



EXECUTIVE ORDER NO 13-02

ESTABLISHING THE TASK FORCE ON TRAUMATIC BRAIN INJURY

Traumatic Brain Injury (TBI) represents a significant public health problem. Each year, almost 1.7 million people in the United States sustain brain injuries due to motor vehicle collisions, assaults, falls, firearm incidents, and sports activities. Of the total number of individuals injured each year, more than 124,000 will be left with permanent disability in social, behavioral, physical, and cognitive functioning. Currently, approximately 3.17 million people in the United States need help with daily living due to a TBI.

There are approximately 45,000 Oregonians with TBI and more than 3,000 individuals are added to this number every year. Over 1000 students in Oregon are hospitalized for brain injury each year. Approximately 16% of these children will be left with significant alterations in functioning (based on national averages) indicating a cumulative total of nearly 2000 students who should be identified for special education services. However, Oregon's Special Education Child Count for 2010-11 identified only 284 students with TBI.

Traumatic brain injury has become the signature injury of the Afghanistan and Iraq wars. The incidence rate among combat-exposed military personnel is estimated at 15-20%. However, as in the civilian population, the true incidence of brain injury in the military is likely much higher due to significant under-reporting. To illustrate, congressional research reports indicate that there are over 700 veterans with brain injury living in Oregon. However, state agency personnel reports indicate over 1700 veterans, many of whom may have brain injury, are currently receiving services through Oregon's Office of Seniors and People with Disabilities alone.

Oregonians with TBI are a growing population attempting to navigate private, state, and federal agencies to address their complex medical, rehabilitation, and vocational needs. Lack of coordinated, on-going services following injury is common and can result in persons with brain injury being served in higher cost private and state institutions such as emergency rooms, homeless shelters, and correctional facilities. Coordinated services early post-injury are thus critical to maximizing independence and reducing long-term costs to the state. Recent health care transformation efforts have created an unprecedented opportunity for coordinated services for this and other populations with complex needs.

Three areas of concern underscore the need for coordinated services for all persons with TBI:



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- (a) **Disabilities and access to services:** The physical, cognitive, and psychological disabilities following brain injury often prevent access to services. For example, impairments in memory, organization, and problem solving—the very skills needed to navigate complex service delivery systems often preclude persons with TBI from independently accessing these services.
- (b) **Co-occurring disorders:** Brain injury can occur with other disorders including attention deficit disorder, mental illness, or drug/alcohol dependence. For example, many veterans with TBI also have post-traumatic stress disorder (PTSD). Treating these over-lapping conditions requires highly integrated care.
- (c) **Diverse needs:** Just as no two individuals are alike, no two brain injuries are alike. Hence, individuals with TBI do not all need the same type and intensity of services. For example, students with TBI need person-centered individualized education programs and transition plans to maximize success. Similarly, adults with brain injury benefit from individualized, coordinated care plans. What is common to all persons with brain injury and their families is the need for assistance navigating the complex service-delivery system.

In 2001, Executive Order (EO) 01-02 created a Task Force on Traumatic Brain Injury. The EO 01-02 report drafted in 2002 provided recommendations to state agencies and advocacy organizations to focus on legislation on behalf of persons with traumatic brain injury and their families.

Since 2002, the service-delivery landscape for persons with brain injury has changed dramatically. The return of Oregon soldiers with TBI and continued improvements in life-saving medical procedures for civilians and military personnel alike contribute to the need for sustained, coordinated services across public agencies and private sector groups. This executive order repeals EO 01-02 and focuses