone: 402-483-9872
Email: kdivito@madonna.org

Level 1 Center(s): Lincoln
Level 2 Center(s): Omaha, Kearney, Scottsbluff
Level 3 Center(s): North Platte, Valentine, Norfolk

Number of jobs HR 2600 creates in Nebraska: 94

HR2600 Budget Overview for Nebraska State Lead Center

	Center Management	Indirect Cost	Administrative Cost	Total
Year 1:	$ 4,172,203	$ 834,441	$ 104,305	$ 5,110,949
Year 2:	$ 7,848,341	$ 1,569,668	$ 196,209	$ 9,614,218
Year 3:	$ 7,848,341	$ 1,569,668	$ 196,209	$ 9,614,218
Year 4:	$ 6,278,673	$ 1,255,735	$ 156,967	$ 7,691,375
Year 5:	$ 4,709,005	$ 941,801	$ 117,725	$ 5,768,531
Year 6:	$ 3,139,337	$ 627,867	$ 78,483	$ 3,845,687
Year 7:	$ 1,569,668	$ 313,934	$ 39,242	$ 1,922,844
TOTAL:				**$ 43,567,822**

Nebraska continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
STATE LEAD CENTER MANAGEMENT			
Program Director:	$ 49,506	$ 49,506	$ 49,506
Program Director Assistant:	$ 46,206	$ 46,206	$ 46,206
State Director:	$ 118,814	$ 158,419	$ 158,419
Associate State Director:	$ 54,457	$ 72,609	$ 72,609
State Epidemiologist:	$ 89,111	$ 118,814	$ 118,814
State Epidemiologist Assistant:	$ 44,555	$ 59,407	$ 59,407
State Scientific Investigation Research Coordinator:	$ 64,358	$ 85,810	$ 85,810
State Scientific Investigation Research Assistant:	$ 118,814(3)	$ 158,419 (3)	$ 158,419 (3)
State Education/Training Coordinator (+ materials):	$ 82,423	$ 109,897	$ 109,897
State General Counsel:	$ 99,012	$ 132,016	$ 132,016
State IT Manager:	$ 59,407	$ 79,210	$ 79,210
State Family Support Coordinator:	$ 89,111	$ 118,814	$ 118,814
State Prevention/Awareness Coordinator:	$ 54,457	$ 72,609	$ 72,609
State Acute Care Coordinator:	$ 54,457	$ 72,609	$ 72,609
State Reintegration Coordinator:	$ 54,457	$ 72,609	$ 72,609
State Adult Transition Coordinator:	$ 54,457	$ 72,609	$ 72,609
State “Mild” TBI Coordinator:	$ 54,457	$ 72,609	$ 72,609
State Mental Health Coordinator:	$ 54,457	$ 72,609	$ 72,609
State Assistive/Emerging Technology Coordinator:	$ 40,000	$ 40,000	$ 40,000
State Correctional System Coordinator:	$ 54,457	$ 72,609	$ 72,609
State Cultural Diversity Coordinator:	$ 54,457	$ 72,609	$ 72,609
State Rural Outreach Coordinator:	$ 54,457	$ 71,175	$ 71,175
State Veterans Coordinator:	$ 54,457	$ 72,609	$ 72,609
State Data Manager:	$ 59,407	$ 79,210	$ 79,210
State Public Policy Manager:	$ 30,000	$ 30,000	$ 30,000
State Community Relations Manager:	$ 49,506	$ 66,008	$ 66,008
State Administrative Support:	$ 207,925 (6)	$ 277,234 (6)	$ 277,234 (6)
Charity care:	$ 141,446	$ 188,594	$ 188,594
Human Resources Support:	$ 81,000	$ 94,000	$ 94,000
Training Support:	$ 20,250	$ 23,500	$ 23,500
Office Space Cost:	$ 144,699	$ 192,932	$ 192,932
Transportation/Travel:	$ 97,200	$ 129,600	$ 129,600
Office Equipment/Communications:	$ 170,700	$ 170,700	$ 170,700
Supplies:	$ 35,008	$ 46,677	$ 46,677
Annual and Regional Conferences:	$ 16,000	$ 16,000	$ 16,000
State Brain Injury Organization Pediatric Programs:	$ 94,297	$ 94,297	$ 94,297

Nebraska continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
CATEGORY OF CARE RESPONSIBILITY: Rocky Mountain			
Regional Category Director:	$ 118,814	$ 158,419	$ 158,419
Regional Category Epidemiologist:	$ 99,012	$ 132,016	$ 132,016
Regional Category Education/Training Coordinator:	$ 89,111	$ 118,814	$ 118,814
Regional Category Scientific Investigation Research:	$ 89,111	$ 118,814	$ 118,814
Regional Additional (Assistive/Emerging Tech. Coord)	$ 84,160	$ 112,214	$ 112,214
Regional Category Administrative Support:	$ 138,617 (4)	$ 184,823 (4)	$ 184,823 (4)
Regional Category Office Space Cost:	$ 39,462	$ 52,618	$ 52,618
Regional Category Transportation/Travel:	$ 67,500	$ 90,000	$ 90,000
Regional Category Office Equipment/Communications:	$ 18,900	$ 18,900	$ 18,900
Regional Category Supplies:	$ 9,548	$ 12,730	$12,730
CASE MANAGEMENT RESPONSIBILITY			
Level 1 Center Manager:	$ 26,403	$ 105,613	$ 105,613
Level 1 Center Field Specialist:	$ 21,453	$ 85,810	$ 85,810
Level 1 Center SJB Family Specialists/Research Asst:	$ 99,012 (6)	$660,080 (10)	$660,080 (10)
Level 1 Center Administrative Support :	$ 23,103	$ 92,411 (2)	$ 92,411 (2)
Level 1 Office Space Cost:	$ 9,901	$ 39,605	$ 39,605
Level 1 Transportation/Travel:	$ 6,480	$ 38,400	$ 38,400
Level 1 Office Equipment/Communications:	$ 46,900	$ 60,500	$ 60,500
Level 1 Supplies:	$ 56,365	$ 31,118	$ 31,118
Level 2 Center Field Specialists:	$ 64,358 (3)	$ 257,431 (3)	$ 257,431 (3)
Level 2 Center SJB Family Specialists/Research Asst:	$ 198,024 (12)	$ 1,188,145(18)	$ 1,188,145(18)
Level 2 Transportation/Travel:	$ 11,160	$63,360	$ 63,360
Level 2 Office Equipment/Communications:	$ 51,000	$ 71,400	$ 71,400
Level 2 Supplies:	$ 5,304	$ 29,704	$ 29,704
Level 3 Center SJB Family Specialists/Research Asst:	$ 99,012 (6)	$ 594,072 (9)	$ 594,072 (9)
Level 3 Transportation/Travel:	$ 4,680	$ 28,080	$ 28,080
Level 3 Office Equipment/Communications:	$ 20,400	$ 30,600	$ 30,600
Level 3 Supplies:	$ 2,122	$ 12,730	$ 12,730
State Lead Center Management Sub-Total:	**$ 2,642,137**	**$ 3,379,780**	**$ 3,379,780**
Category of Care Sub-Total:	**$ 834,389**	**$ 1,079,501**	**$ 1,079,501**
Case Management Sub-Total:	**$ 695,677**	**$ 3,389,060**	**$ 3,389,060**
Center Management Total:	**$ 4,172,203**	**$ 7,848,341**	**$ 7,848,341**

*** Salaries also include fringe benefits**

Sarah Jane Brain Family State Lead Center of Excellence
For the state of

Nevada

Sunrise Children's Hospital
www.sunrisehospital.com

REGION: Pacific

CATEGORY OF CARE: Adult Transition

Program Director: James Swift, M.D.
Position Title: Director
Department: Pediatric ICU

Address: 3186 S. Maryland Parkway, Las Vegas, NV 89109
Phone: 702-697-5234
Email: james.swift@hcahealthcare.com

Level 1 Center(s): Las Vegas, Reno
Level 2 Center(s): Carson City, Elko
Level 3 Center(s): Henderson, Pahrump, Mesquite

Number of jobs HR 2600 creates in Nevada: 96

HR2600 Budget Overview for Nevada State Lead Center

	Center Management	Indirect Cost	Administrative Cost	Total
Year 1:	$ 4,378,882	$ 875,776	$ 109,472	$ 5,364,130
Year 2:	$8,398,361	$ 1,679,672	$ 209,959	$ 10,287,992
Year 3:	$8,398,361	$ 1,679,672	$ 209,959	$ 10,287,992
Year 4:	$ 6,718,689	$ 1,343,738	$ 167,967	$ 8,230,394
Year 5:	$ 5,039,016	$ 1,007,803	$ 125,975	$ 6,172,795
Year 6:	$ 3,359,344	$ 671,869	$ 83,984	$ 4,115,197
Year 7:	$ 1,679,672	$ 335,934	$ 41,992	$ 2,057,598
TOTAL:				**$ 46,516,098**

Nevada continued

Title/Description (# of positions if more than one)*	Year 1	Year 2	Year 3
STATE LEAD CENTER MANAGEMENT			
Program Director:	$ 45,500	$ 45,500	$ 45,500
Program Director Assistant:	$ 48,327	$ 48,327	$ 48,327
State Director:	$ 124,269	$ 165,692	$ 165,692
Associate State Director:	$ 56,956	$ 75,942	$ 75,942
State Epidemiologist:	$ 93,202	$ 124,269	$ 124,269
State Epidemiologist Assistant:	$ 46,601	$ 62,134	$ 62,134
State Scientific Investigation Research Coordinator:	$ 67,312	$ 89,750	$ 89,750
State Scientific Investigation Research Assistant:	$ 124,269 (3)	$ 165,692 (3)	$ 165,692 (3)
State Education/Training Coordinator (+ materials):	$ 93,650	$ 124,867	$ 124,867
State General Counsel:	$ 103,557	$ 138,076	$ 138,076
State IT Manager:	$ 62,134	$ 82,846	$ 82,846
State Family Support Coordinator:	$ 93,202	$ 124,269	$ 124,269
State Prevention/Awareness Coordinator:	$ 56,956	$ 75,942	$ 75,942
State Acute Care Coordinator:	$ 56,956	$ 75,942	$ 75,942
State Reintegration Coordinator:	$ 56,956	$ 75,942	$ 75,942
State Adult Transition Coordinator:	$ 56,956	$ 75,942	$ 75,942
State “Mild” TBI Coordinator:	$ 56,956	$ 75,942	$ 75,942
State Mental Health Coordinator:	$ 56,956	$ 75,942	$ 75,942
State Assistive/Emerging Technology Coordinator:	$ 56,956	$ 75,942	$ 75,942
State Correctional System Coordinator:	$ 56,956	$ 75,942	$ 75,942
State MISC Coordinator:	$ 56,956	$ 75,942	$ 75,942
State Veterans Coordinator:	$ 56,956	$ 75,942	$ 75,942
State Data Manager:	$ 62,134	$ 82,846	$ 82,846
State Public Policy Manager:	$ 67,312	$ 89,750	$ 89,750
State Community Relations Manager:	$ 51,779	$ 69,038	$ 69,038
State Administrative Support:	$ 217,470 (6)	$ 289,960 (6)	$ 289,960 (6)
Charity care:	$ 159,319	$ 212,425	$ 212,425
Human Resources Support:	$ 82,000	$ 96,000	$ 96,000
Training Support:	$ 20,500	$ 24,000	$ 24,000
Office Space Cost:	$ 162,983	$ 217,311	$ 217,311
Transportation/Travel:	$ 48,600	$ 64,800	$ 64,800
Office Equipment/Communications:	$ 170,700	$ 170,700	$ 170,700
Supplies:	$ 39,431	$ 52,575	$ 52,575
Annual and Regional Conferences:	$ 16,000	$ 16,000	$ 16,000
State Brain Injury Organization Pediatric Programs:	$ 106,213	$ 106,213	$ 106,213

Nevada continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
CATEGORY OF CARE RESPONSIBILITY: Adult Transition			
Regional Category Director:	$ 124,269	$ 165,692	$ 165,692
Regional Category Epidemiologist:	$ 103,557	$ 138,076	$ 138,076
Regional Category Education/Training Coordinator:	$ 93,202	$ 124,269	$ 124,269
Regional Category Scientific Investigation Research:	$ 93,202	$ 124,269	$ 124,269
Regional Additional (Regional Veterans Coordinator):	$ 88,024	$ 117,365	$ 117,365
Regional Category Administrative Support:	$ 144,980 (4)	$ 193,307 (4)	$ 193,307 (4)
Regional Category Office Space Cost:	$ 44,450	$ 59,267	$ 59,267
Regional Category Transportation/Travel:	$ 67,500	$ 90,000	$ 90,000
Regional Category Office Equipment/Communications:	$ 18,900	$ 18,900	$ 18,900
Regional Category Supplies:	$ 10,754	$ 14,339	$ 14,339
CASE MANAGEMENT RESPONSIBILITY			
Level 1 Center Manager:	$ 55,231 (2)	$ 220,922 (2)	$ 220,922 (2)
Level 1 Center Field Specialist:	$ 44,875 (2)	$ 179,499 (2)	$ 179,499 (2)
Level 1 Center SJB Family Specialists/Research Asst:	$ 207,114 (12)	$ 1,380,763 (20)	$ 1,380,763 (20)
Level 1 Center Administrative Support :	$ 48,327 (4)	$ 193,307 (4)	$ 193,307 (4)
Level 1 Office Space Cost:	$ 11,152	$ 44,609	$ 44,609
Level 1 Transportation/Travel:	$ 6,480	$ 38,400	$ 38,400
Level 1 Office Equipment/Communications:	$ 72,800	$ 100,000	$ 100,000
Level 1 Supplies:	$ 10,356	$ 54,168	$ 54,168
Level 2 Center Field Specialists:	$ 44,875 (2)	$ 179,499 (2)	$ 179,499 (2)
Level 2 Center SJB Family Specialists/Research Asst:	$ 138,076 (8)	$ 828,458 (12)	$ 828,458 (12)
Level 2 Transportation/Travel:	$ 3,720	$ 21,120	$ 21,120
Level 2 Office Equipment/Communications:	$ 34,000	$ 47,600	$ 47,600
Level 2 Supplies:	$ 3,983	$ 22,305	$ 22,305
Level 3 Center SJB Family Specialists/Research Asst:	$ 69,038 (4)	$ 414,229 (6)	$ 414,229 (6)
Level 3 Transportation/Travel:	$ 1,560	$ 9,360	$ 9,360
Level 3 Office Equipment/Communications:	$ 13,600	$ 20,400	$ 20,400
Level 3 Supplies:	$ 1,593	$ 9,559	$ 9,559
State Lead Center Management Sub-Total:	**$ 2,732,984**	**$ 3,498,399**	**$ 3,498,399**
Category of Care Sub-Total:	**$ 879,117**	**$ 1,135,763**	**$ 1,135,763**
Case Management Sub-Total:	**$ 766,780**	**$ 3,764,198**	**$ 3,764,198**
Center Management Total:	**$ 4,378,882**	**$ 8,398,361**	**$ 8,398,361**

*** Salaries also include fringe benefits**

Sarah Jane Brain Family State Lead Center of Excellence
For the state of

New Hampshire

Dartmouth Medical School
dms.dartmouth.edu

REGION: Northeast

CATEGORY OF CARE: Acute Care

Program Director: Thomas McAllister, M.D.
Position Title: Professor
Department: Psychiatry and Neurology

Address: One Medical Center Drive, Lebanon, NH 03756
Phone: 603-650-7075
Email: Thomas.W.McAllister@hitchcock.org

Level 1 Center(s): Hanover
Level 2 Center(s): Manchester
Level 3 Center(s): Berlin, Nashua

Number of jobs HR 2600 creates in New Hampshire: 77

HR2600 Budget Overview for New Hampshire State Lead Center

	Center Management	Indirect Cost	Administrative Cost	Total
Year 1:	$ 4,272,343	$ 854,469	$ 106,809	$ 5,233,621
Year 2:	$7,304,804	$ 1,460,961	$ 182,620	$ 8,948,385
Year 3:	$7,304,804	$ 1,460,961	$ 182,620	$ 8,948,385
Year 4:	$ 5,843,844	$ 1,168,769	$ 146,096	$ 7,158,708
Year 5:	$ 4,382,883	$ 876,577	$ 109,572	$ 5,369,031
Year 6:	$ 2,921,922	$ 584,384	$ 73,048	$ 3,579,354
Year 7:	$ 1,460,961	$ 292,192	$ 36,524	$ 1,789,677
TOTAL:				**$ 42,505,024**

New Hampshire continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
STATE LEAD CENTER MANAGEMENT			
Program Director:	$ 32,500	$ 32,500	$ 32,500
Program Director Assistant:	$ 54,873	$ 54,873	$ 54,873
State Director:	$ 141,103	$ 188,137	$ 188,137
Associate State Director:	$ 64,672	$ 86,230	$ 86,230
State Epidemiologist:	$ 105,827	$ 141,103	$ 141,103
State Epidemiologist Assistant:	$ 52,914	$ 70,552	$ 70,552
State Scientific Investigation Research Coordinator:	$ 76,431	$ 101,908	$ 101,908
State Scientific Investigation Research Assistant:	$ 141,103 (3)	$ 188,137 (3)	$ 188,137 (3)
State Education/Training Coordinator (+ materials):	$ 89,759	$ 119,679	$ 119,679
State General Counsel:	$ 117,586	$ 156,781	$ 156,781
State IT Manager:	$ 70,552	$ 94,069	$ 94,069
State Family Support Coordinator:	$ 105,827	$ 141,103	$ 141,103
State Prevention/Awareness Coordinator:	$ 64,627	$ 86,230	$ 86,230
State Acute Care Coordinator:	$ 64,627	$ 86,230	$ 86,230
State Reintegration Coordinator:	$ 64,627	$ 86,230	$ 86,230
State Adult Transition Coordinator:	$ 64,627	$ 86,230	$ 86,230
State “Mild” TBI Coordinator:	$ 64,627	$ 86,230	$ 86,230
State Mental Health Coordinator:	$ 64,627	$ 86,230	$ 86,230
State Assistive/Emerging Technology Coordinator:	$ 64,627	$ 86,230	$ 86,230
State Correctional System Coordinator:	$ 64,627	$ 86,230	$ 86,230
State MISC Coordinator:	$ 64,627	$ 86,230	$ 86,230
State Veterans Coordinator:	$ 64,627	$ 86,230	$ 86,230
State Data Manager:	$ 70,552	$ 94,069	$ 94,069
State Public Policy Manager:	$ 76,431	$ 101,908	$ 101,908
State Community Relations Manager:	$ 58,793	$ 78,391	$ 78,391
State Administrative Support:	$ 246,930 (6)	$ 329,241 (6)	$ 329,241 (6)
Charity care:	$ 180,901	$ 241,202	$ 241,202
Human Resources Support:	$ 69,000	$ 77,000	$ 77,000
Training Support:	$ 17,250	$ 19,250	$ 19,250
Office Space Cost:	$ 185,062	$ 246,750	$ 246,750
Transportation/Travel:	$ 48,600	$ 64,800	$ 64,800
Office Equipment/Communications:	$ 170,700	$ 170,700	$ 170,700
Supplies:	$ 44,773	$ 59,697	$ 59,697
Annual and Regional Conferences:	$ 16,000	$ 16,000	$ 16,000
State Brain Injury Organization Pediatric Programs:	$ 120,601	$ 120,601	$ 120,601

New Hampshire continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
CATEGORY OF CARE RESPONSIBILITY: Acute Care			
Regional Category Director:	$ 141,103	$ 188,137	$ 188,137
Regional Category Epidemiologist:	$ 117,586	$ 156,781	$ 156,781
Regional Category Education/Training Coordinator:	$ 105,827	$ 141,103	$ 141,103
Regional Category Scientific Investigation Research:	$ 105,827	$ 141,103	$ 141,103
Regional Category Administrative Support:	$ 164,620 (4)	$ 219,494 (4)	$ 219,494 (4)
Regional Category Office Space Cost:	$ 50,471	$ 67,295	$ 67,295
Regional Category Transportation/Travel:	$ 67,500	$ 90,000	$ 90,000
Regional Category Office Equipment/Communications:	$ 18,900	$ 18,900	$ 18,900
Regional Category Supplies:	$ 12,211	$ 16,281	$ 16,281
CASE MANAGEMENT RESPONSIBILITY			
Level 1 Center Manager:	$ 31,356	$ 125,425	$ 125,425
Level 1 Center Field Specialist:	$ 25,477	$ 101,908	$ 101,908
Level 1 Center SJB Family Specialists/Research Asst:	$ 117,586 (6)	$ 783,906 (10)	$ 783,906 (10)
Level 1 Center Administrative Support :	$ 27,437 (2)	$ 109,747 (2)	$ 109,747 (2)
Level 1 Office Space Cost:	$ 12,663	$ 50,652	$ 50,652
Level 1 Transportation/Travel:	$ 3,240	$ 19,200	$ 19,200
Level 1 Office Equipment/Communications:	$ 46,900	$ 60,500	$ 60,500
Level 1 Supplies:	$ 8,141	$ 39,798	$ 39,798
Level 2 Center Field Specialists:	$ 25,477	$ 101,908	$ 101,908
Level 2 Center SJB Family Specialists/Research Asst:	$ 78,391 (4)	$ 470,344 (6)	$ 470,344 (6)
Level 2 Transportation/Travel:	$ 1,860	$ 10,560	$ 10,560
Level 2 Office Equipment/Communications:	$ 17,000	$ 23,800	$ 23,800
Level 2 Supplies:	$ 2,261	$ 12,663	$ 12,663
Level 3 Center SJB Family Specialists/Research Asst:	$ 78,391 (4)	$ 470,344 (6)	$ 470,344 (6)
Level 3 Transportation/Travel:	$ 1,560	$ 9,360	$ 9,360
Level 3 Office Equipment/Communications:	$ 13,600	$ 20,400	$ 20,400
Level 3 Supplies:	$ 1,809	$ 10,854	$ 10,854
State Lead Center Management Sub-Total:	**$ 3,005,464**	**$ 3,856,977**	**$ 3,856,977**
Category of Care Sub-Total:	**$ 774,982**	**$ 1,027,709**	**$ 1,027,709**
Case Management Sub-Total:	**$ 493,148**	**$ 2,421,369**	**$ 2,421,369**
Center Management Total:	**$ 4,272,343**	**$ 7,304,804**	**$ 7,304,804**

*** Salaries also include fringe benefits**

Sarah Jane Brain Family State Lead Center of Excellence
For the state of

New Jersey

The Brain Injury Alliance of New Jersey
www.bianj.org

REGION: Mid-Atlantic

CATEGORY OF CARE: Adult Transition

Program Director: Barbara Geiger-Parker

Position Title: President & CEO

Address: 825 Georges Road, 2nd Floor, North Brunswick, NJ 08902
Phone: 732-745-0200
Email: bgeigerparker@bianj.org

Level 1 Center(s): Camden City, North Brunswick, Newark, Hackensack
Level 2 Center(s): Atlantic County, Paterson
Level 3 Center(s): Jersey City, Morristown, Trenton, Ocean County, Vineland, Sussex/Warren Counties

Number of jobs HR 2600 creates in New Jersey: 132

HR2600 Budget Overview for New Jersey State Lead Center

	Center Management	Indirect Cost	Administrative Cost	Total
Year 1:	$ 6,382,128	$ 1,276,426	$ 159,553	$ 7,818,107
Year 2:	$14,744,766	$ 2,948,953	$ 368,619	$18,062,338
Year 3:	$14,744,766	$ 2,948,953	$ 368,619	$18,062,338
Year 4:	$ 11,795,813	$ 2,359,163	$ 294,895	$ 14,449,870
Year 5:	$ 8,846,859	$ 1,769,372	$ 221,171	$ 10,837,403
Year 6:	$ 5,897,906	$ 1,179,581	$ 147,448	$ 7,224,935
Year 7:	$ 2,948,953	$ 589,791	$ 73,724	$ 3,612,468
TOTAL:				**$ 80,067,459**

New Jersey continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
STATE LEAD CENTER MANAGEMENT			
Program Director:	$ 98,010	$ 98,010	$98,010
Program Director Assistant:	$ 62,870	$ 62,870	$ 62,870
State Director:	$ 161,666	$ 215,555	$ 215,555
Associate State Director:	$ 74,097	$ 98,796	$ 98,796
State Epidemiologist:	$ 121,250	$ 161,666	$ 161,666
State Epidemiologist Assistant:	$ 60,625	$ 80,833	$ 80,833
State Scientific Investigation Research Coordinator:	$ 87,569	$ 116,759	$ 116,759
State Scientific Investigation Research Assistant:	$ 161,666 (3)	$ 215,555 (3)	$ 215,555 (3)
State Education/Training Coordinator (+ materials):	$ 175,519	$ 234,026	$ 234,026
State General Counsel:	$ 134,722	$ 179,629	$ 179,629
State IT Manager:	$ 80,833	$ 107,777	$ 107,777
State Family Support Coordinator:	$ 121,250	$ 161,666	$ 161,666
State Prevention/Awareness Coordinator:	$ 74,097	$ 98,796	$ 98,796
State Acute Care Coordinator:	$ 74,097	$ 98,796	$ 98,796
State Reintegration Coordinator:	$ 74,097	$ 98,796	$ 98,796
State Adult Transition Coordinator:	$ 74,097	$ 98,796	$ 98,796
State “Mild” TBI Coordinator:	$ 74,097	$ 98,796	$ 98,796
State Mental Health Coordinator:	$ 74,097	$ 98,796	$ 98,796
State Assistive/Emerging Technology Coordinator:	$ 74,097	$ 98,796	$ 98,796
State Correctional System Coordinator:	$ 74,097	$ 98,796	$ 98,796
State MISC Coordinator:	$ 74,097	$ 98,796	$ 98,796
State Veterans Coordinator:	$ 74,097	$ 98,796	$ 98,796
State Data Manager:	$ 80,833	$ 107,777	$ 107,777
State Public Policy Manager:	$ 87,569	$ 116,759	$ 116,759
State Community Relations Manager:	$ 67,361	$ 89,814	$ 89,814
State Administrative Support:	$ 282,916 (6)	$ 377,221 (6)	$ 377,221 (6)
Charity care:	$ 204,124	$ 272,165	$ 272,165
Human Resources Support:	$ 106,000	$ 132,000	$ 132,000
Training Support:	$ 26,500	$ 33,000	$ 33,000
Office Space Cost:	$ 208,819	$ 278,425	$ 278,425
Transportation/Travel:	$ 48,600	$ 64,800	$ 64,800
Office Equipment/Communications:	$ 170,700	$ 170,700	$ 170,700
Supplies:	$ 50,521	$ 67,361	$ 67,361
Annual and Regional Conferences:	$ 16,000	$ 16,000	$ 16,000
State Brain Injury Organization Pediatric Programs:	$ 136,083	$ 136,083	$ 136,083

New Jersey continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
CATEGORY OF CARE RESPONSIBILITY: Adult Transition			
Regional Category Director:	$ 161,666	$ 215,555	$ 215,555
Regional Category Epidemiologist:	$ 134,722	$ 179,629	$ 179,629
Regional Category Education/Training Coordinator:	$ 121,250	$ 161,666	$ 161,666
Regional Category Scientific Investigation Research:	$ 121,250	$ 161,666	$ 161,666
Regional Additional (Regional Veteran Coordinator):	$ 114,513	$ 152,685	$ 152,685
Regional Category Administrative Support:	$ 188,610 (4)	$ 251,480 (4)	$ 251,480 (4)
Regional Category Office Space Cost:	$ 56,951	$ 75,934	$ 75,934
Regional Category Transportation/Travel:	$ 67,500	$ 90,000	$ 90,000
Regional Category Office Equipment/Communications:	$ 18,900	$ 18,900	$ 18,900
Regional Category Supplies:	$ 13,778	$ 18,371	$ 18,371
CASE MANAGEMENT RESPONSIBILITY			
Level 1 Center Manager:	$ 143,703 (4)	$ 574,813 (4)	$ 574,813 (4)
Level 1 Center Field Specialist:	$ 116,749 (4)	$ 467,035 (4)	$ 467,035 (4)
Level 1 Center SJB Family Specialists/Research Asst:	$ 538,887 (24)	$3,592,578 (40)	$ 3,592,578 (40)
Level 1 Center Administrative Support :	$ 125,740 (8)	$ 502,961 (8)	$ 502,961 (8)
Level 1 Office Space Cost:	$ 14,289	$ 57,155	$ 57,155
Level 1 Transportation/Travel:	$ 12,960	$ 76,800	$ 76,800
Level 1 Office Equipment/Communications:	$ 124,600	$ 179,000	$ 179,000
Level 1 Supplies:	$ 21,433	$ 118,392	$ 118,392
Level 2 Center Field Specialists:	$ 58,379 (2)	$ 233,518 (2)	$ 233,518 (2)
Level 2 Center SJB Family Specialists/Research Asst:	$ 179,629 (8)	$ 1,077,774 (12)	$ 1,077,774 (12)
Level 2 Transportation/Travel:	$ 3,720	$ 21,120	$ 21,120
Level 2 Office Equipment/Communications:	$ 34,000	$ 47,600	$ 47,600
Level 2 Supplies:	$ 5,103	$ 28,577	$ 28,577
Level 3 Center SJB Family Specialists/Research Asst:	$ 269,443 (12)	$ 1,616,660 (18)	$ 1,616,660 (18)
Level 3 Transportation/Travel:	$ 4,680	$ 28,080	$ 28,080
Level 3 Office Equipment/Communications:	$ 40,800	$ 61,200	$ 61,200
Level 3 Supplies:	$ 6,124	$ 36,742	$ 36,742
State Lead Center Management Sub-Total:	**$ 3,567,069**	**$ 4,583,205**	**$ 4,583,205**
Category of Care Sub-Total:	**$ 1,114,810**	**$ 1,441,556**	**$ 1,441,556**
Case Management Sub-Total:	**$ 1,700,249**	**$ 8,720,005**	**$ 8,720,005**
Center Management Total:	**$ 6,382,128**	**$ 14,744,766**	**$ 14,744,766**

*** Salaries also include fringe benefits**

Sarah Jane Brain Family State Lead Center of Excellence
For the state of

New Mexico

University of New Mexico School of Medicine
hsc.unm.edu/som/

REGION: South-Central

CATEGORY OF CARE: Acute Care

Program Director: Erich Marchand, M.D.
Position Title: Neurosurgeon
Department: Department of Neurosurgery

Address: 1 University of New Mexico, Albuquerque, NM 87131
Phone: 505-272-6487
Email: emarchand@salud.unm.edu

Level 1 Center(s): Albuquerque
Level 2 Center(s): Roswell, Las Cruces, Farmington, Santa Fe
Level 3 Center(s): Rural sections of New Mexico

Number of jobs HR 2600 creates in New Mexico: 97

HR2600 Budget Overview for New Mexico State Lead Center

	Center Management	Indirect Cost	Administrative Cost	Total
Year 1:	$ 3,503,992	$ 700,798	$ 87,600	$ 4,292,390
Year 2:	$6,764,430	$ 1,352,886	$ 169,111	$ 8,286,426
Year 3:	$6,764,430	$ 1,352,886	$ 169,111	$ 8,286,426
Year 4:	$ 5,411,544	$ 1,082,309	$ 135,289	$ 6,629,141
Year 5:	$ 4,058,658	$ 811,732	$ 101,466	$ 4,971,856
Year 6:	$ 2,705,772	$ 541,154	$ 67,644	$ 3,314,571
Year 7:	$ 1,352,886	$ 270,577	$ 33,822	$ 1,657,285
TOTAL:				**$ 37,438,095**

New Mexico continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
STATE LEAD CENTER MANAGEMENT			
Program Director:	$ 45,500	$ 45,500	$45,500
Program Director Assistant:	$ 38,983	$ 38,983	$ 38,983
State Director:	$ 100,242	$ 133,657	$ 133,657
Associate State Director:	$ 45,944	$ 61,259	$ 61,259
State Epidemiologist:	$ 75,182	$ 100,242	$ 100,242
State Epidemiologist Assistant:	$ 37,591	$ 50,121	$ 50,121
State Scientific Investigation Research Coordinator:	$ 54,298	$ 72,397	$ 72,397
State Scientific Investigation Research Assistant:	$ 100,242 (3)	$ 133,657 (3)	$ 133,657 (3)
State Education/Training Coordinator (+ materials):	$ 74,398	$ 99,198	$ 99,198
State General Counsel:	$ 83,535	$ 111,380	$ 111,380
State IT Manager:	$ 50,121	$ 66,828	$ 66,828
State Family Support Coordinator:	$ 75,182	$ 100,242	$ 100,242
State Prevention/Awareness Coordinator:	$ 45,944	$ 61,259	$ 61,259
State Acute Care Coordinator:	$ 45,944	$ 61,259	$ 61,259
State Reintegration Coordinator:	$ 45,944	$ 61,259	$ 61,259
State Adult Transition Coordinator:	$ 45,944	$ 61,259	$ 61,259
State “Mild” TBI Coordinator:	$ 45,944	$ 61,259	$ 61,259
State Mental Health Coordinator:	$ 45,944	$ 61,259	$ 61,259
State Assistive/Emerging Technology Coordinator:	$ 45,944	$ 61,259	$ 61,259
State Correctional System Coordinator:	$ 45,944	$ 61,259	$ 61,259
State MISC Coordinator:	$ 45,944	$ 61,259	$ 61,259
State Veterans Coordinator:	$ 45,944	$ 61,259	$ 61,259
State Data Manager:	$ 50,121	$ 66,828	$ 66,828
State Public Policy Manager:	$ 54,298	$ 72,397	$ 72,397
State Community Relations Manager:	$ 41,768	$ 55,690	$ 55,690
State Administrative Support:	$ 175,424 (6)	$ 233,899 (6)	$ 233,899 (6)
Charity care:	$ 128,516	$ 171,355	$ 171,355
Human Resources Support:	$ 83,000	$ 97,000	$ 97,000
Training Support:	$ 20,750	$ 24,250	$ 24,250
Office Space Cost:	$ 131,472	$ 175,296	$ 175,296
Transportation/Travel:	$ 41,639	$ 55,519	$ 55,519
Office Equipment/Communications:	$ 170,700	$ 170,700	$ 170,700
Supplies:	$ 31,808	$ 42,410	$ 42,410
Annual and Regional Conferences:	$ 16,000	$ 16,000	$ 16,000
State Brain Injury Organization Pediatric Programs:	$ 85,677	$ 85,677	$ 85,677

New Mexico continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
CATEGORY OF CARE RESPONSIBILITY: Acute Care			
Regional Category Director:	$ 100,242	$ 133,657	$ 133,657
Regional Category Epidemiologist:	$ 83,535	$ 111,380	$ 111,380
Regional Category Education/Training Coordinator:	$ 75,182	$ 100,242	$ 100,242
Regional Category Scientific Investigation Research:	$ 75,182	$ 100,242	$ 100,242
Regional Category Administrative Support:	$ 116,950 (4)	$ 155,933(4)	$ 155,933 (4)
Regional Category Office Space Cost:	$ 31,872	$ 42,496	$ 42,496
Regional Category Transportation/Travel:	$ 67,500	$ 90,000	$ 90,000
Regional Category Office Equipment/Communications:	$ 16,800	$ 16,800	$ 16,800
Regional Category Supplies:	$ 7,711	$ 10,281	$ 10,281
CASE MANAGEMENT RESPONSIBILITY			
Level 1 Center Manager:	$ 22,276	$ 89,104	$ 89,104
Level 1 Center Field Specialist:	$ 18,099	$ 72,397	$ 72,397
Level 1 Center SJB Family Specialists/Research Asst:	$ 83,535 (6)	$ 556,902 (10)	$ 556,902 (10)
Level 1 Center Administrative Support :	$ 19,492 (2)	$ 77,966 (2)	$ 77,966 (2)
Level 1 Office Space Cost:	$ 8,996	$ 35,984	$ 35,984
Level 1 Transportation/Travel:	$ 3,111	$ 18,684	$ 18,684
Level 1 Office Equipment/Communications:	$ 46,900	$ 60,500	$ 60,500
Level 1 Supplies:	$ 5,783	$ 28,274	$ 28,274
Level 2 Center Field Specialists:	$ 72,397 (4)	$ 289,589 (4)	$ 289,589 (4)
Level 2 Center SJB Family Specialists/Research Asst:	$ 222,761 (16)	$1,336,566 (24)	$ 1,336,566 (24)
Level 2 Transportation/Travel:	$ 7,268	$ 41,553	$ 41,553
Level 2 Office Equipment/Communications:	$ 68,000	$ 95,200	$ 95,200
Level 2 Supplies:	$ 6,426	$ 35,984	$ 35,984
Level 3 Center SJB Family Specialists/Research Asst:	$ 55,690 (4)	$ 334,141 (6)	$ 334,141 (6)
Level 3 Transportation/Travel:	$ 1,560	$ 9,360	$ 9,360
Level 3 Office Equipment/Communications:	$ 13,600	$ 20,400	$ 20,400
Level 3 Supplies:	$ 1,285	$ 7,711	$ 7,711
State Lead Center Management Sub-Total:	**$ 2,271,838**	**$ 2,893,080**	**$ 2,893,080**
Category of Care Sub-Total:	**$ 574,974**	**$ 761,032**	**$ 761,032**
Case Management Sub-Total:	**$ 657,180**	**$ 3,110,318**	**$ 3,110,318**
Center Management Total:	**$ 3,503,992**	**$ 6,764,430**	**$ 6,764,430**

*** Salaries also include fringe benefits**

Sarah Jane Brain Family State Lead Center of Excellence
For the state of

New York

Columbia University Medical Center
http://www.cumc.columbia.edu/

REGION: Northeast **CATEGORY OF CARE:** Reintegration

Program Director: Steven G. Kernie, M.D. **Position Title:** Associate Professor
Department: Pediatric Critical Care Medicine, Pediatrics and Pathology & Cell Biology

Address: 3959 Broadway, New York, NY 10032
Phone: 212-305-9476
Email: sk3516@columbia.edu

Level 1 Center(s): New York City, Nassau, Westchester, Albany, Syracuse, Rochester, Buffalo
Level 2 Center(s): Suffolk, Queens, Brooklyn, Staten Island, Manhattan, The Bronx
Level 3 Center(s): Schenectady, Utica, Binghamton, Poughkeepsie, Watertown, Lockport, Canandaigua, Middletown, Troy, Ramapo, Saratoga, Kingston

Number of jobs HR 2600 creates in New York: 214

HR2600 Budget Overview for New York State Lead Center

	Center Management	Indirect Cost	Administrative Cost	Total
Year 1:	$ 6,588,148	$ 1,317,630	$ 164,704	$ 8,070,482
Year 2:	$18,552,506	$ 3,710,501	$ 463,813	$ 22,726,820
Year 3:	$18,552,506	$ 3,710,501	$ 463,813	$ 22,726,820
Year 4:	$ 14,842,005	$ 2,968,401	$ 371,050	$ 18,181,456
Year 5:	$ 11,131,503	$ 2,226,301	$ 278,288	$ 13,636,092
Year 6:	$ 7,421,002	$ 1,484,200	$ 185,525	$ 9,090,728
Year 7:	$ 3,710,501	$ 742,100	$ 92,763	$ 4,545,364
TOTAL:				**$ 98,977,762**

New York continued

Title/Description (# of positions if more than one)*	Year 1	Year 2	Year 3
STATE LEAD CENTER MANAGEMENT			
Program Director:	$ 51,865	$ 51,865	$ 51,865
Program Director Assistant:	$ 48,188	$ 48,188	$ 48,188
State Director:	$ 123,911	$ 165,214	$ 165,214
Associate State Director:	$ 56,792	$ 75,723	$ 75,723
State Epidemiologist:	$ 92,933	$ 123,911	$ 123,911
State Epidemiologist Assistant:	$ 46,467	$ 61,955	$ 61,955
State Scientific Investigation Research Coordinator:	$ 67,118	$ 89,491	$ 89,491
State Scientific Investigation Research Assistant:	$ 123,911 (3)	$ 165,214 (3)	$ 165,214 (3)
State Education/Training Coordinator (+ materials):	$ 264,544	$ 352,725	$ 352,725
State General Counsel:	$ 103,259	$ 137,679	$ 137,679
State IT Manager:	$ 61,955	$ 82,607	$ 82,607
State Family Support Coordinator:	$ 92,933	$ 123,911	$ 123,911
State Prevention/Awareness Coordinator:	$ 56,792	$ 75,723	$ 75,723
State Acute Care Coordinator:	$ 56,792	$ 75,723	$ 75,723
State Reintegration Coordinator:	$ 56,792	$ 75,723	$ 75,723
State Adult Transition Coordinator:	$ 56,792	$ 75,723	$ 75,723
State “Mild” TBI Coordinator:	$ 56,792	$ 75,723	$ 75,723
State Mental Health Coordinator:	$ 56,792	$ 75,723	$ 75,723
State Assistive/Emerging Technology Coordinator:	$ 56,792	$ 75,723	$ 75,723
State Correctional System Coordinator:	$ 56,792	$ 75,723	$ 75,723
State MISC Coordinator:	$ 56,792	$ 75,723	$ 75,723
State Veterans Coordinator:	$ 56,792	$ 75,723	$ 75,723
State Data Manager:	$ 61,955	$ 82,607	$ 82,607
State Public Policy Manager:	$ 67,118	$ 89,491	$ 89,491
State Community Relations Manager:	$ 51,630	$ 68,839	$ 68,839
State Administrative Support:	$ 216,844 (6)	$ 289,125 (6)	$ 289,125 (6)
Charity care:	$ 163,255	$ 217,674	$ 217,674
Human Resources Support:	$ 162,000	$ 214,000	$ 214,000
Training Support:	$ 40,500	$ 53,500	$ 53,500
Office Space Cost:	$ 167,010	$ 222,680	$ 222,680
Transportation/Travel:	$ 48,600	$ 64,800	$ 64,800
Office Equipment/Communications:	$ 170,700	$ 170,700	$ 170,700
Supplies:	$ 40,406	$ 53,874	$ 53,874
Annual and Regional Conferences:	$ 16,000	$ 16,000	$ 16,000
State Brain Injury Organization Pediatric Programs:	$ 108,837	$ 108,837	$ 108,837

New York continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
CATEGORY OF CARE RESPONSIBILITY: Reintegration			
Regional Category Director:	$ 123,911	$ 165,214	$ 165,214
Regional Category Epidemiologist:	$ 103,259	$ 137,679	$ 137,679
Regional Category Education/Training Coordinator:	$ 92,933	$ 123,911	$ 123,911
Regional Category Scientific Investigation Research:	$ 92,933	$ 123,911	$ 123,911
Regional Additional (Regional Asstve. Tech Coord.):	$ 87,700	$ 117,027	$ 117,027
Regional Category Administrative Support:	$ 144,563 (4)	$ 192,750 (4)	$ 192,750 (4)
Regional Category Office Space Cost:	$ 45,548	$ 60,731	$ 60,731
Regional Category Transportation/Travel:	$ 67,500	$ 90,000	$ 90,000
Regional Category Office Equipment/Communications:	$ 18,900	$ 18,900	$ 18,900
Regional Category Supplies:	$ 11,020	$ 14,693	$ 14,693
CASE MANAGEMENT RESPONSIBILITY			
Level 1 Center Manager:	$ 192,750 (7)	$ 771,001 (7)	$ 771,001 (7)
Level 1 Center Field Specialist:	$ 156,610 (7)	$ 626,438 (7)	$ 626,438 (7)
Level 1 Center SJB Family Specialists/Research Asst:	$ 722,813 (42)	$ 4,818,756 (70)	$ 4,818,756 (70)
Level 1 Center Administrative Support :	$ 168,656 (14)	$ 674,626 (14)	$ 674,626 (14)
Level 1 Office Space Cost:	$ 11,428	$ 45,712	$ 45,712
Level 1 Transportation/Travel:	$ 22,680	$ 134,400	$ 134,400
Level 1 Office Equipment/Communications:	$ 202,300	$ 297,500	$ 297,500
Level 1 Supplies:	$ 26,937	$ 153,460	$ 153,460
Level 2 Center Field Specialists:	$ 134,237 (6)	$ 536,947 (6)	$ 536,947 (6)
Level 2 Center SJB Family Specialists/Research Asst:	$ 413,036 (24)	$ 2,478,217 (36)	$ 2,478,217 (36)
Level 2 Transportation/Travel:	$ 11,160	$ 63,360	$ 63,360
Level 2 Office Equipment/Communications:	$ 102,000	$ 142,800	$ 142,800
Level 2 Supplies:	$ 12,244	$ 68,567	$ 68,567
Level 3 Center SJB Family Specialists/Research Asst:	$ 413,036 (24)	$ 2,478,217 (36)	$ 2,478,217 (36)
Level 3 Transportation/Travel:	$ 9,360	$ 56,160	$ 56,160
Level 3 Office Equipment/Communications:	$ 81,600	$ 122,400	$ 122,400
Level 3 Supplies:	$ 9,795	$ 58,772	$ 58,772
State Lead Center Management Sub-Total:	**$ 3,016,657**	**$ 3,887,846**	**$ 3,887,846**
Category of Care Sub-Total:	**$ 880,848**	**$ 1,137,327**	**$ 1,137,327**
Case Management Sub-Total:	**$ 2,690,643**	**$ 13,527,333**	**$ 13,527,333**
Center Management Total:	**$ 6,588,148**	**$ 18,552,506**	**$ 18,552,506**

*** Salaries also include fringe benefits**

Sarah Jane Brain Family State Lead Center of Excellence
For the state of

North Carolina

The Clinical Center for the Study of Development and Learning
www.cdl.unc.edu

REGION: Southeast

CATEGORY OF CARE: Reintegration

Program Director: Stephen Hooper, Ph.D.
Position Title: Professor
Department: Psychiatry & Pediatrics

Address: 1450 Raleigh Road #100, Chapel Hill, NC 27517
Phone: 919-966-5171
Email: shooper@nc.rr.com

Level 1 Center(s): Asheville, Charlotte, Chapel Hill, Greenville, Fayetteville
Level 2 Center(s): 8 locations
Level 3 Center(s): 4 locations

Number of jobs HR 2600 creates in North Carolina: 180

HR2600 Budget Overview for North Carolina State Lead Center

	Center Management	Indirect Cost	Administrative Cost	Total
Year 1:	$ 5,541,045	$ 1,108,209	$ 138,526	$ 6,787,780
Year 2:	$14,501,206	$ 2,900,241	$ 362,530	$ 17,763,977
Year 3:	$14,501,206	$ 2,900,241	$ 362,530	$ 17,763,977
Year 4:	$ 11,600,965	$ 2,320,193	$ 290,024	$ 14,211,182
Year 5:	$ 8,700,724	$ 1,740,145	$ 217,518	$ 10,658,386
Year 6:	$ 5,800,482	$ 1,160,096	$ 145,012	$ 7,105,591
Year 7:	$ 2,900,241	$ 580,048	$ 72,506	$ 3,552,795
TOTAL:				**$ 77,843,688**

North Carolina continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
STATE LEAD CENTER MANAGEMENT			
Program Director:	$ 94,720	$ 94,720	$ 94,720
Program Director Assistant:	$ 45,047	$ 45,047	$ 45,047
State Director:	$ 115,836	$ 154,447	$ 154,447
Associate State Director:	$ 53,091	$ 70,788	$ 70,788
State Epidemiologist:	$ 86,877	$ 115,836	$ 115,836
State Epidemiologist Assistant:	$ 43,438	$ 57,918	$ 57,918
State Scientific Investigation Research Coordinator:	$ 62,744	$ 83,659	$ 83,659
State Scientific Investigation Research Assistant:	$ 115,836 (3)	$ 154,447 (3)	$ 154,447 (3)
State Education/Training Coordinator (+ materials):	$ 156,162	$ 208,216	$ 208,216
State General Counsel:	$ 96,530	$ 128,706	$ 128,706
State IT Manager:	$ 57,918	$ 77,244	$ 77,244
State Family Support Coordinator:	$ 86,877	$ 100,242	$ 100,242
State Prevention/Awareness Coordinator:	$ 53,091	$ 70,788	$ 70,788
State Acute Care Coordinator:	$ 53,091	$ 70,788	$ 70,788
State Reintegration Coordinator:	$ 53,091	$ 70,788	$ 70,788
State Adult Transition Coordinator:	$ 53,091	$ 70,788	$ 70,788
State “Mild” TBI Coordinator:	$ 53,091	$ 70,788	$ 70,788
State Mental Health Coordinator:	$ 53,091	$ 70,788	$ 70,788
State Assistive/Emerging Technology Coordinator:	$ 53,091	$ 70,788	$ 70,788
State Correctional System Coordinator:	$ 53,091	$ 70,788	$ 70,788
State MISC Coordinator:	$ 53,091	$ 70,788	$ 70,788
State Veterans Coordinator:	$ 53,091	$ 70,788	$ 70,788
State Data Manager:	$ 57,918	$ 77,244	$ 77,244
State Public Policy Manager:	$ 62,744	$ 83,659	$ 83,659
State Community Relations Manager:	$ 48,265	$ 64,353	$ 64,353
State Administrative Support:	$ 202,712 (6)	$ 270,283 (6)	$ 270,283 (6)
Charity care:	$ 130,445	$ 173,927	$ 173,927
Human Resources Support:	$ 140,000	$ 180,000	$ 180,000
Training Support:	$ 35,000	$ 45,000	$ 45,000
Office Space Cost:	$ 133,446	$ 177,928	$ 177,928
Transportation/Travel:	$ 42,264	$ 56,352	$ 56,352
Office Equipment/Communications:	$ 170,700	$ 170,700	$ 170,700
Supplies:	$ 32,285	$ 43,047	$ 43,047
Annual and Regional Conferences:	$ 16,000	$ 16,000	$ 16,000
State Brain Injury Organization Pediatric Programs:	$ 86,964	$ 86,964	$ 86,964

North Carolina continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
CATEGORY OF CARE RESPONSIBILITY: Reintegration			
Regional Category Director:	$ 115,836	$ 154,447	$ 154,447
Regional Category Epidemiologist:	$ 96,530	$ 128,706	$ 128,706
Regional Category Education/Training Coordinator:	$ 86,877	$ 115,836	$ 115,836
Regional Category Scientific Investigation Research:	$ 86,877	$ 115,836	$ 115,836
Regional Additional (Regional Asstve. Tech Coord.):	$ 82,050	$ 109,400	$ 109,400
Regional Category Administrative Support:	$ 135,141 (4)	$ 180,189(4)	$ 180,189 (4)
Regional Category Office Space Cost:	$ 36,394	$ 48,526	$ 48,526
Regional Category Transportation/Travel:	$ 67,500	$ 90,000	$ 90,000
Regional Category Office Equipment/Communications:	$ 18,900	$ 18,900	$ 18,900
Regional Category Supplies:	$ 8,805	$ 11,740	$ 11,740
CASE MANAGEMENT RESPONSIBILITY			
Level 1 Center Manager:	$ 128,706 (5)	$ 514,825 (5)	$ 514,825 (5)
Level 1 Center Field Specialist:	$ 104,574 (5)	$ 418,295 (5)	$ 418,295 (5)
Level 1 Center SJB Family Specialists/Research Asst:	$ 482,658 (30)	$ 3,217,654 (50)	$ 3,217,654 (50)
Level 1 Center Administrative Support:	$ 112,618 (10)	$ 450,472 (10)	$ 450,472 (10)
Level 1 Office Space Cost:	$ 9,131	$ 36,525	$ 36,525
Level 1 Transportation/Travel:	$ 15,613	$ 93,653	$ 93,653
Level 1 Office Equipment/Communications:	$ 150,500	$ 218,500	$ 218,500
Level 1 Supplies:	$ 16,306	$ 91,312	$ 91,312
Level 2 Center Field Specialists:	$ 167,318 (8)	$ 669,272 (8)	$ 669,272 (8)
Level 2 Center SJB Family Specialists/Research Asst:	$ 514,825 (32)	$ 3,088,948 (48)	$ 3,088,948 (48)
Level 2 Transportation/Travel:	$ 14,567	$ 83,229	$ 83,229
Level 2 Office Equipment/Communications:	$ 136,000	$ 190,400	$ 190,400
Level 2 Supplies:	$ 13,045	$ 73,049	$ 73,049
Level 3 Center SJB Family Specialists/Research Asst:	$ 128,706 (8)	$ 772,237 (12)	$ 772,237 (12)
Level 3 Transportation/Travel:	$ 3,120	$ 18,720	$ 18,720
Level 3 Office Equipment/Communications:	$ 27,200	$ 40,800	$ 40,800
Level 3 Supplies:	$ 2,609	$ 15,653	$ 15,653
State Lead Center Management Sub-Total:	**$ 2,704,731**	**$ 3,460,164**	**$ 3,460,164**
Category of Care Sub-Total:	**$ 808,829**	**$ 1,047,498**	**$ 1,047,498**
Case Management Sub-Total:	**$ 2,207,485**	**$ 9,993,543**	**$ 9,993,543**
Center Management Total:	**$ 5,541,045**	**$ 14,501,206**	**$ 14,501,206**

*** Salaries also include fringe benefits**

Sarah Jane Brain Family State Lead Center of Excellence
For the state of

North Dakota

North Dakota State University
http://www.ndsu.edu/

REGION: Rocky Mountain

CATEGORY OF CARE: Adult Transition

Program Director: Mariusz Ziejewski, Ph.D.

Position Title: Professor/Adjunct Associate Professor

Department: Mechanical Engineering/Neuroscience

Address: 208 Dolve Hall, NDSU Dept. 2490, P.O. Box 6050, Fargo, ND 58108
Phone: 701-231-7098
Email: Mariusz.Ziejewski@ndsu.edu

Level 1 Center(s): Fargo, Bismarck
Level 2 Center(s): Grand Forks, Minot
Level 3 Center(s): n/a

Number of jobs HR 2600 creates in North Dakota: 90

HR2600 Budget Overview for North Dakota State Lead Center

	Center Management	Indirect Cost	Administrative Cost	Total
Year 1:	$ 3,872,402	$ 774,480	$ 96,810	$ 4,743,693
Year 2:	$7,152,440	$ 1,430,488	$ 178,811	$ 8,761,740
Year 3:	$7,152,440	$ 1,430,488	$ 178,811	$ 8,761,740
Year 4:	$ 5,721,952	$ 1,144,390	$ 143,049	$ 7,009,392
Year 5:	$ 4,291,464	$ 858,293	$ 107,287	$ 5,257,044
Year 6:	$ 2,860,976	$ 572,195	$ 71,524	$ 3,504,696
Year 7:	$ 1,430,488	$ 286,098	$ 35,762	$ 1,752,348
TOTAL:				**$ 39,790,653**

North Dakota continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
STATE LEAD CENTER MANAGEMENT			
Program Director:	$ 32,500	$ 32,500	$ 32,500
Program Director Assistant:	$ 43,331	$ 43,331	$ 43,331
State Director:	$ 111,423	$ 148,564	$ 148,564
Associate State Director:	$ 51,069	$ 68,092	$ 68,092
State Epidemiologist:	$ 83,567	$ 111,423	$ 111,423
State Epidemiologist Assistant:	$ 41,784	$ 55,711	$ 55,711
State Scientific Investigation Research Coordinator:	$ 60,354	$ 80,472	$ 80,472
State Scientific Investigation Research Assistant:	$ 111,423 (3)	$ 148,564 (3)	$ 148,564 (3)
State Education/Training Coordinator (+ materials):	$ 66,852	$ 89,136	$ 89,136
State General Counsel:	$ 92,852	$ 123,803	$ 123,803
State IT Manager:	$ 55,711	$ 74,282	$ 74,282
State Family Support Coordinator:	$ 83,567	$ 111,423	$ 111,423
State Prevention/Awareness Coordinator:	$ 51,069	$ 68,092	$ 68,092
State Acute Care Coordinator:	$ 51,069	$ 68,092	$ 68,092
State Reintegration Coordinator:	$ 51,069	$ 68,092	$ 68,092
State Adult Transition Coordinator:	$ 51,069	$ 68,092	$ 68,092
State “Mild” TBI Coordinator:	$ 51,069	$ 68,092	$ 68,092
State Mental Health Coordinator:	$ 51,069	$ 68,092	$ 68,092
State Assistive/Emerging Technology Coordinator:	$ 51,069	$ 68,092	$ 68,092
State Correctional System Coordinator:	$ 51,069	$ 68,092	$ 68,092
State MISC Coordinator:	$ 51,069	$ 68,092	$ 68,092
State Veterans Coordinator:	$ 51,069	$ 68,092	$ 68,092
State Data Manager:	$ 55,711	$ 74,282	$ 74,282
State Public Policy Manager:	$ 60,354	$ 80,472	$ 80,472
State Community Relations Manager:	$ 46,426	$ 61,901	$ 61,901
State Administrative Support:	$ 194,990 (6)	$ 259,986 (6)	$ 259,986 (6)
Charity care:	$ 142,850	$ 190,466	$ 190,466
Human Resources Support:	$ 78,000	$ 90,000	$ 90,000
Training Support:	$ 19,500	$ 22,500	$ 22,500
Office Space Cost:	$ 146,135	$ 194,847	$ 194,847
Transportation/Travel:	$ 46,283	$ 61,711	$ 61,711
Office Equipment/Communications:	$ 170,700	$ 170,700	$ 170,700
Supplies:	$ 35,355	$ 47,140	$ 47,140
Annual and Regional Conferences:	$ 16,000	$ 16,000	$ 16,000
State Brain Injury Organization Pediatric Programs:	$ 95,233	$ 95,233	$ 95,233

North Dakota continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
CATEGORY OF CARE RESPONSIBILITY: Adult Transition			
Regional Category Director:	$ 111,423	$ 148,564	$ 148,564
Regional Category Epidemiologist:	$ 92,852	$ 123,803	$ 123,803
Regional Category Education/Training Coordinator:	$ 83,567	$ 111,423	$ 111,423
Regional Category Scientific Investigation Research:	$ 83,567	$ 111,423	$ 111,423
Regional Additional (Regional Veteran Coordinator):	$ 78,294	$ 105,233	$ 105,233
Regional Category Administrative Support:	$ 129,993 (4)	$ 173,324(4)	$ 173,324 (4)
Regional Category Office Space Cost:	$ 39,855	$ 53,140	$ 53,140
Regional Category Transportation/Travel:	$ 67,500	$ 90,000	$ 90,000
Regional Category Office Equipment/Communications:	$ 18,900	$ 18,900	$ 18,900
Regional Category Supplies:	$ 9,642	$ 12,856	$ 12,856
CASE MANAGEMENT RESPONSIBILITY			
Level 1 Center Manager:	$ 49,521 (2)	$ 198,085 (2)	$ 198,085 (2)
Level 1 Center Field Specialist:	$ 40,236 (2)	$ 160,944 (2)	$ 160,944 (2)
Level 1 Center SJB Family Specialists/Research Asst:	$ 185,704 (12)	$ 1,238,030 (20)	$ 1,238,030 (20)
Level 1 Center Administrative Support :	$ 43,331 (4)	$ 173,324 (4)	$ 173,324 (4)
Level 1 Office Space Cost:	$ 9,999	$ 39,998	$ 39,998
Level 1 Transportation/Travel:	$ 6,394	$ 38,057	$ 38,057
Level 1 Office Equipment/Communications:	$ 72,800	$ 100,000	$ 100,000
Level 1 Supplies:	$ 9,285	$ 48,569	$ 48,569
Level 2 Center Field Specialists:	$ 40,236 (2)	$ 160,944 (2)	$ 160,944 (2)
Level 2 Center SJB Family Specialists/Research Asst:	$ 123,803 (8)	$ 742,818 (12)	$ 742,818 (12)
Level 2 Transportation/Travel:	$ 3,691	$ 21,006	$ 21,006
Level 2 Office Equipment/Communications:	$ 34,000	$ 47,600	$ 47,600
Level 2 Supplies:	$ 3,571	$ 19,999	$ 19,999
Level 3 Center SJB Family Specialists/Research Asst:	n/a	n/a	n/a
Level 3 Transportation/Travel:	n/a	n/a	n/a
Level 3 Office Equipment/Communications:	n/a	n/a	n/a
Level 3 Supplies:	n/a	n/a	n/a
State Lead Center Management Sub-Total:	**$ 2,452,657**	**$ 3,133,454**	**$ 3,133,454**
Category of Care Sub-Total:	**$ 797,172**	**$ 1,029,613**	**$ 1,029,613**
Case Management Sub-Total:	**$ 622,573**	**$ 2,989,373**	**$ 2,989,373**
Center Management Total:	**$ 3,872,402**	**$ 7,152,440**	**$ 7,152,440**

*** Salaries also include fringe benefits**

Sarah Jane Brain Family State Lead Center of Excellence
For the state of

Ohio

Cincinnati Children's Hospital Medical Center
www.cincinnatichildrens.org

REGION: Midcentral

CATEGORY OF CARE: Reintegration

Program Director: Shari Wade, Ph.D.
Position Title: Professor
Department: Pediatrics

Address: 3333 Burnet Avenue, Cincinnati, OH 45229
Phone: 513-636-7480
Email: shari.wade@cchmc.org

Level 1 Center(s): Cincinnati (CCHMC), Columbus (Nationwide Children's), Cleveland (RB&C), Cleveland (Cleveland Clinic), Akron (Akron Children's), Columbus (Dodd's Hall)
Level 2 Center(s): 2 Locations
Level 3 Center(s): 4 Locations

Number of jobs HR 2600 creates in Ohio: 150

HR2600 Budget Overview for Ohio State Lead Center

	Center Management	Indirect Cost	Administrative Cost	Total
Year 1:	$ 4,653,858	$ 930,772	$ 116,346	$ 5,700,976
Year 2:	$11,203,960	$ 2,240,792	$ 280,099	$ 13,724,851
Year 3:	$11,203,960	$ 2,240,792	$ 280,099	$ 13,724,851
Year 4:	$ 8,963,168	$ 1,792,634	$ 224,079	$ 10,979,880
Year 5:	$ 6,722,376	$ 1,344,475	$ 168,059	$ 8,234,910
Year 6:	$ 4,481,584	$ 896,317	$ 112,040	$ 5,489,940
Year 7:	$ 2,240,792	$ 448,158	$ 56,020	$ 2,744,970
TOTAL:				**$ 60,600,378**

Ohio continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
STATE LEAD CENTER MANAGEMENT			
Program Director:	$ 43,470	$ 43,470	$ 43,470
Program Director Assistant:	$ 39,862	$ 39,862	$ 39,862
State Director:	$ 102,503	$ 136,670	$ 136,670
Associate State Director:	$ 46,980	$ 62,641	$ 62,641
State Epidemiologist:	$ 76,877	$ 102,503	$ 102,503
State Epidemiologist Assistant:	$ 38,439	$ 51,251	$ 51,251
State Scientific Investigation Research Coordinator:	$ 55,522	$ 74,030	$ 74,030
State Scientific Investigation Research Assistant:	$ 102,503 (3)	$ 136,670 (3)	$ 136,670 (3)
State Education/Training Coordinator (+ materials):	$ 171,868	$ 229,157	$ 229,157
State General Counsel:	$ 85,419	$ 113,892	$ 113,892
State IT Manager:	$ 51,251	$ 68,335	$ 68,335
State Family Support Coordinator:	$ 76,877	$ 102,503	$ 102,503
State Prevention/Awareness Coordinator:	$ 46,980	$ 62,641	$ 62,641
State Acute Care Coordinator:	$ 46,980	$ 62,641	$ 62,641
State Reintegration Coordinator:	$ 46,980	$ 62,641	$ 62,641
State Adult Transition Coordinator:	$ 46,980	$ 62,641	$ 62,641
State “Mild” TBI Coordinator:	$ 46,980	$ 62,641	$ 62,641
State Mental Health Coordinator:	$ 46,980	$ 62,641	$ 62,641
State Assistive/Emerging Technology Coordinator:	$ 46,980	$ 62,641	$ 62,641
State Correctional System Coordinator:	$ 46,980	$ 62,641	$ 62,641
State MISC Coordinator:	$ 46,980	$ 62,641	$ 62,641
State Veterans Coordinator:	$ 46,980	$ 62,641	$ 62,641
State Data Manager:	$ 51,251	$ 68,335	$ 68,335
State Public Policy Manager:	$ 55,522	$ 74,030	$ 74,030
State Community Relations Manager:	$ 42,709	$ 56,946	$ 56,946
State Administrative Support:	$ 179,380 (6)	$ 239,173 (6)	$ 239,173 (6)
Charity care:	$ 135,586	$ 180,781	$ 180,781
Human Resources Support:	$ 118,000	$ 150,000	$ 150,000
Training Support:	$ 29,500	$ 37,500	$ 37,500
Office Space Cost:	$ 138,704	$ 184,939	$ 184,939
Transportation/Travel:	$ 43,930	$ 58,573	$ 58,573
Office Equipment/Communications:	$ 170,700	$ 170,700	$ 170,700
Supplies:	$ 33,557	$ 44,743	$ 44,743
Annual and Regional Conferences:	$ 16,000	$ 16,000	$ 16,000
State Brain Injury Organization Pediatric Programs:	$ 90,390	$ 90,390	$ 90,390

Ohio continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
CATEGORY OF CARE RESPONSIBILITY: Reintegration			
Regional Category Director:	$ 102,503	$ 136,670	$ 136,670
Regional Category Epidemiologist:	$ 85,419	$ 113,892	$ 113,892
Regional Category Education/Training Coordinator:	$ 76,877	$ 102,503	$ 102,503
Regional Category Scientific Investigation Research:	$ 76,877	$ 102,503	$ 102,503
Regional Additional (Regional Asstve. Tech Coord.):	$ 72,606	$ 96,808	$ 96,808
Regional Category Administrative Support:	$ 119,587 (4)	$ 159,449(4)	$ 159,449 (4)
Regional Category Office Space Cost:	$ 37,828	$ 50,438	$ 50,438
Regional Category Transportation/Travel:	$ 67,500	$ 90,000	$ 90,000
Regional Category Office Equipment/Communications:	$ 18,900	$ 18,900	$ 18,900
Regional Category Supplies:	$ 9,152	$ 12,203	$ 12,203
CASE MANAGEMENT RESPONSIBILITY			
Level 1 Center Manager:	$ 136,670 (6)	$ 546,682 (6)	$ 546,682 (6)
Level 1 Center Field Specialist:	$ 111,045 (6)	$ 444,179 (6)	$ 444,179 (6)
Level 1 Center SJB Family Specialists/Research Asst:	$ 512,514 (36)	$ 3,416,760 (60)	$ 3,416,760 (60)
Level 1 Center Administrative Support :	$ 119,587 (12)	$ 478,346 (12)	$ 478,346 (12)
Level 1 Office Space Cost:	$ 9,491	$ 37,964	$ 37,964
Level 1 Transportation/Travel:	$ 18,921	$ 113,124	$ 113,124
Level 1 Office Equipment/Communications:	$ 176,400	$ 258,000	$ 258,000
Level 1 Supplies:	$ 19,660	$ 111,180	$ 111,180
Level 2 Center Field Specialists:	$ 37,015 (2)	$ 148,060 (2)	$ 148,060 (2)
Level 2 Center SJB Family Specialists/Research Asst:	$ 113,892 (8)	$ 683,352 (12)	$ 683,352 (12)
Level 2 Transportation/Travel:	$ 3,662	$ 20,889	$ 20,889
Level 2 Office Equipment/Communications:	$ 34,000	$ 47,600	$ 47,600
Level 2 Supplies:	$ 1,356	$ 18,982	$ 18,982
Level 3 Center SJB Family Specialists/Research Asst:	$ 113,892 (8)	$ 683,352 (12)	$ 683,352 (12)
Level 3 Transportation/Travel:	$ 3,120	$ 18,720	$ 18,720
Level 3 Office Equipment/Communications:	$ 27,200	$ 40,800	$ 40,800
Level 3 Supplies:	$ 2,712	$ 16,270	$ 16,270
State Lead Center Management Sub-Total:	**$ 2,466,607**	**$ 3,159,502**	**$ 3,159,502**
Category of Care Sub-Total:	**$ 744,081**	**$ 960,197**	**$ 960,197**
Case Management Sub-Total:	**$ 1,443,170**	**$ 7,084,261**	**$ 7,084,261**
Center Management Total:	**$ 4,653,858**	**$ 11,203,960**	**$ 11,203,960**

*** Salaries also include fringe benefits**

Sarah Jane Brain Family State Lead Center of Excellence
For the state of

Oklahoma

Oklahoma State University/Center for Health Sciences
www.healthsciences.okstate.edu

REGION: South-Central

CATEGORY OF CARE: Adult Transition

Program Director: Stanley Grogg, D.O.

Position Title: Associate Dean of Clinical Research and Professor

Department: Pediatrics

Address: 1111 W. 17th Street CHS Office 342, Tulsa, OK 74107
Phone: 918-561-8275
Email: stanley.grogg@okstate.edu

Level 1 Center(s): Tulsa, Oklahoma City
Level 2 Center(s): Lawton, Norman
Level 3 Center(s): Woodward, Antlers

Number of jobs HR 2600 creates in Oklahoma: 96

HR2600 Budget Overview for Oklahoma State Lead Center

	Center Management	Indirect Cost	Administrative Cost	Total
Year 1:	$ 3,553,178	$ 710,636	$ 88,829	$ 4,352,643
Year 2:	$6,729,425	$ 1,345,885	$ 168,236	$ 8,243,546
Year 3:	$6,729,425	$ 1,345,885	$ 168,236	$ 8,243,546
Year 4:	$ 5,383,540	$ 1,076,708	$ 134,588	$ 6,594,836
Year 5:	$ 4,037,655	$ 807,531	$ 100,941	$ 4,946,127
Year 6:	$ 2,691,770	$ 538,354	$ 67,294	$ 3,297,418
Year 7:	$ 1,345,885	$ 269,177	$ 33,647	$ 1,648,709
TOTAL:				**$ 37,326,825**

Oklahoma continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
STATE LEAD CENTER MANAGEMENT			
Program Director:	$ 39,000	$ 39,000	$ 39,000
Program Director Assistant:	$ 37,747	$ 37,747	$ 37,747
State Director:	$ 97,065	$ 129,420	$ 129,420
Associate State Director:	$ 44,488	$ 59,137	$ 59,137
State Epidemiologist:	$ 72,799	$ 97,065	$ 97,065
State Epidemiologist Assistant:	$ 36,399	$ 48,532	$ 48,532
State Scientific Investigation Research Coordinator:	$ 52,577	$ 70,102	$ 70,102
State Scientific Investigation Research Assistant:	$ 97,065 (3)	$ 129,420 (3)	$ 129,420 (3)
State Education/Training Coordinator (+ materials):	$ 89,472	$ 119,296	$ 119,296
State General Counsel:	$ 80,887	$ 107,850	$ 107,850
State IT Manager:	$ 48,532	$ 64,710	$ 64,710
State Family Support Coordinator:	$ 72,799	$ 97,065	$ 97,065
State Prevention/Awareness Coordinator:	$ 44,488	$ 59,317	$ 59,317
State Acute Care Coordinator:	$ 44,488	$ 59,317	$ 59,317
State Reintegration Coordinator:	$ 44,488	$ 59,317	$ 59,317
State Adult Transition Coordinator:	$ 44,488	$ 59,317	$ 59,317
State “Mild” TBI Coordinator:	$ 44,488	$ 59,317	$ 59,317
State Mental Health Coordinator:	$ 44,488	$ 59,317	$ 59,317
State Assistive/Emerging Technology Coordinator:	$ 44,488	$ 59,317	$ 59,317
State Correctional System Coordinator:	$ 44,488	$ 59,317	$ 59,317
State MISC Coordinator:	$ 44,488	$ 59,317	$ 59,317
State Veterans Coordinator:	$ 44,488	$ 59,317	$ 59,317
State Data Manager:	$ 48,532	$ 64,710	$ 64,710
State Public Policy Manager:	$ 52,577	$ 70,102	$ 70,102
State Community Relations Manager:	$ 40,444	$ 53,925	$ 53,925
State Administrative Support:	$ 169,863 (6)	$ 226,484 (6)	$ 226,484 (6)
Charity care:	$ 124,442	$ 165,923	$ 165,923
Human Resources Support:	$ 82,000	$ 96,000	$ 96,000
Training Support:	$ 20,500	$ 24,000	$ 24,000
Office Space Cost:	$ 127,304	$ 169,739	$ 169,739
Transportation/Travel:	$ 40,319	$ 53,759	$ 53,759
Office Equipment/Communications:	$ 170,700	$ 170,700	$ 170,700
Supplies:	$ 30,799	$ 41,066	$ 41,066
Annual and Regional Conferences:	$ 16,000	$ 16,000	$ 16,000
State Brain Injury Organization Pediatric Programs:	$ 82,961	$ 82,961	$ 82,961

Oklahoma continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
CATEGORY OF CARE RESPONSIBILITY: Adult Transition			
Regional Category Director:	$ 97,065	$ 129,420	$ 129,420
Regional Category Epidemiologist:	$ 80,887	$ 107,850	$ 107,850
Regional Category Education/Training Coordinator:	$ 72,799	$ 97,065	$ 97,065
Regional Category Scientific Investigation Research:	$ 72,799	$ 97,065	$ 97,065
Regional Additional (Regional Veteran Coordinator):	$ 68,754	$ 91,672	$ 91,672
Regional Category Administrative Support:	$ 113,242 (4)	$ 150,990(4)	$ 150,990 (4)
Regional Category Office Space Cost:	$ 34,719	$ 46,292	$ 46,292
Regional Category Transportation/Travel:	$ 67,500	$ 90,000	$ 90,000
Regional Category Office Equipment/Communications:	$ 18,900	$ 18,900	$ 18,900
Regional Category Supplies:	$ 8,400	$ 11,200	$ 11,200
CASE MANAGEMENT RESPONSIBILITY			
Level 1 Center Manager:	$ 43,140 (2)	$ 172,560 (2)	$ 172,560 (2)
Level 1 Center Field Specialist:	$ 35,051 (2)	$ 140,205 (2)	$ 140,205 (2)
Level 1 Center SJB Family Specialists/Research Asst:	$ 161,775 (12)	$ 1,078,497 (20)	$ 1,078,497 (20)
Level 1 Center Administrative Support :	$ 37,747 (4)	$ 150,990 (4)	$ 150,990 (4)
Level 1 Office Space Cost:	$ 8,711	$ 34,844	$ 34,844
Level 1 Transportation/Travel:	$ 6,173	$ 37,173	$ 37,173
Level 1 Office Equipment/Communications:	$ 72,800	$ 100,000	$ 100,000
Level 1 Supplies:	$ 8,089	$ 42,310	$ 42,310
Level 2 Center Field Specialists:	$ 35,051 (2)	$ 140,205 (2)	$ 140,205 (2)
Level 2 Center SJB Family Specialists/Research Asst:	$ 107,850 (8)	$ 647,098 (12)	$ 647,098 (12)
Level 2 Transportation/Travel:	$ 3,618	$ 20,711	$ 20,711
Level 2 Office Equipment/Communications:	$ 34,000	$ 47,600	$ 47,600
Level 2 Supplies:	$ 3,111	$ 17,422	$ 17,422
Level 3 Center SJB Family Specialists/Research Asst:	$ 53,925 (4)	$ 323,549 (6)	$ 323,549 (6)
Level 3 Transportation/Travel:	$ 1,560	$ 9,360	$ 9,360
Level 3 Office Equipment/Communications:	$ 13,600	$ 20,400	$ 20,400
Level 3 Supplies:	$ 1,244	$ 7,467	$ 7,467
State Lead Center Management Sub-Total:	**$ 2,220,151**	**$ 2,828,066**	**$ 2,828,066**
Category of Care Sub-Total:	**$ 705,582**	**$ 910,970**	**$ 910,970**
Case Management Sub-Total:	**$ 627,445**	**$ 2,990,389**	**$ 2,990,389**
Center Management Total:	**$ 3,553,178**	**$ 6,729,425**	**$ 6,729,425**

*** Salaries also include fringe benefits**

Sarah Jane Brain Family State Lead Center of Excellence
For the State of

Oregon

Teaching Research Institute and Western Oregon University
www.tr.wou.edu

REGION: Pacific

CATEGORY OF CARE: Reintegration
National Lead Center

Program Director: Ann Glang, Ph.D.
Position Title: Sr. Fellow/Research Professor
Department: Teaching Research Institute

Address: 99 West 10th Avenue, #370, Eugene, OR 97401
Phone: 541-346-0594
Email: glanga@wou.edu

Level 1 Center(s): Eugene (Teaching Research Institute), Portland
Level 2 Center(s): LaGrande, Bend, Medford, Albany, North Bend, Salem, Hillsboro
Level 3 Center(s): n/a

Number of jobs HR 2600 creates in Oregon: 130

HR2600 Budget Overview for Oregon State Lead Center

	Center Management	Indirect Cost	Administrative Cost	Total
Year 1:	$ 8,362,063	$ 1,672,413	$ 209,052	$ 10,243,527
Year 2:	$ 12,436,108	$ 2,487,222	$ 310,903	$ 15,234,232
Year 3:	$ 12,436,108	$ 2,487,222	$ 310,903	$ 15,234,232
Year 4:	$ 9,948,886	$ 1,989,777	$ 248,722	$ 12,187,386
Year 5:	$ 7,461,665	$ 1,492,333	$ 186,542	$ 9,140,539
Year 6:	$ 4,974,443	$ 994,889	$ 124,361	$ 6,093,693
Year 7:	$ 2,487,222	$ 497,444	$ 62,181	$ 3,046,846
TOTAL:				**$ 71,180,455**

Oregon continued

Title/Description (# of positions if more than one)*	Year 1	Year 2	Year 3
STATE LEAD CENTER MANAGEMENT			
Program Director:	$ 77,500	$ 77,500	$ 77,500
Program Director Assistant:	$ 52,344	$ 52,344	$ 52,344
State Director:	$ 179,467	$ 179,467	$ 179,467
Associate State Director:	$ 82,256	$ 82,256	$ 82,256
State Epidemiologist:	$ 134,600	$ 134,600	$ 134,600
State Epidemiologist Assistant:	$ 67,300	$ 67,300	$ 67,300
State Scientific Investigation Research Coordinator:	$ 97,211	$ 97,211	$ 97,211
State Scientific Investigation Research Assistant:	$ 179,467 (3)	$ 179,467 (3)	$ 179,467 (3)
State Education/Training Coordinator (+ materials):	$ 148,399	$ 148,399	$ 148,399
State General Counsel:	$ 149,556	$ 149,556	$ 149,556
State IT Manager:	$ 89,733	$ 89,733	$ 89,733
State Family Support Coordinator:	$ 134,600	$ 134,600	$ 134,600
State Prevention/Awareness Coordinator:	$ 82,256	$ 82,256	$ 82,256
State Acute Care Coordinator:	$ 82,256	$ 82,256	$ 82,256
State Reintegration Coordinator:	$ 82,256	$ 82,256	$ 82,256
State Adult Transition Coordinator:	$ 82,256	$ 82,256	$ 82,256
State “Mild” TBI Coordinator:	$ 82,256	$ 82,256	$ 82,256
State Mental Health Coordinator:	$ 82,256	$ 82,256	$ 82,256
State Assistive/Emerging Technology Coordinator:	$ 82,256	$ 82,256	$ 82,256
State Correctional System Coordinator:	$ 82,256	$ 82,256	$ 82,256
State MISC Coordinator:	$ 82,256	$ 82,256	$ 82,256
State Veterans Coordinator:	$ 82,256	$ 82,256	$ 82,256
State Data Manager:	$ 89,733	$ 89,733	$ 89,733
State Public Policy Manager:	$ 97,211	$ 97,211	$ 97,211
State Community Relations Manager:	$ 74,778	$ 74,778	$ 74,778
State Administrative Support:	$ 314,067 (6)	$ 314,067 (6)	$ 314,067 (6)
Charity care:	$ 192,975	$ 192,975	$ 192,975
Human Resources Support:	$ 108,000	$ 130,000	$ 130,000
Training Support:	$ 27,000	$ 32,500	$ 32,500
Office Space Cost:	$ 197,413	$ 197,413	$ 197,413
Transportation/Travel:	$ 62,524	$ 62,524	$ 62,524
Office Equipment/Communications:	$ 170,700	$ 170,700	$ 170,700
Supplies:	$ 47,761	$ 47,761	$ 47,761
Annual and Regional Conferences:	$ 16,000	$ 16,000	$ 16,000
State Brain Injury Organization Pediatric Programs:	$ 96,488	$ 96,488	$ 96,488

Oregon continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
CATEGORY OF CARE RESPONSIBILITY: Reintegration			
National Category Director:	$ 271,250	$ 271,250	$ 271,250
National Category Epidemiologist:	$ 232,500	$ 232,500	$ 232,500
National Category Education/Training Coordinator:	$ 193,750	$ 193,750	$ 193,750
National Category Scientific Investigation Research:	$ 193,750	$ 193,750	$ 193,750
National Assistive/Emerging Technology Coordinator:	$ 193,750	$ 193,750	$ 193,750
Regional Category Director:	$ 179.467	$ 179.467	$ 179.467
Regional Category Epidemiologist:	$ 149,556	$ 149,556	$ 149,556
Regional Category Education/Training Coordinator:	$ 134,600	$ 134,600	$ 134,600
Regional Category Scientific Investigation Research:	$ 134,600	$ 134,600	$ 134,600
Regional Category Administrative Support:	$ 241,160 (4)	$ 241,160 (4)	$ 241,160 (4)
Regional Assistive/Emerging Technology Coordinator:	$ 127,122	$ 127,122	$ 127,122
Regional Category Office Space Cost:	$ 83,751	$ 83,751	$ 83,751
Regional Category Transportation/Travel:	$ 90,000	$ 90,000	$ 90,000
Regional Category Office Equipment/Communications:	$ 29,400	$ 29,400	$ 29,400
Regional Category Supplies:	$ 20,262	$ 20,262	$ 20,262
CASE MANAGEMENT RESPONSIBILITY			
Level 1 Center Manager:	$ 119,645 (2)	$ 239,289 (2)	$ 239,289 (2)
Level 1 Center Field Specialist:	$ 97,211 (2)	$ 194,422 (2)	$ 194,422 (2)
Level 1 Center SJB Family Specialists/Research Asst:	$ 448,667 (12)	$ 1,495,557(20)	$ 1,495,557(20)
Level 1 Center Administrative Support :	$ 104,689 (4)	$ 209,378 (4)	$ 209,378 (4)
Level 1 Office Space Cost:	$ 20,262	$ 40,525	$ 40,525
Level 1 Transportation/Travel:	$ 12,834	$ 38,147	$ 38,147
Level 1 Office Equipment/Communications:	$ 72,800	$ 100,000	$ 100,000
Level 1 Supplies:	$ 18,815	$ 49,209	$ 49,209
Level 2 Center Field Specialists:	$ 340,239 (7)	$ 680,478 (7)	$ 680,478 (7)
Level 2 Center SJB Family Specialists/Research Asst:	$ 1,046,890(28)	$ 3,140,669(42)	$ 3,140,669(42)
Level 2 Transportation/Travel:	$ 25,892	$ 73,625	$ 73,625
Level 2 Office Equipment/Communications:	$ 119,000	$ 166,600	$ 166,600
Level 2 Supplies:	$ 25,328	$ 70,918	$ 70,918
Level 3 Center SJB Family Specialists/Research Asst:	n/a	n/a	n/a
Level 3 Transportation/Travel:	n/a	n/a	n/a
Level 3 Office Equipment/Communications:	n/a	n/a	n/a
Level 3 Supplies:	n/a	n/a	n/a
State Lead Center Management Sub-Total:	**$ 3,693,818**	**$ 3,721,140**	**$ 3,721,140**
Category of Care Sub-Total:	**$ 2,200,151**	**$ 2,200,151**	**$ 2,200,151**
Case Management Sub-Total:	**$ 2,452,272**	**$ 6,498,817**	**$ 6,498,817**
Center Management Total:	**$ 8,362,063**	**$ 12,436,108**	**$ 12,436,108**

*** Salaries also include fringe benefits**

Sarah Jane Brain Family State Lead Center of Excellence
For the commonwealth of

Pennsylvania

Children's Hospital of Pittsburgh of UPMC
www.chp.edu

REGION: Mid-Atlantic

CATEGORY OF CARE: Acute Care

Program Director: Rachel Berger, M.D., M.P.H.
Position Title: Associate Professor
Department: Department of Pediatrics

Address: One Children's Hospital Drive, 4401 Penn Avenue, Pittsburgh, PA 15224
Phone: 412-692-8664
Email: rachel.berger@chp.edu

Level 1 Center(s): Philadelphia (2), Pittsburgh, Harrisburg
Level 2 Center(s): Philadelphia suburb, Lehigh Valley, Pittsburgh suburb
Level 3 Center(s): rural regions in central PA

Number of jobs HR 2600 creates in Pennsylvania: 129

HR2600 Budget Overview for Pennsylvania State Lead Center

	Center Management	Indirect Cost	Administrative Cost	Total
Year 1:	$ 4,622,488	$ 924,498	$ 115,562	$ 5,662,547
Year 2:	$10,594,797	$ 2,118,959	$ 264,870	$ 12,978,627
Year 3:	$10,594,797	$ 2,118,959	$ 264,870	$ 12,978,627
Year 4:	$ 8,475,838	$ 1,695,168	$ 211,896	$ 10,382,901
Year 5:	$ 6,356,878	$ 1,271,376	$ 158,922	$ 7,787,176
Year 6:	$ 4,237,919	$ 847,584	$ 105,948	$ 5,191,451
Year 7:	$ 2,118,959	$ 423,792	$ 52,974	$ 2,595,725
TOTAL:				**$ 57,577,054**

Pennsylvania continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
STATE LEAD CENTER MANAGEMENT			
Program Director:	$ 39,300	$ 39,300	$ 39,300
Program Director Assistant:	$ 45,210	$ 45,210	$ 45,210
State Director:	$ 116,254	$ 150,006	$ 150,006
Associate State Director:	$ 52,283	$ 71,044	$ 71,044
State Epidemiologist:	$ 87,191	$ 116,254	$ 116,254
State Epidemiologist Assistant:	$ 43,595	$ 58,127	$ 58,127
State Scientific Investigation Research Coordinator:	$ 62,971	$ 83,961	$ 83,961
State Scientific Investigation Research Assistant:	$ 116,254 (3)	$ 155,006 (3)	$ 155,006 (3)
State Education/Training Coordinator (+ materials):	$ 189,065	$ 252,087	$ 252,087
State General Counsel:	$ 96,879	$ 129,171	$ 129,171
State IT Manager:	$ 58,127	$ 77,503	$ 77,503
State Family Support Coordinator:	$ 87,191	$ 116,254	$ 116,254
State Prevention/Awareness Coordinator:	$ 53,283	$ 71,044	$ 71,044
State Acute Care Coordinator:	$ 53,283	$ 71,044	$ 71,044
State Reintegration Coordinator:	$ 53,283	$ 71,044	$ 71,044
State Adult Transition Coordinator:	$ 53,283	$ 71,044	$ 71,044
State “Mild” TBI Coordinator:	$ 53,283	$ 71,044	$ 71,044
State Mental Health Coordinator:	$ 53,283	$ 71,044	$ 71,044
State Assistive/Emerging Technology Coordinator:	$ 53,283	$ 71,044	$ 71,044
State Correctional System Coordinator:	$ 53,283	$ 71,044	$ 71,044
State MISC Coordinator:	$ 53,283	$ 71,044	$ 71,044
State Veterans Coordinator:	$ 53,283	$ 71,044	$ 71,044
State Data Manager:	$ 58,127	$ 77,503	$ 77,503
State Public Policy Manager:	$ 62,971	$ 83,961	$ 83,961
State Community Relations Manager:	$ 48,439	$ 64,586	$ 64,586
State Administrative Support:	$ 203,445 (6)	$ 271,260 (6)	$ 271,260 (6)
Charity care:	$ 147,906	$ 197,208	$ 197,208
Human Resources Support:	$ 104,000	$ 129,000	$ 129,000
Training Support:	$ 26,000	$ 32,250	$ 32,250
Office Space Cost:	$ 151,308	$ 201,744	$ 201,744
Transportation/Travel:	$ 47,922	$ 63,896	$ 63,896
Office Equipment/Communications:	$ 170,700	$ 170,700	$ 170,700
Supplies:	$ 36,607	$ 48,809	$ 48,809
Annual and Regional Conferences:	$ 16,000	$ 16,000	$ 16,000
State Brain Injury Organization Pediatric Programs:	$ 98,604	$ 98,604	$ 98,604

Pennsylvania continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
CATEGORY OF CARE RESPONSIBILITY: Acute Care			
Regional Category Director:	$ 116,254	$ 155,006	$ 155,006
Regional Category Epidemiologist:	$ 96,879	$ 129,171	$ 129,171
Regional Category Education/Training Coordinator:	$ 87,191	$ 116,254	$ 116,254
Regional Category Scientific Investigation Research:	$ 87,191	$ 116,254	$ 116,254
Regional Category Administrative Support:	$ 135,630(4)	$ 180,040(4)	$ 180,040(4)
Regional Category Office Space Cost:	$ 36,681	$ 48,908	$ 48,908
Regional Category Transportation/Travel:	$ 67,500	$ 90,000	$ 90,000
Regional Category Office Equipment/Communications:	$ 16,800	$ 16,800	$ 16,800
Regional Category Supplies:	$ 8,874	$ 11,833	$ 11,833
CASE MANAGEMENT RESPONSIBILITY			
Level 1 Center Manager:	$ 103,337 (4)	$ 413,349 (4)	$ 413,349 (4)
Level 1 Center Field Specialist:	$ 83,961 (4)	$ 335,846 (6)	$ 335,846 (6)
Level 1 Center SJB Family Specialists/Research Asst:	$ 387,514 (24)	$ 2,583,429 (40)	$ 2,583,429 (40)
Level 1 Center Administrative Support :	$ 90,420 (8)	$ 361,680 (8)	$ 361,680 (8)
Level 1 Office Space Cost:	$ 10,353	$ 41,414	$ 41,414
Level 1 Transportation/Travel:	$ 12,910	$ 76,599	$ 76,599
Level 1 Office Equipment/Communications:	$ 124,600	$ 179,000	$ 179,000
Level 1 Supplies:	$ 15,530	$ 85,786	$ 85,786
Level 2 Center Field Specialists:	$ 62,971 (3)	$ 251,884 (3)	$ 251,884 (3)
Level 2 Center SJB Family Specialists/Research Asst:	$ 193,757 (12)	$ 1,162,543 (18)	$ 1,162,543(18)
Level 2 Transportation/Travel:	$ 5,567	$ 31,630	$ 31,630
Level 2 Office Equipment/Communications:	$ 51,000	$ 71,400	$ 71,400
Level 2 Supplies:	$ 5,546	$ 31,060	$ 31,060
Level 3 Center SJB Family Specialists/Research Asst:	$ 96,879 (6)	$ 581,272 (9)	$ 581,272 (9)
Level 3 Transportation/Travel:	$ 2,340	$ 14,040	$ 14,040
Level 3 Office Equipment/Communications:	$ 20,400	$ 30,600	$ 30,600
Level 3 Supplies:	$ 2,219	$ 13,312	$ 13,312
State Lead Center Management Sub-Total:	**$ 2,700,182**	**$ 3,464,888**	**$ 3,464,888**
Category of Care Sub-Total:	**$ 653,000**	**$ 865,066**	**$ 865,066**
Case Management Sub-Total:	**$ 1,269,306**	**$ 6,264,843**	**$ 6,264,843**
Center Management Total:	**$ 4,622,488**	**$ 10,594,797**	**$ 10,594,797**

*** Salaries also include fringe benefits**

Sarah Jane Brain Family State Lead Center of Excellence
For the commonwealth of

Puerto Rico

Puerto Rico Medical Center/University of Puerto Rico
www.upr.edu

REGION: Southeast

CATEGORY OF CARE: The Virtual Center

Program Director: Juan A. Vigo Prieto, M.D.
Department: Pediatrics

Position Title: Neurological Surgeon

Address: PO Box 5067, San Juan, PR 00936
Phone: 787-765-8296
Email: drvandj@coqui.net

Level 1 Center(s): San Juan
Level 2 Center(s): Ponce, Mayaguez
Level 3 Center(s): Carolina, Arecibo

Number of jobs HR 2600 creates in Puerto Rico: 84

HR2600 Budget Overview for Puerto Rico State Lead Center

	Center Management	Indirect Cost	Administrative Cost	Total
Year 1:	$ 1,790,064	$ 358,013	$ 44,752	$ 2,192,829
Year 2:	$2,955,007	$ 591,001	$ 73,875	$ 3,619,884
Year 3:	$2,955,007	$ 591,001	$ 73,875	$ 3,619,884
Year 4:	$ 2,364,006	$ 427,801	$ 59,100	$ 2,895,907
Year 5:	$ 1,773,004	$ 354,601	$ 44,325	$ 2,171,930
Year 6:	$ 1,182,003	$ 236,401	$ 29,550	$ 1,447,953
Year 7:	$ 591,001	$ 118,200	$ 14,775	$ 723,977
TOTAL:				**$ 16,672,364**

Puerto Rico continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
STATE LEAD CENTER MANAGEMENT			
Program Director:	$ 39,000	$ 39,000	$ 39,000
Program Director Assistant:	$ 16,592	$ 16,592	$ 16,592
State Director:	$ 42,666	$ 56,888	$ 56,888
Associate State Director:	$ 19,555	$ 26,074	$ 26,074
State Epidemiologist:	$ 32,000	$ 42,666	$ 42,666
State Epidemiologist Assistant:	$ 16,000	$ 21,333	$ 21,333
State Scientific Investigation Research Coordinator:	$ 23,111	$ 30,814	$ 30,814
State Scientific Investigation Research Assistant:	$ 42,666 (3)	$ 56,888 (3)	$ 56,888 (3)
State Education/Training Coordinator (+ materials):	$ 63,163	$ 84,217	$ 84,217
State General Counsel:	$ 35,555	$ 47,407	$ 47,407
State IT Manager:	$ 21,333	$ 28,444	$ 28,444
State Family Support Coordinator:	$ 32,000	$ 42,666	$ 42,666
State Prevention/Awareness Coordinator:	$ 19,555	$ 26,074	$ 26,074
State Acute Care Coordinator:	$ 19,555	$ 26,074	$ 26,074
State Reintegration Coordinator:	$ 19,555	$ 26,074	$ 26,074
State Adult Transition Coordinator:	$ 19,555	$ 26,074	$ 26,074
State “Mild” TBI Coordinator:	$ 19,555	$ 26,074	$ 26,074
State Mental Health Coordinator:	$ 19,555	$ 26,074	$ 26,074
State Assistive/Emerging Technology Coordinator:	$ 19,555	$ 26,074	$ 26,074
State Correctional System Coordinator:	$ 19,555	$ 26,074	$ 26,074
State MISC Coordinator:	$ 19,555	$ 26,074	$ 26,074
State Veterans Coordinator:	$ 19,555	$ 26,074	$ 26,074
State Data Manager:	$ 21,333	$ 28,444	$ 28,444
State Public Policy Manager:	$ 23,111	$ 30,814	$ 30,814
State Community Relations Manager:	$ 17,778	$ 23,703	$ 23,703
State Administrative Support:	$ 74,666 (6)	$ 99,554 (6)	$ 99,554 (6)
Charity care:	$ 54,700	$ 72,934	$ 72,934
Human Resources Support:	$ 74,000	$ 84,000	$ 84,000
Training Support:	$ 18,500	$ 21,000	$ 21,000
Office Space Cost:	$ 55,958	$ 74,611	$ 74,611
Transportation/Travel:	$ 17,723	$ 23,630	$ 23,630
Office Equipment/Communications:	$ 170,700	$ 170,700	$ 170,700
Supplies:	$ 13,538	$ 18,051	$ 18,051
Annual and Regional Conferences:	$ 16,000	$ 16,000	$ 16,000
State Brain Injury Organization Pediatric Programs:	$ 36,467	$ 36,467	$ 36,467

Puerto Rico continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
CATEGORY OF CARE RESPONSIBILITY: The Virtual Center			
Regional Category Director:	$ 42,666	$ 56,888	$ 56,888
Regional Category Epidemiologist:	$ 35,555	$ 47,407	$ 47,407
Regional Category Education/Training Coordinator:	$ 32,000	$ 42,666	$ 42,666
Regional Category Scientific Investigation Research:	$ 32,000	$ 42,666	$ 42,666
Regional Additional (Business Development):	$ 30,222	$40,296	$40,296
Regional Category Administrative Support:	$ 49,777(4)	$ 66,370(4)	$ 66,370 (4)
Regional Category Office Space Cost:	$ 15,261	$ 20,348	$ 20,348
Regional Category Transportation/Travel:	$ 67,500	$ 90,000	$ 90,000
Regional Category Office Equipment/Communications:	$ 18,900	$ 18,900	$ 18,900
Regional Category Supplies:	$ 3,692	$ 4,923	$ 4,923
CASE MANAGEMENT RESPONSIBILITY			
Level 1 Center Manager:	$ 9,481	$ 37,925	$ 37,925
Level 1 Center Field Specialist:	$ 7,704	$ 30,814	$ 30,814
Level 1 Center SJB Family Specialists/Research Asst:	$ 35,555 (6)	$ 237,034 (10)	$ 237,034 (10)
Level 1 Center Administrative Support :	$ 8,296 (2)	$ 33,185 (2)	$ 33,185 (2)
Level 1 Office Space Cost:	$ 3,829	$ 15,316	$ 15,316
Level 1 Transportation/Travel:	$ 2,668	$ 16,913	$ 16,913
Level 1 Office Equipment/Communications:	$ 46,900	$ 60,500	$ 60,500
Level 1 Supplies:	$ 2,462	$ 12,034	$ 12,034
Level 2 Center Field Specialists:	$ 15,407 (2)	$ 61,629 (2)	$ 61,629 (2)
Level 2 Center SJB Family Specialists/Research Asst:	$ 47,407 (2)	$ 284,441 (12)	$ 284,441 (12)
Level 2 Transportation/Travel:	$ 3,339	$ 19,595	$ 19,595
Level 2 Office Equipment/Communications:	$ 34,000	$ 47,600	$ 47,600
Level 2 Supplies:	$ 1,368	$ 7,658	$ 7,658
Level 3 Center SJB Family Specialists/Research Asst:	$ 23,703 (4)	$ 142,221 (6)	$ 142,221 (6)
Level 3 Transportation/Travel:	$ 1,560	$ 9,360	$ 9,360
Level 3 Office Equipment/Communications:	$ 13,600	$ 20,400	$ 20,400
Level 3 Supplies:	$ 547	$ 3,282	$ 3,282
State Lead Center Management Sub-Total:	**$ 1,173,668**	**$ 1,453,638**	**$ 1,453,638**
Category of Care Sub-Total:	**$ 358,570**	**$ 461,461**	**$ 461,461**
Case Management Sub-Total:	**$ 257,826**	**$ 1,039,908**	**$ 1,039,908**
Center Management Total:	**$ 1,790,064**	**$ 2,955,007**	**$ 2,955,007**

*** Salaries also include fringe benefits**

Sarah Jane Brain Family State Lead Center of Excellence
For the state of

Rhode Island

Hasbro Children's Hospital Child Protection Program
www.lifespan.org

REGION: Northeast

CATEGORY OF CARE: The Virtual Center

Program Director: Carole Jenny, M.D.
Position Title: Professor
Department: Pediatrics

Address: 593 Eddy Street, Providence, RI 02903
Phone: 401-444-3996
Email: cjenny@lifespan.org

Level 1 Center(s): Providence
Level 2 Center(s): n/a
Level 3 Center(s): n/a

Number of jobs HR 2600 creates in Rhode Island: 64

HR2600 Budget Overview for Rhode Island State Lead Center

	Center Management	Indirect Cost	Administrative Cost	Total
Year 1:	$ 3,950,143	$ 790,029	$ 98,754	$ 4,838,926
Year 2:	$5,882,773	$ 1,176,555	$ 147,069	$ 7,206,397
Year 3:	$5,882,773	$ 1,176,555	$ 147,069	$ 7,206,397
Year 4:	$ 4,706,219	$ 941,244	$ 117,655	$ 5,765,118
Year 5:	$ 3,529,664	$ 705,933	$ 88,242	$ 4,323,838
Year 6:	$ 2,353,109	$ 470,622	$ 58,828	$ 2,882,559
Year 7:	$ 1,176,555	$ 235,311	$ 29,414	$ 1,441,279
TOTAL:				**$ 33,664,514**

Rhode Island continued

Title/Description (# of positions if more than one)*	Year 1	Year 2	Year 3
STATE LEAD CENTER MANAGEMENT			
Program Director:	$ 130,100	$ 130,100	$ 130,100
Program Director Assistant:	$ 49,069	$ 49,069	$ 49,069
State Director:	$ 126,178	$ 168,238	$ 168,238
Associate State Director:	$ 57,832	$ 77,109	$ 77,109
State Epidemiologist:	$ 94,634	$ 126,178	$ 126,178
State Epidemiologist Assistant:	$ 47,317	$ 63,089	$ 63,089
State Scientific Investigation Research Coordinator:	$ 68,347	$ 91,129	$ 91,129
State Scientific Investigation Research Assistant:	$ 126,178 (3)	$ 168,238 (3)	$ 168,238 (3)
State Education/Training Coordinator (+ materials):	$ 78,990	$ 105,321	$ 105,321
State General Counsel:	$ 105,148	$ 140,198	$ 140,198
State IT Manager:	$ 63,089	$ 84,119	$ 84,119
State Family Support Coordinator:	$ 94,634	$ 126,178	$ 126,178
State Prevention/Awareness Coordinator:	$ 57,832	$ 77,109	$ 77,109
State Acute Care Coordinator:	$ 57,832	$ 77,109	$ 77,109
State Reintegration Coordinator:	$ 57,832	$ 77,109	$ 77,109
State Adult Transition Coordinator:	$ 57,832	$ 77,109	$ 77,109
State “Mild” TBI Coordinator:	$ 57,832	$ 77,109	$ 77,109
State Mental Health Coordinator:	$ 57,832	$ 77,109	$ 77,109
State Assistive/Emerging Technology Coordinator:	$ 57,832	$ 77,109	$ 77,109
State Correctional System Coordinator:	$ 57,832	$ 77,109	$ 77,109
State MISC Coordinator:	$ 57,832	$ 77,109	$ 77,109
State Veterans Coordinator:	$ 57,832	$ 77,109	$ 77,109
State Data Manager:	$ 63,089	$ 84,119	$ 84,119
State Public Policy Manager:	$ 68,347	$ 91,129	$ 91,129
State Community Relations Manager:	$ 52,574	$ 70,999	$ 70,999
State Administrative Support:	$ 220,812 (6)	$ 294,416 (6)	$ 294,416 (6)
Charity care:	$ 161,463	$ 215,523	$ 215,523
Human Resources Support:	$ 60,000	$ 64,000	$ 64,000
Training Support:	$ 15,000	$ 16,000	$ 16,000
Office Space Cost:	$ 165,360	$ 220,480	$ 220,480
Transportation/Travel:	$ 48,600	$ 64,800	$ 64,800
Office Equipment/Communications:	$ 170,700	$ 170,700	$ 170,700
Supplies:	$ 40,007	$ 53,342	$ 53,342
Annual and Regional Conferences:	$ 16,000	$ 16,000	$ 16,000
State Brain Injury Organization Pediatric Programs:	$ 107,762	$ 107,762	$ 107,762

Rhode Island continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
CATEGORY OF CARE RESPONSIBILITY: The Virtual Center			
Regional Category Director:	$ 126,178	$ 168,238	$ 168,238
Regional Category Epidemiologist:	$ 105,148	$ 140,198	$ 140,198
Regional Category Education/Training Coordinator:	$ 94,634	$ 126,178	$ 126,178
Regional Category Scientific Investigation Research:	$ 94,634	$ 126,178	$ 126,178
Regional Additional (Business Development Manager):	$ 89,376	$ 119,168	$ 119,168
Regional Category Administrative Support:	$ 147,208(4)	$ 66,370(4)	$ 66,370 (4)
Regional Category Office Space Cost:	$ 45,098	$ 60,131	$ 60,131
Regional Category Transportation/Travel:	$ 67,500	$ 90,000	$ 90,000
Regional Category Office Equipment/Communications:	$ 18,900	$ 18,900	$ 18,900
Regional Category Supplies:	$ 10,911	$ 14,548	$ 14,548
CASE MANAGEMENT RESPONSIBILITY			
Level 1 Center Manager:	$ 28,040	$ 112,158	$ 112,158
Level 1 Center Field Specialist:	$ 22,782	$ 91,129	$ 91,129
Level 1 Center SJB Family Specialists/Research Asst:	$ 105,148 (6)	$ 700,990 (10)	$ 700,990 (10)
Level 1 Center Administrative Support :	$ 24,535 (2)	$ 98,139 (2)	$ 98,139 (2)
Level 1 Office Space Cost:	$ 11,315	$ 45,260	$ 45,260
Level 1 Transportation/Travel:	$ 3,240	$ 19,200	$ 19,200
Level 1 Office Equipment/Communications:	$ 46,900	$ 60,500	$ 60,500
Level 1 Supplies:	$ 7,274	$ 35,361	$ 35,361
Level 2 Center Field Specialists:	n/a	n/a	n/a
Level 2 Center SJB Family Specialists/Research Asst:	n/a	n/a	n/a
Level 2 Transportation/Travel:	n/a	n/a	n/a
Level 2 Office Equipment/Communications:	n/a	n/a	n/a
Level 2 Supplies:	n/a	n/a	n/a
Level 3 Center SJB Family Specialists/Research Asst:	n/a	n/a	n/a
Level 3 Transportation/Travel:	n/a	n/a	n/a
Level 3 Office Equipment/Communications:	n/a	n/a	n/a
Level 3 Supplies:	n/a	n/a	n/a
State Lead Center Management Sub-Total:	**$ 2,809,725**	**$ 3,568,423**	**$ 3,568,423**
Category of Care Sub-Total:	**$ 891,185**	**$ 1,151,414**	**$ 1,151,414**
Case Management Sub-Total:	**$ 249,234**	**$ 1,162,937**	**$ 1,162,937**
Center Management Total:	**$ 3,950,143**	**$ 5,882,773**	**$ 5,882,773**

*** Salaries also include fringe benefits**

Sarah Jane Brain Family State Lead Center of Excellence
For the state of

South Carolina

Medical University of South Carolina
www.musc.edu

REGION: Southeast

CATEGORY OF CARE: The Virtual Center

Program Director: Stephen Kinsman, M.D.
Department: Pediatrics

Position Title: Associate Professor
Major Subdivision: Division of Pediatric Neurology

Address: 6311 Garners Ferry Road, Bluff Estates, SC 29209
Phone: 443-956-7742
Email: kinsmans@musc.edu

Level 1 Center(s): Charleston
Level 2 Center(s): Charleston, Columbia, Greenville
Level 3 Center(s): Myrtle Beach, Blufton, Greenwood, Spartanburg

Number of jobs HR 2600 creates in South Carolina: 97

HR2600 Budget Overview for South Carolina State Lead Center

	Center Management	Indirect Cost	Administrative Cost	Total
Year 1:	$ 3,699,471	$ 739,894	$ 92,487	$ 4,531,852
Year 2:	$6,886,925	$ 1,377,385	$ 172,173	$ 8,436,483
Year 3:	$6,886,925	$ 1,377,385	$ 172,173	$ 8,436,483
Year 4:	$ 5,509,540	$ 1,101,908	$ 137,738	$ 6,749,186
Year 5:	$ 4,132,155	$ 826,431	$ 103,304	$ 5,061,890
Year 6:	$ 2,754,770	$ 550,954	$ 68,869	$ 3,374,593
Year 7:	$ 1,377,385	$ 275,477	$ 34,435	$ 1,687,297
TOTAL:				**$ 38,277,784**

South Carolina continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
STATE LEAD CENTER MANAGEMENT			
Program Director:	$ 136,080	$ 136,080	$ 136,080
Program Director Assistant:	$ 38,334	$ 38,334	$ 38,334
State Director:	$ 98,573	$ 168,238	$ 168,238
Associate State Director:	$ 45,179	$ 60,239	$ 60,239
State Epidemiologist:	$ 73,930	$ 98,573	$ 98,573
State Epidemiologist Assistant:	$ 36,965	$ 49,287	$ 49,287
State Scientific Investigation Research Coordinator:	$ 53,394	$ 71,192	$ 71,192
State Scientific Investigation Research Assistant:	$ 98,573 (3)	$ 131,431 (3)	$ 131,431 (3)
State Education/Training Coordinator (+ materials):	$ 98,771	$ 131,695	$ 131,695
State General Counsel:	$ 82,144	$ 109,526	$ 109,526
State IT Manager:	$ 49,287	$ 65,715	$ 65,715
State Family Support Coordinator:	$ 73,930	$ 98,573	$ 98,573
State Prevention/Awareness Coordinator:	$ 45,179	$ 62,039	$ 62,039
State Acute Care Coordinator:	$ 45,179	$ 62,039	$ 62,039
State Reintegration Coordinator:	$ 45,179	$ 62,039	$ 62,039
State Adult Transition Coordinator:	$ 45,179	$ 62,039	$ 62,039
State “Mild” TBI Coordinator:	$ 45,179	$ 62,039	$ 62,039
State Mental Health Coordinator:	$ 45,179	$ 62,039	$ 62,039
State Assistive/Emerging Technology Coordinator:	$ 45,179	$ 62,039	$ 62,039
State Correctional System Coordinator:	$ 45,179	$ 62,039	$ 62,039
State MISC Coordinator:	$ 45,179	$ 62,039	$ 62,039
State Veterans Coordinator:	$ 45,179	$ 62,039	$ 62,039
State Data Manager:	$ 49,287	$ 65,715	$ 65,715
State Public Policy Manager:	$ 53,394	$ 71,192	$ 71,192
State Community Relations Manager:	$ 41,072	$ 54,763	$ 54,763
State Administrative Support:	$ 172,503 (6)	$ 230,004 (6)	$ 230,004 (6)
Charity care:	$ 126,766	$ 169,021	$ 169,021
Human Resources Support:	$ 83,000	$ 97,000	$ 97,000
Training Support:	$ 20,750	$ 24,250	$ 24,250
Office Space Cost:	$ 129,681	$ 172,908	$ 172,908
Transportation/Travel:	$ 41,072	$ 54,763	$ 54,763
Office Equipment/Communications:	$ 170,700	$ 170,700	$ 170,700
Supplies:	$ 31,375	$ 41,333	$ 41,333
Annual and Regional Conferences:	$ 16,000	$ 16,000	$ 16,000
State Brain Injury Organization Pediatric Programs:	$ 84,510	$ 84,510	$ 84,510

South Carolina continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
CATEGORY OF CARE RESPONSIBILITY: The Virtual Center			
Regional Category Director:	$ 98,573	$ 131,431	$ 131,431
Regional Category Epidemiologist:	$ 82,144	$ 109,526	$ 109,526
Regional Category Education/Training Coordinator:	$ 79,930	$ 98,573	$ 98,573
Regional Category Scientific Investigation Research:	$ 79,930	$ 98,573	$ 98,573
Regional Additional (Business Development Manager):	$ 69,823	$ 93,097	$ 93,097
Regional Category Administrative Support:	$ 115,002 (4)	$ 153,336 (4)	$ 153,336 (4)
Regional Category Office Space Cost:	$ 35,368	$ 60,131	$ 60,131
Regional Category Transportation/Travel:	$ 67,500	$ 90,000	$ 90,000
Regional Category Office Equipment/Communications:	$ 18,900	$ 18,900	$ 18,900
Regional Category Supplies:	$ 8,557	$ 11,409	$ 11,409
CASE MANAGEMENT RESPONSIBILITY			
Level 1 Center Manager:	$ 21,905	$ 87,620	$ 87,620
Level 1 Center Field Specialist:	$ 17,798	$ 71,192	$ 71,192
Level 1 Center SJB Family Specialists/Research Asst:	$ 82,144 (6)	$ 547,628 (10)	$ 547,628 (10)
Level 1 Center Administrative Support :	$ 19,167 (2)	$ 76,668 (2)	$ 76,668 (2)
Level 1 Office Space Cost:	$ 8,874	$ 35,494	$ 35,494
Level 1 Transportation/Travel:	$ 3,101	$ 18,642	$ 18,642
Level 1 Office Equipment/Communications:	$ 46,900	$ 60,500	$ 60,500
Level 1 Supplies:	$ 5,704	$ 27,888	$ 27,888
Level 2 Center Field Specialists:	$ 53,394 (3)	$ 213,575 (3)	$ 213,575 (3)
Level 2 Center SJB Family Specialists/Research Asst:	$ 164,288 (12)	$ 985,730 (18)	$ 985,730 (18)
Level 2 Transportation/Travel:	$ 5,441	$ 31,122	$ 31,122
Level 2 Office Equipment/Communications:	$ 51,000	$ 71,400	$ 71,400
Level 2 Supplies:	$ 4,754	$ 26,621	$ 26,621
Level 3 Center SJB Family Specialists/Research Asst:	$ 109,526 (8)	$ 657,153 (12)	$ 657,153 (12)
Level 3 Transportation/Travel:	$ 3,120	$ 18,720	$ 18,720
Level 3 Office Equipment/Communications:	$ 27,200	$ 40,800	$ 40,800
Level 3 Supplies:	$ 2,535	$ 15,212	$ 15,212
State Lead Center Management Sub-Total:	**$ 2,357,062**	**$ 2,977,124**	**$ 2,977,124**
Category of Care Sub-Total:	**$ 715,559**	**$ 923,834**	**$ 923,834**
Case Management Sub-Total:	**$ 626,850**	**$ 2,985,966**	**$ 2,985,966**
Center Management Total:	**$ 3,699,471**	**$ 6,886,925**	**$ 6,886,925**

*** Salaries also include fringe benefits**

Sarah Jane Brain Family State Lead Center of Excellence
For the state of

South Dakota

Center for Disabilities/Sanford School of Medicine of the University of South Dakota
www.usd.edu/cd/

REGION: Rocky Mountain **CATEGORY OF CARE:** "Mild" TBI

Program Director: Shelly Grinde, M.A., CCC-SLP **Position Title:** Associate Director of Services
Department: Pediatrics

Address: 1400 West 22nd Street, Sioux Falls, SD 57105
Phone: 605-357-1475
Email: Shelly.Grinde@usd.edu

Level 1 Center(s): Rapid City, Sioux Falls
Level 2 Center(s): Pierre
Level 3 Center(s): Aberdeen, Winner

Number of jobs HR 2600 creates in South Dakota: 88

HR2600 Budget Overview for South Dakota State Lead Center

	Center Management	Indirect Cost	Administrative Cost	Total
Year 1:	$ 3,945,573	$ 789,115	$ 98,369	$ 4,833,327
Year 2:	$6,780,574	$ 1,356,115	$ 169,514	$ 8,306,203
Year 3:	$6,780,574	$ 1,356,115	$ 169,514	$ 8,306,203
Year 4:	$ 5,424,459	$ 1,084,892	$ 135,611	$ 6,644,963
Year 5:	$ 4,068,345	$ 813,669	$ 101,709	$ 4,983,722
Year 6:	$ 2,712,230	$ 542,446	$ 67,806	$ 3,322,481
Year 7:	$ 1,356,115	$ 271,223	$ 33,903	$ 1,661,241
TOTAL:				**$ 38,058,140**

South Dakota continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
STATE LEAD CENTER MANAGEMENT			
Program Director:	$ 68,000	$ 68,000	$ 68,000
Program Director Assistant:	$ 42,692	$ 42,692	$ 42,692
State Director:	$ 109,780	$ 146,373	$ 146,373
Associate State Director:	$ 50,316	$ 67,008	$ 67,008
State Epidemiologist:	$ 82,335	$ 109,780	$ 109,780
State Epidemiologist Assistant:	$ 41,168	$ 54,890	$ 54,890
State Scientific Investigation Research Coordinator:	$ 59,464	$ 79,286	$ 79,286
State Scientific Investigation Research Assistant:	$ 109,780 (3)	$ 146,373 (3)	$ 146,373 (3)
State Education/Training Coordinator (+ materials):	$ 67,610	$ 90,147	$ 90,147
State General Counsel:	$ 91,483	$ 121,978	$ 121,978
State IT Manager:	$ 54,890	$ 73,187	$ 73,187
State Family Support Coordinator:	$ 82,335	$ 109,780	$ 109,780
State Prevention/Awareness Coordinator:	$ 50,316	$ 67,088	$ 67,088
State Acute Care Coordinator:	$ 50,316	$ 67,088	$ 67,088
State Reintegration Coordinator:	$ 50,316	$ 67,088	$ 67,088
State Adult Transition Coordinator:	$ 50,316	$ 67,088	$ 67,088
State “Mild” TBI Coordinator:	$ 50,316	$ 67,088	$ 67,088
State Mental Health Coordinator:	$ 50,316	$ 67,088	$ 67,088
State Assistive/Emerging Technology Coordinator:	$ 50,316	$ 67,088	$ 67,088
State Correctional System Coordinator:	$ 50,316	$ 67,088	$ 67,088
State MISC Coordinator:	$ 50,316	$ 67,088	$ 67,088
State Veterans Coordinator:	$ 50,316	$ 67,088	$ 67,088
State Data Manager:	$ 54,890	$ 73,187	$ 73,187
State Public Policy Manager:	$ 59,464	$ 79,286	$ 79,286
State Community Relations Manager:	$ 45,742	$ 60,989	$ 60,989
State Administrative Support:	$ 192,115 (6)	$ 256,153 (6)	$ 256,153 (6)
Charity care:	$ 134,534	$ 179,379	$ 179,379
Human Resources Support:	$ 76,000	$ 88,000	$ 88,000
Training Support:	$ 19,000	$ 22,000	$ 22,000
Office Space Cost:	$ 137,629	$ 183,505	$ 183,505
Transportation/Travel:	$ 43,589	$ 58,119	$ 58,119
Office Equipment/Communications:	$ 170,700	$ 170,700	$ 170,700
Supplies:	$ 33,297	$ 44,396	$ 44,396
Annual and Regional Conferences:	$ 16,000	$ 16,000	$ 16,000
State Brain Injury Organization Pediatric Programs:	$ 89,690	$ 89,690	$ 89,690

South Dakota continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
CATEGORY OF CARE RESPONSIBILITY: "Mild" TBI			
Regional Category Director:	$ 109,780	$ 146,373	$ 146,373
Regional Category Epidemiologist:	$ 91,483	$ 121,978	$ 121,978
Regional Category Education/Training Coordinator:	$ 82,335	$ 109,780	$ 109,780
Regional Category Scientific Investigation Research:	$ 82,335	$ 109,780	$ 109,780
Regional Additional Technology:	$ 300,000	$ 0	$ 0
Regional Category Administrative Support:	$ 128,077 (4)	$ 170,769 (4)	$ 170,769 (4)
Regional Category Office Space Cost:	$ 33,365	$ 44,486	$ 44,486
Regional Category Transportation/Travel:	$ 67,500	$ 90,000	$ 90,000
Regional Category Office Equipment/Communications:	$ 16,800	$ 16,800	$ 16,800
Regional Category Supplies:	$ 8,072	$ 10,763	$ 10,763
CASE MANAGEMENT RESPONSIBILITY			
Level 1 Center Manager:	$ 48,791 (2)	$ 195,165 (2)	$ 195,165 (2)
Level 1 Center Field Specialist:	$ 39,643 (2)	$ 158,571 (2)	$ 158,571 (2)
Level 1 Center SJB Family Specialists/Research Asst:	$ 182,967 (12)	$ 1,219,778 (20)	$ 1,219,778 (20)
Level 1 Center Administrative Support :	$ 42,692 (4)	$ 170,769 (4)	$ 170,769 (4)
Level 1 Office Space Cost:	$ 9,417	$ 37,670	$ 37,670
Level 1 Transportation/Travel:	$ 6,294	$ 37,658	$ 37,658
Level 1 Office Equipment/Communications:	$ 72,800	$ 100,000	$ 100,000
Level 1 Supplies:	$ 8,745	$ 45,742	$ 45,742
Level 2 Center Field Specialists:	$ 19,821	$ 79,286	$ 79,286
Level 2 Center SJB Family Specialists/Research Asst:	$ 60,989 (4)	$ 365,933 (6)	$ 365,933 (6)
Level 2 Transportation/Travel:	$ 1,829	$ 10,436	$ 10,436
Level 2 Office Equipment/Communications:	$ 17,000	$ 23,800	$ 23,800
Level 2 Supplies:	$ 1,682	$ 9,417	$ 9,417
Level 3 Center SJB Family Specialists/Research Asst:	$ 60,989 (4)	$ 365,933 (6)	$ 365,933 (6)
Level 3 Transportation/Travel:	$ 1,560	$ 9,360	$ 9,360
Level 3 Office Equipment/Communications:	$ 13,600	$ 20,400	$ 20,400
Level 3 Supplies:	$ 1,345	$ 8,072	$ 8,072
State Lead Center Management Sub-Total:	**$ 2,435,662**	**$ 3,101,855**	**$ 3,101,855**
Category of Care Sub-Total:	**$ 919,747**	**$ 820,729**	**$ 820,729**
Case Management Sub-Total:	**$ 590,165**	**$ 2,857,990**	**$ 2,857,990**
Center Management Total:	**$ 3,945,573**	**$ 6,780,574**	**$ 6,780,574**

*** Salaries also include fringe benefits**

Sarah Jane Brain Family State Lead Center of Excellence
For the state of

Tennessee

University of Tennessee
www.utk.edu

REGION: Southeast

CATEGORY OF CARE: "Mild" TBI

Program Director: Kristin Anne King, Ph.D.
Position Title: Assistant Professor
Department: Audiology & Speech Pathology

Address: 1620 Melrose Avenue, Knoxville, TN 37996
Phone: 865-974-5277
Email: kking29@utk.edu

Level 1 Center(s): Knoxville, Nashville, Memphis
Level 2 Center(s): Chattanooga, Jackson
Level 3 Center(s): n/a

Number of jobs HR 2600 creates in Tennessee: 101

HR2600 Budget Overview for Tennessee State Lead Center

	Center Management	Indirect Cost	Administrative Cost	Total
Year 1:	$ 3,805,376	$ 761,075	$ 95,134	$ 4,661,586
Year 2:	$7,007,954	$ 1,401,591	$ 175,199	$ 8,584,744
Year 3:	$7,007,954	$ 1,401,591	$ 175,199	$ 8,584,744
Year 4:	$ 5,606,363	$ 1,121,273	$ 140,159	$ 6,867,795
Year 5:	$ 4,204,773	$ 840,955	$ 105,119	$ 5,150,846
Year 6:	$ 2,803,182	$ 560,636	$ 70,080	$ 3,433,898
Year 7:	$ 1,401,591	$ 280,318	$ 35,040	$ 1,716,949
TOTAL:				**$ 39,000,562**

Tennessee continued

Title/Description (# of positions if more than one)*	Year 1	Year 2	Year 3
STATE LEAD CENTER MANAGEMENT			
Program Director:	$ 40,960	$ 40,960	$ 40,960
Program Director Assistant:	$ 37,221	$ 37,221	$ 37,221
State Director:	$ 95,711	$ 127,615	$ 127,615
Associate State Director:	$ 43,868	$ 58,490	$ 58,490
State Epidemiologist:	$ 71,784	$ 95,711	$ 95,711
State Epidemiologist Assistant:	$ 35,892	$ 47,856	$ 47,856
State Scientific Investigation Research Coordinator:	$ 51,844	$ 69,125	$ 69,125
State Scientific Investigation Research Assistant:	$ 95,711 (3)	$ 127,615 (3)	$ 127,615 (3)
State Education/Training Coordinator (+ materials):	$ 114,797	$ 153,062	$ 153,062
State General Counsel:	$ 79,759	$ 106,346	$ 106,346
State IT Manager:	$ 47,856	$ 63,808	$ 63,808
State Family Support Coordinator:	$ 71,784	$ 95,711	$ 95,711
State Prevention/Awareness Coordinator:	$ 43,868	$ 58,490	$ 58,490
State Acute Care Coordinator:	$ 43,868	$ 58,490	$ 58,490
State Reintegration Coordinator:	$ 43,868	$ 58,490	$ 58,490
State Adult Transition Coordinator:	$ 43,868	$ 58,490	$ 58,490
State “Mild” TBI Coordinator:	$ 43,868	$ 58,490	$ 58,490
State Mental Health Coordinator:	$ 43,868	$ 58,490	$ 58,490
State Assistive/Emerging Technology Coordinator:	$ 43,868	$ 58,490	$ 58,490
State Correctional System Coordinator:	$ 43,868	$ 58,490	$ 58,490
State MISC Coordinator:	$ 43,868	$ 58,490	$ 58,490
State Veterans Coordinator:	$ 43,868	$ 58,490	$ 58,490
State Data Manager:	$ 47,856	$ 63,808	$ 63,808
State Public Policy Manager:	$ 51,844	$ 69,125	$ 69,125
State Community Relations Manager:	$ 39,880	$ 53,173	$ 53,173
State Administrative Support:	$ 167,495 (6)	$ 223,326 (6)	$ 223,326 (6)
Charity care:	$ 124,624	$ 166,166	$ 166,166
Human Resources Support:	$ 85,000	$ 101,000	$ 101,000
Training Support:	$ 21,250	$ 25,250	$ 25,250
Office Space Cost:	$ 127,491	$ 169,987	$ 169,987
Transportation/Travel:	$ 40,378	$ 53,838	$ 53,838
Office Equipment/Communications:	$ 170,700	$ 170,700	$ 170,700
Supplies:	$ 30,844	$ 41,126	$ 41,126
Annual and Regional Conferences:	$ 16,000	$ 16,000	$ 16,000
State Brain Injury Organization Pediatric Programs:	$ 83,083	$ 83,083	$ 83,083

Tennessee continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
CATEGORY OF CARE RESPONSIBILITY: "Mild" TBI			
Regional Category Director:	$ 95,711	$ 127,615	$ 127,615
Regional Category Epidemiologist:	$ 79,759	$ 106,346	$ 106,346
Regional Category Education/Training Coordinator:	$ 71,784	$ 95,711	$ 95,711
Regional Category Scientific Investigation Research:	$ 71,784	$ 95,711	$ 95,711
Regional Additional Technology:	$ 300,000	$ 0	$ 0
Regional Category Administrative Support:	$ 111,663 (4)	$ 148,884 (4)	$ 148,884 (4)
Regional Category Office Space Cost:	$ 30,907	$ 41,209	$ 41,209
Regional Category Transportation/Travel:	$ 67,500	$ 90,000	$ 90,000
Regional Category Office Equipment/Communications:	$ 16,800	$ 16,800	$ 16,800
Regional Category Supplies:	$ 7,477	$ 9,970	$ 9,970
CASE MANAGEMENT RESPONSIBILITY			
Level 1 Center Manager:	$ 63,808 (3)	$ 255,230 (3)	$ 255,230 (3)
Level 1 Center Field Specialist:	$ 51,844 (3)	$ 207,375 (3)	$ 207,375 (3)
Level 1 Center SJB Family Specialists/Research Asst:	$ 239,278 (18)	$ 1,595,189 (30)	$ 1,595,189 (30)
Level 1 Center Administrative Support :	$ 55,832 (6)	$ 223,326 (6)	$ 223,326 (6)
Level 1 Office Space Cost:	$ 8,724	$ 34,895	$ 34,895
Level 1 Transportation/Travel:	$ 9,263	$ 55,773	$ 55,773
Level 1 Office Equipment/Communications:	$ 98,700	$ 139,500	$ 139,500
Level 1 Supplies:	$ 10,593	$ 57,327	$ 57,327
Level 2 Center Field Specialists:	$ 34,562 (2)	$ 138,250 (2)	$ 138,250 (2)
Level 2 Center SJB Family Specialists/Research Asst:	$ 106,346 (8)	$ 638,076 (12)	$ 638,076 (12)
Level 2 Transportation/Travel:	$ 3,618	$ 20,714	$ 20,714
Level 2 Office Equipment/Communications:	$ 34,000	$ 47,600	$ 47,600
Level 2 Supplies:	$ 3,116	$ 17,447	$ 17,447
Level 3 Center SJB Family Specialists/Research Asst:	n/a	n/a	n/a
Level 3 Transportation/Travel:	n/a	n/a	n/a
Level 3 Office Equipment/Communications:	n/a	n/a	n/a
Level 3 Supplies:	n/a	n/a	n/a
State Lead Center Management Sub-Total:	**$ 2,232,307**	**$ 2,845,005**	**$ 2,845,005**
Category of Care Sub-Total:	**$ 853,385**	**$ 732,247**	**$ 732,247**
Case Management Sub-Total:	**$ 719,684**	**$ 3,430,702**	**$ 3,430,702**
Center Management Total:	**$ 3,805,376**	**$ 7,007,954**	**$ 7,007,954**

*** Salaries also include fringe benefits**

Sarah Jane Brain Family State Lead Center of Excellence
For the State of

Texas

Center for BrainHealth / The University of Texas at Dallas
www.brainhealth.utdallas.edu

REGION: South-Central

CATEGORY OF CARE: The Virtual Center
National Lead Center

Program Director: Sandra Chapman, Ph.D. **Position Title:** Professor
Department: Department of Behavioral and Brain Sciences

Address: 2200 West Mockingbird Lane, Dallas, TX 75235
Phone: 214-905-3007
Email: schapman@utdallas.edu

Level 1 Center(s): Dallas-Fort Worth, Houston, San Antonio, Austin, El Paso
Level 2 Center(s): Waco/Killeen/Temple/Fort Hood, Corpus Christi, Tyler/Longview, Lubbock, Midland/Odessa, Laredo, Bryan/College Station, Abilene
Level 3 Center(s): Amarillo, Galveston/Beaumont, McAllen, San Angelo

Number of jobs HR 2600 creates in Texas: 200

HR2600 Budget Overview for Texas State Lead Center

	Center Management	Indirect Cost	Administrative Cost	Total
Year 1:	$ 46,329,134	$ 9,265,827	$ 1,158,228	$ 56,753,189
Year 2:	$ 27,887,256	$ 5,577,451	$ 697,181	$ 34,161,888
Year 3:	$ 27,887,256	$ 5,577,451	$ 697,181	$ 34,161,888
Year 4:	$ 22,709,805	$ 3,633,569	$ 454,196	$ 26,797,569
Year 5:	$ 17,782,353	$ 2,133,882	$ 266,735	$ 20,182,971
Year 6:	$ 12,854,902	$ 1,028,392	$ 128,549	$ 14,011,844
Year 7:	$ 6,177,451	$ 247,098	$ 30,887	$ 6,455,436
TOTAL:				**$ 192,524,785**

Texas continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
STATE LEAD CENTER MANAGEMENT			
Program Director:	$ 38,400	$ 38,400	$ 38,400
Program Director Assistant:	$ 43,050	$ 43,050	$ 43,050
State Director:	$ 147,599	$ 147,599	$ 147,599
Associate State Director:	$ 67,650	$ 67,650	$ 67,650
State Epidemiologist:	$ 110,699	$ 110,699	$ 110,699
State Epidemiologist Assistant:	$ 55,350	$ 55,350	$ 55,350
State Scientific Investigation Research Coordinator:	$ 79,950	$ 79,950	$ 79,950
State Scientific Investigation Research Assistant:	$ 147,599 (3)	$ 147,599 (3)	$ 147,599 (3)
State Education/Training Coordinator (+ materials):	$ 408,507	$ 408,507	$ 408,507
State General Counsel:	$ 122,999	$ 122,999	$ 122,999
State IT Manager:	$ 73,800	$ 73,800	$ 73,800
State Family Support Coordinator:	$ 110,699	$ 110,699	$ 110,699
State Prevention/Awareness Coordinator:	$ 67,650	$ 67,650	$ 67,650
State Acute Care Coordinator:	$ 67,650	$ 67,650	$ 67,650
State Reintegration Coordinator:	$ 67,650	$ 67,650	$ 67,650
State Adult Transition Coordinator:	$ 67,650	$ 67,650	$ 67,650
State “Mild” TBI Coordinator:	$ 67,650	$ 67,650	$ 67,650
State Mental Health Coordinator:	$ 67,650	$ 67,650	$ 67,650
State Assistive/Emerging Technology Coordinator:	$ 67,650	$ 67,650	$ 67,650
State Correctional System Coordinator:	$ 67,650	$ 67,650	$ 67,650
State MISC Coordinator:	$ 67,650	$ 67,650	$ 67,650
State Veterans Coordinator:	$ 67,650	$ 67,650	$ 67,650
State Data Manager:	$ 73,800	$ 73,800	$ 73,800
State Public Policy Manager:	$ 79,950	$ 79,950	$ 79,950
State Community Relations Manager:	$ 61,500	$ 61,500	$ 61,500
State Administrative Support:	$ 258,299 (6)	$ 258,299 (6)	$ 258,299 (6)
Charity care:	$ 192,187	$ 192,187	$ 192,187
Human Resources Support:	$ 160,000	$ 200,000	$ 200,000
Training Support:	$ 40,000	$ 50,000	$ 50,000
Office Space Cost:	$ 196,607	$ 196,607	$ 196,607
Transportation/Travel:	$ 62,268	$ 62,268	$ 62,268
Office Equipment/Communications:	$ 170,700	$ 170,700	$ 170,700
Supplies:	$ 47,566	$ 47,566	$ 47,566
Annual and Regional Conferences:	$ 16,000	$ 16,000	$ 16,000
State Brain Injury Organization Pediatric Programs:	$ 96,093	$ 96,093	$ 96,093

Texas continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
CATEGORY OF CARE RESPONSIBILITY: The Virtual Center			
National Category Director:	$ 224,000	$ 224,000	$ 224,000
National Category Epidemiologist:	$ 192,000	$ 192,000	$ 192,000
National Category Education/Training Coordinator:	$ 160,000	$ 160,000	$ 160,000
National Category Scientific Investigation Research:	$ 160,000	$ 160,000	$ 160,000
National Virtual Center Positions:	$ 4,000,000 (5)	$ 4,000,000 (5)	$ 4,000,000 (5)
Additional Technology (The Virtual Center):	$36,500,000	$ 12,000,000	$ 12,000,000
(Year 4 = $ 10,000,000; Year 5 = $ 8,250,000; Year 6 = $ 6,500,000; Year 7 = $ 3,000,000)			
Regional Category Director:	$ 147,599	$ 147,599	$ 147,599
Regional Category Epidemiologist:	$ 122,999	$ 122,999	$ 122,999
Regional Category Education/Training Coordinator:	$ 110,699	$ 110,699	$ 110,699
Regional Category Scientific Investigation Research:	$ 110,699	$ 110,699	$ 110,699
Regional Category Administrative Support:	$ 172,199 (4)	$ 172,199 (4)	$ 172,199 (4)
Regional Virtual Center Positions:	$ 418,198 (12)	$ 418,198 (12)	$ 418,198 (12)
Regional Category Office Space Cost:	$ 172,776	$ 172,776	$ 172,776
Regional Category Transportation/Travel:	$ 90,000	$ 90,000	$ 90,000
Regional Category Office Equipment/Communications:	$ 60,900	$ 60,900	$ 60,900
Regional Category Supplies:	$ 41,801	$ 41,801	$ 41,801
CASE MANAGEMENT RESPONSIBILITY			
Level 1 Center Manager:	$ 245,999 (5)	$ 491,998 (5)	$ 491,998 (5)
Level 1 Center Field Specialist:	$ 199,874 (5)	$ 399,748 (5)	$ 399,748 (5)
Level 1 Center SJB Family Specialists/Research Asst:	$ 922,495 (30)	$ 3,074,985(50)	$ 3,074,985(50)
Level 1 Center Administrative Support :	$ 215,249 (10)	$ 430,498 (4)	$ 430,498 (4)
Level 1 Office Space Cost:	$ 20,180	$ 40,359	$ 40,359
Level 1 Transportation/Travel:	$ 32,048	$ 95,297	$ 95,297
Level 1 Office Equipment/Communications:	$ 150,000	$ 218,500	$ 218,500
Level 1 Supplies:	$ 36,035	$ 100,898	$ 100,898
Level 2 Center Field Specialists:	$ 319,798 (8)	$ 639,597 (8)	$ 639,597 (8)
Level 2 Center SJB Family Specialists/Research Asst:	$ 983,995 (32)	$ 2,951,985(48)	$ 2,951,985(48)
Level 2 Transportation/Travel:	$ 29,572	$ 84,105	$ 84,105
Level 2 Office Equipment/Communications:	$ 136,000	$ 190,400	$ 190,400
Level 2 Supplies:	$ 28,828	$ 80,718	$ 80,718
Level 3 Center SJB Family Specialists/Research Asst:	$ 245,999 (8)	$ 737,996 (12)	$ 737,996 (12)
Level 3 Transportation/Travel:	$ 6,240	$ 18,720	$ 18,720
Level 3 Office Equipment/Communications:	$ 27,200	$ 40,800	$ 40,800
Level 3 Supplies:	$ 5,766	$ 17,297	$ 17,297
State Lead Center Management Sub-Total:	**$ 3,537,768**	**$ 3,721,140**	**$ 3,721,140**
Category of Care Sub-Total:	**$ 39,185,588**	**$ 2,200,151**	**$ 2,200,151**
Case Management Sub-Total:	**$ 3,605,778**	**$ 9,613,900**	**$ 9,613,900**
Center Management Total:	**$ 46,329,134**	**$ 27,887,256**	**$ 27,887,256**

*** Salaries also include fringe benefits**

Sarah Jane Brain Family State Lead Center of Excellence
For the state of

Utah

University of Utah
www.utah.edu

REGION: Rocky Mountain

CATEGORY OF CARE: Acute Care

Program Director: Kimberly Statler, M.D., MPH
Position Title: Assistant Professor
Department: Pediatrics

Address: 30 N. 1900 E., Salt Lake City, UT 84132
Phone: 801-662-2466
Email: kim.statler@hsc.utah.edu

Level 1 Center(s): Salt Lake City
Level 2 Center(s): Ogden, Provo, St. George
Level 3 Center(s): Logan, Richfield, Blanding

Number of jobs HR 2600 creates in Utah: 93

HR2600 Budget Overview for Utah State Lead Center

	Center Management	Indirect Cost	Administrative Cost	Total
Year 1:	$ 4,386,647	$ 877,329	$ 109,666	$ 5,373,643
Year 2:	$8,392,876	$ 1,678,575	$ 209,822	$ 10,281,273
Year 3:	$8,392,876	$ 1,678,575	$ 209,822	$ 10,281,273
Year 4:	$ 6,714,301	$ 1,342,860	$ 167,858	$ 8,225,018
Year 5:	$ 5,035,725	$ 1,007,145	$ 125,893	$ 6,168,764
Year 6:	$ 3,357,150	$ 671,430	$ 83,929	$ 4,112,509
Year 7:	$ 1,678,575	$ 335,715	$ 41,964	$ 2,056,255
TOTAL:				**$ 46,498,735**

Utah continued

Title/Description (# of positions if more than one)*	Year 1	Year 2	Year 3
STATE LEAD CENTER MANAGEMENT			
Program Director:	$ 60,750	$ 60,750	$ 60,750
Program Director Assistant:	$ 51,856	$ 51,856	$ 51,856
State Director:	$ 133,345	$ 177,793	$ 177,793
Associate State Director:	$ 61,116	$ 81,489	$ 81,489
State Epidemiologist:	$ 100,009	$ 133,345	$ 133,345
State Epidemiologist Assistant:	$ 50,004	$ 66,672	$ 66,672
State Scientific Investigation Research Coordinator:	$ 72,229	$ 96,305	$ 96,305
State Scientific Investigation Research Assistant:	$ 133,345 (3)	$ 177,793 (3)	$ 177,793 (3)
State Education/Training Coordinator (+ materials):	$ 99,947	$ 133,263	$ 133,263
State General Counsel:	$ 111,121	$ 148,161	$ 148,161
State IT Manager:	$ 66,672	$ 88,897	$ 88,897
State Family Support Coordinator:	$ 100,009	$ 133,345	$ 133,345
State Prevention/Awareness Coordinator:	$ 61,116	$ 81,489	$ 81,489
State Acute Care Coordinator:	$ 61,116	$ 81,489	$ 81,489
State Reintegration Coordinator:	$ 61,116	$ 81,489	$ 81,489
State Adult Transition Coordinator:	$ 61,116	$ 81,489	$ 81,489
State “Mild” TBI Coordinator:	$ 61,116	$ 81,489	$ 81,489
State Mental Health Coordinator:	$ 61,116	$ 81,489	$ 81,489
State Assistive/Emerging Technology Coordinator:	$ 61,116	$ 81,489	$ 81,489
State Correctional System Coordinator:	$ 61,116	$ 81,489	$ 81,489
State MISC Coordinator:	$ 61,116	$ 81,489	$ 81,489
State Veterans Coordinator:	$ 61,116	$ 81,489	$ 81,489
State Data Manager:	$ 66,672	$ 88,897	$ 88,897
State Public Policy Manager:	$ 72,229	$ 96,305	$ 96,305
State Community Relations Manager:	$ 55,560	$ 74,081	$ 74,081
State Administrative Support:	$ 233,354 (6)	$ 311,138 (6)	$ 311,138 (6)
Charity care:	$ 164,623	$ 219,148	$ 219,148
Human Resources Support:	$ 80,000	$ 93,000	$ 93,000
Training Support:	$ 20,000	$ 23,250	$ 23,250
Office Space Cost:	$ 168,410	$ 224,546	$ 224,546
Transportation/Travel:	$ 48,600	$ 64,800	$ 64,800
Office Equipment/Communications:	$ 170,700	$ 170,700	$ 170,700
Supplies:	$ 40,744	$ 54,326	$ 54,326
Annual and Regional Conferences:	$ 16,000	$ 16,000	$ 16,000
State Brain Injury Organization Pediatric Programs:	$ 109,749	$ 109,749	$ 109,749

Utah continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
CATEGORY OF CARE RESPONSIBILITY: Acute Care			
Regional Category Director:	$ 133,345	$ 177,793	$ 177,793
Regional Category Epidemiologist:	$ 111,121	$ 148,161	$ 148,161
Regional Category Education/Training Coordinator:	$ 100,009	$ 133,345	$ 133,345
Regional Category Scientific Investigation Research:	$ 100,009	$ 133,345	$ 133,345
Regional Category Administrative Support:	$ 155,569 (4)	$ 207,425 (4)	$ 207,425 (4)
Regional Category Office Space Cost:	$ 40,827	$ 54,435	$ 54,435
Regional Category Transportation/Travel:	$ 67,500	$ 90,000	$ 90,000
Regional Category Office Equipment/Communications:	$ 16,800	$ 16,800	$ 16,800
Regional Category Supplies:	$ 9,877	$ 13,170	$ 13,170
CASE MANAGEMENT RESPONSIBILITY			
Level 1 Center Manager:	$ 29,632	$ 118,529	$ 118,529
Level 1 Center Field Specialist:	$ 24,076	$ 96,305	$ 96,305
Level 1 Center SJB Family Specialists/Research Asst:	$ 111,121 (6)	$ 740,805 (10)	$ 740,805 (10)
Level 1 Center Administrative Support :	$ 25,928 (2)	$ 103,713 (2)	$ 103,713 (2)
Level 1 Office Space Cost:	$ 11,254	$ 46,095	$ 46,095
Level 1 Transportation/Travel:	$ 3,240	$ 19,200	$ 19,200
Level 1 Office Equipment/Communications:	$ 46,900	$ 60,500	$ 60,500
Level 1 Supplies:	$ 7,408	$ 36,217	$ 36,217
Level 2 Center Field Specialists:	$ 72,229 (3)	$ 288,914 (3)	$ 288,914 (3)
Level 2 Center SJB Family Specialists/Research Asst:	$ 222,242 (12)	$ 1,333,449 (18)	$ 1,333,449 (18)
Level 2 Transportation/Travel:	$ 5,580	$ 31,680	$ 31,680
Level 2 Office Equipment/Communications:	$ 51,000	$ 71,400	$ 71,400
Level 2 Supplies:	$ 6,173	$ 34,571	$ 34,571
Level 3 Center SJB Family Specialists/Research Asst:	$ 111,121 (6)	$ 666,725 (9)	$ 666,725 (9)
Level 3 Transportation/Travel:	$ 2,340	$ 14,040	$ 14,040
Level 3 Office Equipment/Communications:	$ 20,400	$ 30,600	$ 30,600
Level 3 Supplies:	$ 2,469	$ 14,816	$ 14,816
State Lead Center Management Sub-Total:	**$ 2,898,208**	**$ 3,710,843**	**$ 3,710,843**
Category of Care Sub-Total:	**$ 735,056**	**$ 947,475**	**$ 947,475**
Case Management Sub-Total:	**$ 753,383**	**$ 3,707,558**	**$ 3,707,558**
Center Management Total:	**$ 4,386,647**	**$ 8,392,876**	**$ 8,392,876**

*** Salaries also include fringe benefits**

Sarah Jane Brain Family State Lead Center of Excellence
For the state of

Vermont

University of Vermont
www.med.uvm.edu

REGION: Northeast

CATEGORY OF CARE: "Mild" TBI

Program Director: James Hudziak, M.D.
Position Title: Professor
Department: Pediatrics

Address: 1 S. Prospect Street, North Burlington, VT 05401
Phone: 802-656-1084
Email: James.Hudziak@uvm.edu

Level 1 Center(s): Burlington (Fletcher Allen Health Care)
Level 2 Center(s): Rutland (Rutland Regional Medical Center), Brattleboro (Brattleboro Memorial Medical Center)
Level 3 Center(s): St. Johnsbury (Northeastern Vermont Regional Hospital), Berlin (Central Vermont Medical Center)

Number of jobs HR 2600 creates in Vermont: 83

HR2600 Budget Overview for Vermont State Lead Center

	Center Management	Indirect Cost	Administrative Cost	Total
Year 1:	$ 4,429,671	$ 885,934	$ 110,742	$ 5,462,347
Year 2:	$7,298,208	$ 1,459,642	$ 182,455	$ 8,940,305
Year 3:	$7,298,208	$ 1,459,642	$ 182,455	$ 8,940,305
Year 4:	$ 5,838,566	$ 1,167,713	$ 145,964	$ 7,152,244
Year 5:	$ 4,378,925	$ 875,785	$ 109,473	$ 5,364,183
Year 6:	$ 2,919,283	$ 583,857	$ 72,982	$ 3,576,122
Year 7:	$ 1,459,642	$ 291,928	$ 36,491	$ 1,788,061
TOTAL:				**$ 41,223,567**

Vermont continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
STATE LEAD CENTER MANAGEMENT			
Program Director:	$ 193,985	$ 193,985	$ 193,985
Program Director Assistant:	$ 49,378	$ 49,378	$ 49,378
State Director:	$ 126,972	$ 169,296	$ 169,296
Associate State Director:	$ 58,196	$ 77,594	$ 77,594
State Epidemiologist:	$ 95,229	$ 126,972	$ 126,972
State Epidemiologist Assistant:	$ 47,615	$ 63,486	$ 63,486
State Scientific Investigation Research Coordinator:	$ 68,777	$ 91,702	$ 91,702
State Scientific Investigation Research Assistant:	$ 126,972 (3)	$ 169,296 (3)	$ 177,793 (3)
State Education/Training Coordinator (+ materials):	$ 75,070	$ 100,093	$ 100,093
State General Counsel:	$ 105,810	$ 141,080	$ 141,080
State IT Manager:	$ 63,486	$ 84,648	$ 84,648
State Family Support Coordinator:	$ 95,229	$ 126,972	$ 126,972
State Prevention/Awareness Coordinator:	$ 58,196	$ 77,594	$ 77,594
State Acute Care Coordinator:	$ 58,196	$ 77,594	$ 77,594
State Reintegration Coordinator:	$ 58,196	$ 77,594	$ 77,594
State Adult Transition Coordinator:	$ 58,196	$ 77,594	$ 77,594
State “Mild” TBI Coordinator:	$ 58,196	$ 77,594	$ 77,594
State Mental Health Coordinator:	$ 58,196	$ 77,594	$ 77,594
State Assistive/Emerging Technology Coordinator:	$ 58,196	$ 77,594	$ 77,594
State Correctional System Coordinator:	$ 58,196	$ 77,594	$ 77,594
State MISC Coordinator:	$ 58,196	$ 77,594	$ 77,594
State Veterans Coordinator:	$ 58,196	$ 77,594	$ 77,594
State Data Manager:	$ 63,486	$ 84,648	$ 84,648
State Public Policy Manager:	$ 68,777	$ 91,702	$ 91,702
State Community Relations Manager:	$ 52,905	$ 70,540	$ 70,540
State Administrative Support:	$ 222,201 (6)	$ 296,268 (6)	$ 296,268 (6)
Charity care:	$ 150,000	$ 200,000	$ 200,000
Human Resources Support:	$ 73,000	$ 83,000	$ 83,000
Training Support:	$ 18,250	$ 20,750	$ 20,750
Office Space Cost:	$ 153,450	$ 204,600	$ 204,600
Transportation/Travel:	$ 48,600	$ 64,800	$ 64,800
Office Equipment/Communications:	$ 170,700	$ 170,700	$ 170,700
Supplies:	$ 37,125	$ 49,500	$ 49,500
Annual and Regional Conferences:	$ 16,000	$ 16,000	$ 16,000
State Brain Injury Organization Pediatric Programs:	$ 100,000	$ 100,000	$ 100,000

Vermont continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
CATEGORY OF CARE RESPONSIBILITY: "Mild" TBI			
Regional Category Director:	$ 126,972	$ 169,296	$ 169,296
Regional Category Epidemiologist:	$ 105,810	$ 141,080	$ 141,080
Regional Category Education/Training Coordinator:	$ 95,229	$ 126,972	$ 126,972
Regional Category Scientific Investigation Research:	$ 95,229	$ 126,972	$ 126,972
Regional Additional Technology:	$ 300,000	n/a	n/a
Regional Category Administrative Support:	$ 148,134 (4)	$ 197,512 (4)	$ 197,512 (4)
Regional Category Office Space Cost:	$ 37,200	$ 49,600	$ 49,600
Regional Category Transportation/Travel:	$ 67,500	$ 90,000	$ 90,000
Regional Category Office Equipment/Communications:	$ 16,800	$ 16,800	$ 16,800
Regional Category Supplies:	$ 9,000	$ 12,000	$ 12,000
CASE MANAGEMENT RESPONSIBILITY			
Level 1 Center Manager:	$ 28,216	$ 112,864	$ 112,864
Level 1 Center Field Specialist:	$ 22,926	$ 91,702	$ 91,702
Level 1 Center SJB Family Specialists/Research Asst:	$ 105,810 (6)	$ 705,400 (10)	$ 705,400 (10)
Level 1 Center Administrative Support :	$ 24,689 (2)	$ 98,756 (2)	$ 98,756 (2)
Level 1 Office Space Cost:	$ 10,500	$ 42,000	$ 42,000
Level 1 Transportation/Travel:	$ 3,240	$ 19,200	$ 19,200
Level 1 Office Equipment/Communications:	$ 46,900	$ 60,500	$ 60,500
Level 1 Supplies:	$ 6,750	$ 33,000	$ 33,000
Level 2 Center Field Specialists:	$ 45,851 (2)	$ 183,404 (2)	$ 183,404 (2)
Level 2 Center SJB Family Specialists/Research Asst:	$ 141,080 (8)	$ 846,480 (12)	$ 846,480 (12)
Level 2 Transportation/Travel:	$ 3,720	$ 21,120	$ 21,120
Level 2 Office Equipment/Communications:	$ 34,000	$ 47,600	$ 47,600
Level 2 Supplies:	$ 3,750	$ 21,000	$ 21,000
Level 3 Center SJB Family Specialists/Research Asst:	$ 70,540 (4)	$ 423,240 (6)	$ 423,240 (6)
Level 3 Transportation/Travel:	$ 1,560	$ 9,360	$ 9,360
Level 3 Office Equipment/Communications:	$ 13,600	$ 20,400	$ 20,400
Level 3 Supplies:	$ 1,500	$ 9,000	$ 9,000
State Lead Center Management Sub-Total:	**$ 2,863,166**	**$ 3,622,950**	**$ 3,622,950**
Category of Care Sub-Total:	**$ 1,001,874**	**$ 930,232**	**$ 930,232**
Case Management Sub-Total:	**$ 564,632**	**$ 2,745,026**	**$ 2,745,026**
Center Management Total:	**$ 4,429,671**	**$ 7,298,208**	**$ 7,298,208**

*** Salaries also include fringe benefits**

Sarah Jane Brain Family State Lead Center of Excellence
For the commonwealth of

Virginia

Department of Pediatrics/Developmental Medicine at the School of Medicine University of Virginia/University of Virginia Children's Hospital
www.virginia.edu

REGION: Mid-Atlantic

CATEGORY OF CARE: The Virtual Center

Program Director: Peter Patrick, Ph.D., M.S.

Position Title: Pediatric Neuropsychologist, Emeritus Associate Professor

Department: Pediatrics

Address: 2270 Ivy Road, University, VA 22903
Phone: 434-924-5411
Email: peterpatrick@embarqmail.com

Level 1 Center(s): Charlottesville, Hampton Roads
Level 2 Center(s): Roanoke, Fairfax, Richmond, NE Virginia, Southcentral Virginia
Level 3 Center(s): Rural Southern Virginia, Shenandoah Valley

Number of jobs HR 2600 creates in Virginia: 117

HR2600 Budget Overview for Virginia State Lead Center

	Center Management	Indirect Cost	Administrative Cost	Total
Year 1:	$ 5,336,386	$ 1,067,277	$ 133,410	$ 6,537,073
Year 2:	$11,384,720	$ 2,276,944	$ 284,618	$ 13,946,282
Year 3:	$11,384,720	$ 2,276,944	$ 284,618	$ 13,946,282
Year 4:	$ 9,107,776	$ 1,821,555	$ 227,694	$ 11,157,026
Year 5:	$ 6,830,832	$ 1,366,166	$ 170,771	$ 8,367,769
Year 6:	$ 4,553,888	$ 910,778	$ 113,847	$ 5,578,513
Year 7:	$ 2,276,944	$ 455,389	$ 56,924	$ 2,789,256
TOTAL:				**$ 62,322,201**

Virginia continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
STATE LEAD CENTER MANAGEMENT			
Program Director:	$ 59,783	$ 59,783	$ 59,783
Program Director Assistant:	$ 54,931	$ 54,931	$ 54,931
State Director:	$ 141,251	$ 188,335	$ 188,335
Associate State Director:	$ 64,740	$ 86,320	$ 86,320
State Epidemiologist:	$ 105,939	$ 141,251	$ 141,251
State Epidemiologist Assistant:	$ 52,969	$ 70,626	$ 70,626
State Scientific Investigation Research Coordinator:	$ 76,511	$ 102,015	$ 102,015
State Scientific Investigation Research Assistant:	$ 141,251 (3)	$ 188,335 (3)	$ 188,335 (3)
State Education/Training Coordinator (+ materials):	$ 155,208	$ 206,943	$ 206,943
State General Counsel:	$ 117,710	$ 156,946	$ 156,946
State IT Manager:	$ 70,626	$ 94,168	$ 94,168
State Family Support Coordinator:	$ 105,939	$ 141,251	$ 141,251
State Prevention/Awareness Coordinator:	$ 64,740	$ 86,320	$ 86,320
State Acute Care Coordinator:	$ 64,740	$ 86,320	$ 86,320
State Reintegration Coordinator:	$ 64,740	$ 86,320	$ 86,320
State Adult Transition Coordinator:	$ 64,740	$ 86,320	$ 86,320
State “Mild” TBI Coordinator:	$ 64,740	$ 86,320	$ 86,320
State Mental Health Coordinator:	$ 64,740	$ 86,320	$ 86,320
State Assistive/Emerging Technology Coordinator:	$ 64,740	$ 86,320	$ 86,320
State Correctional System Coordinator:	$ 64,740	$ 86,320	$ 86,320
State MISC Coordinator:	$ 64,740	$ 86,320	$ 86,320
State Veterans Coordinator:	$ 64,740	$ 86,320	$ 86,320
State Data Manager:	$ 70,626	$ 94,168	$ 94,168
State Public Policy Manager:	$ 76,511	$ 102,015	$ 102,015
State Community Relations Manager:	$ 58,855	$ 78,473	$ 78,473
State Administrative Support:	$ 247,190 (6)	$ 329,587 (6)	$ 329,587 (6)
Charity care:	$ 177,207	$ 236,276	$ 236,276
Human Resources Support:	$ 97,000	$ 117,000	$ 117,000
Training Support:	$ 24,250	$ 29,250	$ 29,250
Office Space Cost:	$ 181,238	$ 241,710	$ 241,710
Transportation/Travel:	$ 48,600	$ 64,800	$ 64,800
Office Equipment/Communications:	$ 170,700	$ 170,700	$ 170,700
Supplies:	$ 43,859	$ 58,478	$ 58,478
Annual and Regional Conferences:	$ 16,000	$ 16,000	$ 16,000
State Brain Injury Organization Pediatric Programs:	$ 118,138	$ 118,138	$ 118,138

Virginia continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
CATEGORY OF CARE RESPONSIBILITY: The Virtual Center			
Regional Category Director:	$ 141,251	$ 188,335	$ 188,335
Regional Category Epidemiologist:	$ 117,710	$ 156,946	$ 156,946
Regional Category Education/Training Coordinator:	$ 105,939	$ 141,251	$ 141,251
Regional Category Scientific Investigation Research:	$ 105,939	$ 141,251	$ 141,251
Regional Additional (Business Development Manager):	$ 100,053	$ 133,404	$ 133,404
Regional Category Administrative Support:	$ 164,793 (4)	$ 219,725 (4)	$ 219,725 (4)
Regional Category Office Space Cost:	$ 49,411	$ 65,921	$ 65,921
Regional Category Transportation/Travel:	$ 67,500	$ 90,000	$ 90,000
Regional Category Office Equipment/Communications:	$ 18,900	$ 18,900	$ 18,900
Regional Category Supplies:	$ 11,961	$ 15,949	$ 15,949
CASE MANAGEMENT RESPONSIBILITY			
Level 1 Center Manager:	$ 62,778 (2)	$ 251,114 (2)	$ 251,114 (2)
Level 1 Center Field Specialist:	$ 51,007 (2)	$ 204,030 (2)	$ 204,030 (2)
Level 1 Center SJB Family Specialists/Research Asst:	$ 235,419 (12)	$1,569,461 (20)	$ 1,569,461 (20)
Level 1 Center Administrative Support :	$ 54,931 (4)	$ 219,725 (4)	$ 219,725 (4)
Level 1 Office Space Cost:	$ 12,404	$ 49,618	$ 49,618
Level 1 Transportation/Travel:	$ 6,480	$ 38,400	$ 38,400
Level 1 Office Equipment/Communications:	$ 72,800	$ 100,000	$ 100,000
Level 1 Supplies:	$ 11,518	$ 60,250	$ 60,250
Level 2 Center Field Specialists:	$ 127,519 (5)	$ 510,075 (5)	$ 510,075 (5)
Level 2 Center SJB Family Specialists/Research Asst:	$ 392,365 (20)	$2,354,192 (30)	$ 2,354,192 (30)
Level 2 Transportation/Travel:	$ 9,300	$ 52,800	$ 52,800
Level 2 Office Equipment/Communications:	$ 85,000	$ 119,000	$ 119,000
Level 2 Supplies:	$ 11,075	$ 62,022	$ 62,022
Level 3 Center SJB Family Specialists/Research Asst:	$ 78,473 (4)	$ 470,838 (6)	$ 470,838 (6)
Level 3 Transportation/Travel:	$ 1,560	$ 9,360	$ 9,360
Level 3 Office Equipment/Communications:	$ 13,600	$ 20,400	$ 20,400
Level 3 Supplies:	$ 1,772	$ 10,632	$ 10,632
State Lead Center Management Sub-Total:	**$ 3,124,478**	**$ 4,010,703**	**$ 4,010,703**
Category of Care Sub-Total:	**$ 983,904**	**$ 1,272,100**	**$ 1,272,100**
Case Management Sub-Total:	**$ 1,228,004**	**$ 6,101,917**	**$ 6,101,917**
Center Management Total:	**$ 5,336,386**	**$ 11,384,720**	**$ 11,384,720**

*** Salaries also include fringe benefits**

Sarah Jane Brain Family State Lead Center of Excellence
For the state of

Washington

University of Washington/Harborview Medical Center
www.uwmedicine.org/Facilities/Harborview

REGION: Pacific

CATEGORY OF CARE: Rural/Tele-health

Program Director: Monica Vavilala
Position Title: Associate Professor
Department: Anesthesiology & Pediatrics

Address: 325 Ninth Avenue, Seattle, WA 98104
Phone: 206-744-9454
Email: vavilala@u.washington.edu

Level 1 Center(s): Seattle, Spokane
Level 2 Center(s): Tacoma, Vancouver, Bellevue
Level 3 Center(s): Everett, Bellingham, Kennewick

Number of jobs HR 2600 creates in Washington: 105

HR2600 Budget Overview for Washington State Lead Center

	Center Management	Indirect Cost	Administrative Cost	Total
Year 1:	$ 4,610,723	$ 922,145	$ 115,268	$ 5,648,135
Year 2:	$9,502,482	$ 1,900,496	$ 237,562	$ 11,640,540
Year 3:	$9,502,482	$ 1,900,496	$ 237,562	$ 11,640,540
Year 4:	$ 7,601,985	$ 1,520,397	$ 190,050	$ 9,312,432
Year 5:	$ 5,701,489	$ 1,140,298	$ 142,537	$ 6,984,324
Year 6:	$ 3,800,993	$ 760,199	$ 95,025	$ 4,656,216
Year 7:	$ 1,900,496	$ 380,099	$ 47,512	$ 2,328,108
TOTAL:				**$ 52,210,295**

Washington continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
STATE LEAD CENTER MANAGEMENT			
Program Director:	$ 39,000	$ 39,000	$ 39,000
Program Director Assistant:	$ 51,232	$ 51,232	$ 51,232
State Director:	$ 131,740	$ 175,653	$ 175,653
Associate State Director:	$ 60,381	$ 80,508	$ 80,508
State Epidemiologist:	$ 98,805	$ 131,740	$ 131,740
State Epidemiologist Assistant:	$ 49,403	$ 65,870	$ 65,870
State Scientific Investigation Research Coordinator:	$ 71,359	$ 95,146	$ 95,146
State Scientific Investigation Research Assistant:	$ 131,740 (3)	$ 175,653 (3)	$ 175,653 (3)
State Education/Training Coordinator (+ materials):	$ 137,699	$ 183,599	$ 183,599
State General Counsel:	$ 109,783	$ 146,378	$ 146,378
State IT Manager:	$ 65,870	$ 87,827	$ 87,827
State Family Support Coordinator:	$ 98,805	$ 131,740	$ 131,740
State Prevention/Awareness Coordinator:	$ 60,381	$ 80,508	$ 80,508
State Acute Care Coordinator:	$ 60,381	$ 80,508	$ 80,508
State Reintegration Coordinator:	$ 60,381	$ 80,508	$ 80,508
State Adult Transition Coordinator:	$ 60,381	$ 80,508	$ 80,508
State “Mild” TBI Coordinator:	$ 60,381	$ 80,508	$ 80,508
State Mental Health Coordinator:	$ 60,381	$ 80,508	$ 80,508
State Assistive/Emerging Technology Coordinator:	$ 60,381	$ 80,508	$ 80,508
State Correctional System Coordinator:	$ 60,381	$ 80,508	$ 80,508
State MISC Coordinator:	$ 60,381	$ 80,508	$ 80,508
State Veterans Coordinator:	$ 60,381	$ 80,508	$ 80,508
State Data Manager:	$ 65,870	$ 87,827	$ 87,827
State Public Policy Manager:	$ 71,359	$ 95,146	$ 95,146
State Community Relations Manager:	$ 54,892	$ 73,189	$ 73,189
State Administrative Support:	$ 230,545 (6)	$ 307,393 (6)	$ 307,393 (6)
Charity care:	$ 168,897	$ 225,197	$ 225,197
Human Resources Support:	$ 88,000	$ 105,000	$ 105,000
Training Support:	$ 22,000	$ 26,250	$ 26,250
Office Space Cost:	$ 172,782	$ 230,376	$ 230,376
Transportation/Travel:	$ 48,600	$ 64,800	$ 64,800
Office Equipment/Communications:	$ 170,700	$ 170,700	$ 170,700
Supplies:	$ 41,802	$ 55,736	$ 55,736
Annual and Regional Conferences:	$ 16,000	$ 16,000	$ 16,000
State Brain Injury Organization Pediatric Programs:	$ 112,598	$ 112,598	$ 112,598

Washington continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
CATEGORY OF CARE RESPONSIBILITY: Rural/Tele-Health			
Regional Category Director:	$ 131,740	$ 175,653	$ 175,653
Regional Category Epidemiologist:	$ 109,783	$ 146,378	$ 146,378
Regional Category Education/Training Coordinator:	$ 98,805	$ 131,740	$ 131,740
Regional Category Scientific Investigation Research:	$ 98,805	$ 131,740	$ 131,740
Regional Additional Technology:	$ 2,000,000	$ 0	$ 0
Regional Category Administrative Support:	$ 153,697 (4)	$ 204,929 (4)	$ 204,929 (4)
Regional Category Office Space Cost:	$ 41,887	$ 55,489	$ 55,489
Regional Category Transportation/Travel:	$ 67,500	$ 90,000	$ 90,000
Regional Category Office Equipment/Communications:	$ 16,800	$ 16,800	$ 16,800
Regional Category Supplies:	$ 10,134	$ 13,512	$ 13,512
CASE MANAGEMENT RESPONSIBILITY			
Level 1 Center Manager:	$ 58,551 (2)	$ 234,204 (2)	$ 234,204 (2)
Level 1 Center Field Specialist:	$ 47,573 (2)	$ 190,291 (2)	$ 190,291 (2)
Level 1 Center SJB Family Specialists/Research Asst:	$ 219,567 (12)	$1,463,778 (20)	$ 1,463,778 (20)
Level 1 Center Administrative Support :	$ 51,232 (4)	$ 204,929 (4)	$ 204,929 (4)
Level 1 Office Space Cost:	$ 11,283	$ 47,291	$ 47,291
Level 1 Transportation/Travel:	$ 6,480	$ 38,400	$ 38,400
Level 1 Office Equipment/Communications:	$ 72,800	$ 100,000	$ 100,000
Level 1 Supplies:	$ 10,978	$ 57,425	$ 57,425
Level 2 Center Field Specialists:	$ 71,359 (3)	$ 285,437 (3)	$ 285,437 (3)
Level 2 Center SJB Family Specialists/Research Asst:	$ 219,567 (12)	$ 1,317,400 (18)	$ 1,317,400 (18)
Level 2 Transportation/Travel:	$ 5,580	$ 31,680	$ 31,680
Level 2 Office Equipment/Communications:	$ 51,000	$ 71,400	$ 71,400
Level 2 Supplies:	$ 6,334	$ 35,468	$ 35,468
Level 3 Center SJB Family Specialists/Research Asst:	$ 109,783 (6)	$ 658,700 (9)	$ 658,700 (9)
Level 3 Transportation/Travel:	$ 2,340	$ 14,040	$ 14,040
Level 3 Office Equipment/Communications:	$ 20,400	$ 30,600	$ 30,600
Level 3 Supplies:	$ 2,533	$ 15,201	$ 15,201
State Lead Center Management Sub-Total:	**$ 2,913,672**	**$ 3,739,635**	**$ 3,739,635**
Category of Care Sub-Total:	**$ 729,151**	**$ 966,601**	**$ 966,601**
Case Management Sub-Total:	**$ 967,900**	**$ 4,796,246**	**$ 4,796,246**
Center Management Total:	**$ 4,610,723**	**$ 9,502,482**	**$ 9,502,482**

*** Salaries also include fringe benefits**

Sarah Jane Brain Family State Lead Center of Excellence
For the state of

West Virginia

West Virginia Brain Injury Association
www.biausa.org/WVirginia

REGION: Mid-Atlantic

CATEGORY OF CARE: Rural/Tele-health

Program Director: Michael Davis, CBIS-CE

Position Title: President & Senior Case Manager

Address: 405 Capitol Street, Suite 612, Charleston, WV 25301
Phone: 304-345-7757
Email: mdavis@brainman.com

Level 1 Center(s): Morgantown, Charleston
Level 2 Center(s): Huntington, Parkersburg, Wheeling
Level 3 Center(s): n/a

Number of jobs HR 2600 creates in West Virginia: 96

HR2600 Budget Overview for West Virginia State Lead Center

	Center Management	Indirect Cost	Administrative Cost	Total
Year 1:	$ 5,121,115	$ 1,024,223	$ 128,028	$ 6,273,366
Year 2:	$6,010,723	$ 1,202,145	$ 150,268	$ 7,363,136
Year 3:	$6,010,723	$ 1,202,145	$ 150,268	$ 7,363,136
Year 4:	$ 4,808,578	$ 961,716	$ 120,214	$ 5,890,509
Year 5:	$ 3,606,434	$ 721,287	$ 90,161	$ 4,417,881
Year 6:	$ 2,404,289	$ 480,858	$ 60,107	$ 2,945,254
Year 7:	$ 1,202,145	$ 240,429	$ 30,054	$ 1,472,627
TOTAL:				**$ 35,725,909**

West Virginia continued

Title/Description (# of positions if more than one)*	Year 1	Year 2	Year 3
STATE LEAD CENTER MANAGEMENT			
Program Director:	$ 39,000	$ 39,000	$ 39,000
Program Director Assistant:	$ 33,916	$ 33,916	$ 33,916
State Director:	$ 87,212	$ 116,283	$ 116,283
Associate State Director:	$ 39,972	$ 53,296	$ 53,296
State Epidemiologist:	$ 65,409	$ 87,212	$ 87,212
State Epidemiologist Assistant:	$ 32,705	$ 43,606	$ 43,606
State Scientific Investigation Research Coordinator:	$ 47,420	$ 62,987	$ 62,987
State Scientific Investigation Research Assistant:	$ 87,212 (3)	$ 116,283 (3)	$ 116,283 (3)
State Education/Training Coordinator (+ materials):	$ 65,620	$ 87,493	$ 87,493
State General Counsel:	$ 72,677	$ 96,903	$ 96,903
State IT Manager:	$ 43,606	$ 58,142	$ 58,142
State Family Support Coordinator:	$ 65,409	$ 87,212	$ 87,212
State Prevention/Awareness Coordinator:	$ 39,972	$ 53,296	$ 53,296
State Acute Care Coordinator:	$ 39,972	$ 53,296	$ 53,296
State Reintegration Coordinator:	$ 39,972	$ 53,296	$ 53,296
State Adult Transition Coordinator:	$ 39,972	$ 53,296	$ 53,296
State “Mild” TBI Coordinator:	$ 39,972	$ 53,296	$ 53,296
State Mental Health Coordinator:	$ 39,972	$ 53,296	$ 53,296
State Assistive/Emerging Technology Coordinator:	$ 39,972	$ 53,296	$ 53,296
State Correctional System Coordinator:	$ 39,972	$ 53,296	$ 53,296
State MISC Coordinator:	$ 39,972	$ 53,296	$ 53,296
State Veterans Coordinator:	$ 39,972	$ 53,296	$ 53,296
State Data Manager:	$ 43,606	$ 58,142	$ 58,142
State Public Policy Manager:	$ 47,240	$ 62,987	$ 62,987
State Community Relations Manager:	$ 36,339	$ 48,451	$ 48,451
State Administrative Support:	$ 152,622 (6)	$ 203,496 (6)	$ 203,496 (6)
Charity care:	$ 111,811	$ 149,081	$ 149,081
Human Resources Support:	$ 82,000	$ 96,000	$ 96,000
Training Support:	$ 20,500	$ 24,000	$ 24,000
Office Space Cost:	$ 114,382	$ 152,510	$ 152,510
Transportation/Travel:	$ 36,227	$ 48,302	$ 48,302
Office Equipment/Communications:	$ 170,700	$ 170,700	$ 170,700
Supplies:	$ 27,673	$ 36,898	$ 36,898
Annual and Regional Conferences:	$ 16,000	$ 16,000	$ 16,000
State Brain Injury Organization Pediatric Programs:	$ 74,541	$ 74,541	$ 74,541

West Virginia continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
CATEGORY OF CARE RESPONSIBILITY: Rural/Tele-Health			
Regional Category Director:	$ 87,212	$ 116,283	$ 116,283
Regional Category Epidemiologist:	$ 72,677	$ 96,903	$ 96,903
Regional Category Education/Training Coordinator:	$ 65,409	$ 87,212	$ 87,212
Regional Category Scientific Investigation Research:	$ 65,409	$ 87,212	$ 87,212
Regional Additional Technology:	$ 2,000,000	n/a	n/a
Regional Category Administrative Support:	$ 101,748 (4)	$ 135,664 (4)	$ 135,664 (4)
Regional Category Office Space Cost:	$ 27,729	$ 36,972	$ 36,972
Regional Category Transportation/Travel:	$ 67,500	$ 90,000	$ 90,000
Regional Category Office Equipment/Communications:	$ 16,800	$ 16,800	$ 16,800
Regional Category Supplies:	$ 6,709	$ 8,945	$ 8,945
CASE MANAGEMENT RESPONSIBILITY			
Level 1 Center Manager:	$ 38,761 (2)	$ 155,044 (2)	$ 155,044 (2)
Level 1 Center Field Specialist:	$ 31,493 (2)	$ 125,973 (2)	$ 125,973 (2)
Level 1 Center SJB Family Specialists/Research Asst:	$ 145,354 (12)	$ 969,027 (20)	$ 969,027 (20)
Level 1 Center Administrative Support :	$ 33,916 (4)	$ 135,664 (4)	$ 135,664 (4)
Level 1 Office Space Cost:	$ 7,827	$ 31,307	$ 31,307
Level 1 Transportation/Travel:	$ 6,022	$ 36,567	$ 36,567
Level 1 Office Equipment/Communications:	$ 72,800	$ 100,000	$ 100,000
Level 1 Supplies:	$ 7,268	$ 38,016	$ 38,016
Level 2 Center Field Specialists:	$ 47,240 (3)	$ 188,960 (3)	$ 285,437 (3)
Level 2 Center SJB Family Specialists/Research Asst:	$ 145,354 (12)	$ 872,124 (18)	$ 872,124 (18)
Level 2 Transportation/Travel:	$ 5,351	$ 30,763	$ 30,763
Level 2 Office Equipment/Communications:	$ 51,000	$ 71,400	$ 71,400
Level 2 Supplies:	$ 4,193	$ 23,480	$ 23,480
Level 3 Center SJB Family Specialists/Research Asst:	n/a	n/a	n/a
Level 3 Transportation/Travel:	n/a	n/a	n/a
Level 3 Office Equipment/Communications:	n/a	n/a	n/a
Level 3 Supplies:	n/a	n/a	n/a
State Lead Center Management Sub-Total:	**$ 2,013,343**	**$ 2,556,405**	**$ 2,556,405**
Category of Care Sub-Total:	**$ 2,511,194**	**$ 675,991**	**$ 675,991**
Case Management Sub-Total:	**$ 596,578**	**$ 2,778,326**	**$ 2,778,326**
Center Management Total:	**$ 5,121,115**	**$ 6,010,723**	**$ 6,010,723**

*** Salaries also include fringe benefits**

Sarah Jane Brain Family State Lead Center of Excellence
For the state of

Wisconsin

Marshfield Clinic
www.marshfieldclinic.org

REGION: Mid-Central **CATEGORY OF CARE:** Prevention

Program Director: Jill Meilahn, DO **Position Title:** Professor
Department: Physical Medicine & Rehabilitation / Pediatric Rehabilitation

Address: 1000 North Oak Avenue, Marshfield, WI 5449-5790
Phone: 715-387-5040
Email: meilahn.jill@marshfieldclinic.org

Level 1 Center(s): Milwaukee
Level 2 Center(s): Marshfield, Lacrosse, Madison, Eau Claire, Wausau, Green Bay/Appleton
Level 3 Center(s): 2 Locations

Number of jobs HR 2600 creates in Wisconsin: 111

HR2600 Budget Overview for Wisconsin State Lead Center

	Center Management	Indirect Cost	Administrative Cost	Total
Year 1:	$ 4,252,792	$ 850,558	$ 106,320	$ 5,209,670
Year 2:	$8,855,967	$ 1,771,193	$ 221,399	$ 10,848,559
Year 3:	$8,855,967	$ 1,771,193	$ 221,399	$ 10,848,559
Year 4:	$ 7,084,773	$ 1,416,955	$ 177,119	$ 8,678,847
Year 5:	$ 5,313,580	$ 1,062,716	$ 132,840	$ 6,509,136
Year 6:	$ 3,542,387	$ 708,477	$ 88,560	$ 4,339,424
Year 7:	$ 1,771,193	$ 354,239	$ 44,280	$ 2,169,712
TOTAL:				**$ 48,603,907**

Wisconsin continued

Title/Description (# of positions if more than one)*	Year 1	Year 2	Year 3
STATE LEAD CENTER MANAGEMENT			
Program Director:	$ 58,500	$ 58,500	$ 58,500
Program Director Assistant:	$ 45,293	$ 45,293	$ 45,293
State Director:	$ 116,469	$ 155,292	$ 155,292
Associate State Director:	$ 53,382	$ 71,175	$ 71,175
State Epidemiologist:	$ 87,352	$ 116,469	$ 116,469
State Epidemiologist Assistant:	$ 43,676	$ 58,234	$ 58,234
State Scientific Investigation Research Coordinator:	$ 63,087	$ 84,116	$ 84,116
State Scientific Investigation Research Assistant:	$ 116,469 (3)	$ 155,292 (3)	$ 155,292 (3)
State Education/Training Coordinator (+ materials):	$ 120,095	$ 160,127	$ 160,127
State General Counsel:	$ 97,057	$ 129,410	$ 129,410
State IT Manager:	$ 58,234	$ 77,646	$ 77,646
State Family Support Coordinator:	$ 87,352	$ 116,469	$ 116,469
State Prevention/Awareness Coordinator:	$ 53,382	$ 71,175	$ 71,175
State Acute Care Coordinator:	$ 53,382	$ 71,175	$ 71,175
State Reintegration Coordinator:	$ 53,382	$ 71,175	$ 71,175
State Adult Transition Coordinator:	$ 53,382	$ 71,175	$ 71,175
State “Mild” TBI Coordinator:	$ 53,382	$ 71,175	$ 71,175
State Mental Health Coordinator:	$ 53,382	$ 71,175	$ 71,175
State Assistive/Emerging Technology Coordinator:	$ 53,382	$ 71,175	$ 71,175
State Correctional System Coordinator:	$ 53,382	$ 71,175	$ 71,175
State MISC Coordinator:	$ 53,382	$ 71,175	$ 71,175
State Veterans Coordinator:	$ 53,382	$ 71,175	$ 71,175
State Data Manager:	$ 58,234	$ 77,646	$ 77,646
State Public Policy Manager:	$ 63,087	$ 84,116	$ 84,116
State Community Relations Manager:	$ 48,529	$ 64,705	$ 64,705
State Administrative Support:	$ 203,820 (6)	$ 271,761 (6)	$ 271,761 (6)
Charity care:	$ 149,319	$ 199,092	$ 199,092
Human Resources Support:	$ 93,000	$ 111,000	$ 111,000
Training Support:	$ 23,250	$ 27,750	$ 27,750
Office Space Cost:	$ 152,753	$ 203,671	$ 203,671
Transportation/Travel:	$ 48,379	$ 64,506	$ 64,506
Office Equipment/Communications:	$ 170,700	$ 170,700	$ 170,700
Supplies:	$ 36,956	$ 49,275	$ 49,275
Annual and Regional Conferences:	$ 16,000	$ 16,000	$ 16,000
State Brain Injury Organization Pediatric Programs:	$ 99,546	$ 99,546	$ 99,546

Wisconsin continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
CATEGORY OF CARE RESPONSIBILITY: Prevention			
Regional Category Director:	$ 116,469	$ 155,292	$ 155,292
Regional Category Epidemiologist:	$ 97,057	$ 129,410	$ 129,410
Regional Category Education/Training Coordinator:	$ 87,352	$ 116,469	$ 116,469
Regional Category Scientific Investigation Research:	$ 87,352	$ 116,469	$ 116,469
Regional Category Administrative Support:	$ 135,880 (4)	$ 181,174 (4)	$ 181,174 (4)
Regional Category Office Space Cost:	$ 37,031	$ 49,375	$ 49,375
Regional Category Transportation/Travel:	$ 67,500	$ 90,000	$ 90,000
Regional Category Office Equipment/Communications:	$ 16,800	$ 16,800	$ 16,800
Regional Category Supplies:	$ 8,959	$ 11,946	$ 11,946
CASE MANAGEMENT RESPONSIBILITY			
Level 1 Center Manager:	$ 25,882	$ 103,528	$ 103,528
Level 1 Center Field Specialist:	$ 21,029	$ 84,116	$ 84,116
Level 1 Center SJB Family Specialists/Research Asst:	$ 97,057 (6)	$ 647,049 (10)	$ 647,049 (10)
Level 1 Center Administrative Support :	$ 22,647 (2)	$ 90,587 (2)	$ 90,587 (2)
Level 1 Office Space Cost:	$ 10,452	$ 41,809	$ 41,809
Level 1 Transportation/Travel:	$ 3,236	$ 19,184	$ 19,184
Level 1 Office Equipment/Communications:	$ 46,900	$ 60,500	$ 60,500
Level 1 Supplies:	$ 6,719	$ 32,850	$ 32,850
Level 2 Center Field Specialists:	$ 126,175 (6)	$ 504,698 (6)	$ 504,698 (6)
Level 2 Center SJB Family Specialists/Research Asst:	$ 388,229 (24)	$ 2,329,377 (36)	$ 2,329,377 (36)
Level 2 Transportation/Travel:	$ 11,152	$ 63,327	$ 63,327
Level 2 Office Equipment/Communications:	$ 102,000	$ 142,800	$ 142,800
Level 2 Supplies:	$ 11,199	$ 62,714	$ 62,714
Level 3 Center SJB Family Specialists/Research Asst:	$ 64,704 (4)	$ 388,229 (6)	$ 388,229 (6)
Level 3 Transportation/Travel:	$ 1,560	$ 9,360	$ 9,360
Level 3 Office Equipment/Communications:	$ 13,600	$ 20,400	$ 20,400
Level 3 Supplies:	$ 1,493	$ 8,959	$ 8,959
State Lead Center Management Sub-Total:	**$ 2,644,357**	**$ 3,363,546**	**$ 3,363,546**
Category of Care Sub-Total:	**$ 654,400**	**$ 866,933**	**$ 866,933**
Case Management Sub-Total:	**$ 954,036**	**$ 4,609,488**	**$ 4,609,488**
Center Management Total:	**$ 4,252,792**	**$ 8,855,967**	**$ 8,855,967**

*** Salaries also include fringe benefits**

Sarah Jane Brain Family State Lead Center of Excellence
For the state of

Wyoming

Brain Injury Alliance of Wyoming
www.ProjectBrainofWyoming.com

REGION: Rocky Mountain

CATEGORY OF CARE: Prevention

Program Director: Dawn Lacko

Position Title: Executive Director

Address: 111 West 2nd Street, Suite 106, Casper, WY 82601
Phone: 307-473-1767
Email: director@projectbrainofwy.com

Level 1 Center(s): Casper
Level 2 Center(s): Cheyenne, Gillette
Level 3 Center(s): Green River, Cody

Number of jobs HR 2600 creates in Wyoming: 83

HR2600 Budget Overview for Wyoming State Lead Center

	Center Management	Indirect Cost	Administrative Cost	Total
Year 1:	$ 3,894,086	$ 778,817	$ 97,352	$ 4,770,255
Year 2:	$6,977,247	$ 1,395,449	$ 174,431	$ 8,547,128
Year 3:	$6,977,247	$ 1,395,449	$ 174,431	$ 8,547,128
Year 4:	$ 5,581,798	$ 1,116,360	$ 139,545	$ 6,837,702
Year 5:	$ 4,186,348	$ 837,270	$ 104,659	$ 5,128,277
Year 6:	$ 2,790,899	$ 558,180	$ 69,772	$ 3,418,851
Year 7:	$ 1,395,449	$ 279,090	$ 34,886	$ 1,709,426
TOTAL:				**$ 38,958,767**

Wyoming continued

Title/Description (# of positions if more than one)*	Year 1	Year 2	Year 3
STATE LEAD CENTER MANAGEMENT			
Program Director:	$ 32,500	$ 32,500	$ 32,500
Program Director Assistant:	$ 47,713	$ 47,713	$ 47,713
State Director:	$ 122,691	$ 163,589	$ 163,589
Associate State Director:	$ 56,234	$ 74,978	$ 74,978
State Epidemiologist:	$ 92,019	$ 122,691	$ 122,691
State Epidemiologist Assistant:	$ 46,009	$ 61,346	$ 61,346
State Scientific Investigation Research Coordinator:	$ 66,458	$ 88,611	$ 88,611
State Scientific Investigation Research Assistant:	$ 122,691 (3)	$ 163,589 (3)	$ 163,589 (3)
State Education/Training Coordinator (+ materials):	$ 71,853	$ 95,805	$ 95,805
State General Counsel:	$ 102,243	$ 136,324	$ 136,324
State IT Manager:	$ 61,346	$ 81,794	$ 81,794
State Family Support Coordinator:	$ 92,019	$ 122,691	$ 122,691
State Prevention/Awareness Coordinator:	$ 56,234	$ 74,978	$ 74,978
State Acute Care Coordinator:	$ 56,234	$ 74,978	$ 74,978
State Reintegration Coordinator:	$ 56,234	$ 74,978	$ 74,978
State Adult Transition Coordinator:	$ 56,234	$ 74,978	$ 74,978
State “Mild” TBI Coordinator:	$ 56,234	$ 74,978	$ 74,978
State Mental Health Coordinator:	$ 56,234	$ 74,978	$ 74,978
State Assistive/Emerging Technology Coordinator:	$ 56,234	$ 74,978	$ 74,978
State Correctional System Coordinator:	$ 56,234	$ 74,978	$ 74,978
State MISC Coordinator:	$ 56,234	$ 74,978	$ 74,978
State Veterans Coordinator:	$ 56,234	$ 74,978	$ 74,978
State Data Manager:	$ 61,346	$ 81,794	$ 81,794
State Public Policy Manager:	$ 66,458	$ 88,611	$ 88,611
State Community Relations Manager:	$ 51,121	$ 68,162	$ 68,162
State Administrative Support:	$ 214,710 (6)	$ 286,280 (6)	$ 286,280 (6)
Charity care:	$ 157,297	$ 209,729	$ 209,729
Human Resources Support:	$ 73,000	$ 83,000	$ 83,000
Training Support:	$ 18,250	$ 20,750	$ 20,750
Office Space Cost:	$ 160,915	$ 214,553	$ 214,553
Transportation/Travel:	$ 48,600	$ 64,800	$ 64,800
Office Equipment/Communications:	$ 170,700	$ 170,700	$ 170,700
Supplies:	$ 38,931	$ 51,908	$ 51,908
Annual and Regional Conferences:	$ 16,000	$ 16,000	$ 16,000
State Brain Injury Organization Pediatric Programs:	$ 104,864	$ 104,864	$ 104,864

Wyoming continued

Title/Description (# of positions if more than one)*	**Year 1**	**Year 2**	**Year 3**
CATEGORY OF CARE RESPONSIBILITY: Prevention			
Regional Category Director:	$ 122,691	$ 163,589	$ 163,589
Regional Category Epidemiologist:	$ 102,243	$ 136,264	$ 136,264
Regional Category Education/Training Coordinator:	$ 92,019	$ 122,691	$ 122,691
Regional Category Scientific Investigation Research:	$ 92,019	$ 122,691	$ 122,691
Regional Category Administrative Support:	$ 143,140 (4)	$ 190,853 (4)	$ 190,853 (4)
Regional Category Office Space Cost:	$ 39,010	$ 52,013	$ 52,013
Regional Category Transportation/Travel:	$ 67,500	$ 90,000	$ 90,000
Regional Category Office Equipment/Communications:	$ 16,800	$ 16,800	$ 16,800
Regional Category Supplies:	$ 9,438	$ 12,584	$ 12,584
CASE MANAGEMENT RESPONSIBILITY			
Level 1 Center Manager:	$ 27,265	$ 109,059	$ 109,059
Level 1 Center Field Specialist:	$ 22,153	$ 88,611	$ 88,611
Level 1 Center SJB Family Specialists/Research Asst:	$ 102,243 (6)	$ 681,619 (10)	$ 681,619 (10)
Level 1 Center Administrative Support :	$ 23,857 (2)	$ 95,427 (2)	$ 95,427 (2)
Level 1 Office Space Cost:	$ 11,011	$ 44,043	$ 44,043
Level 1 Transportation/Travel:	$ 3,240	$ 19,200	$ 19,200
Level 1 Office Equipment/Communications:	$ 46,900	$ 60,500	$ 60,500
Level 1 Supplies:	$ 7,078	$ 34,605	$ 34,605
Level 2 Center Field Specialists:	$ 44,305 (2)	$ 177,221 (2)	$ 177,221 (2)
Level 2 Center SJB Family Specialists/Research Asst:	$ 136,324 (8)	$ 817,943 (12)	$ 817,943 (12)
Level 2 Transportation/Travel:	$ 3,720	$ 21,120	$ 21,120
Level 2 Office Equipment/Communications:	$ 34,000	$ 47,600	$ 47,600
Level 2 Supplies:	$ 3,932	$ 22,022	$ 22,022
Level 3 Center SJB Family Specialists/Research Asst:	$ 68,162 (4)	$ 408,972 (6)	$ 408,972 (6)
Level 3 Transportation/Travel:	$ 1,560	$ 9,360	$ 9,360
Level 3 Office Equipment/Communications:	$ 13,600	$ 20,400	$ 20,400
Level 3 Supplies:	$ 1,573	$ 9,438	$ 9,438
State Lead Center Management Sub-Total:	**$ 2,658,394**	**$ 3,402,563**	**$ 3,402,563**
Category of Care Sub-Total:	**$ 684,859**	**$ 907,545**	**$ 907,545**
Case Management Sub-Total:	**$ 550,922**	**$ 2,667,139**	**$ 2,667,139**
Center Management Total:	**$ 3,894,086**	**$ 6,977,247**	**$ 6,977,247**

*** Salaries also include fringe benefits**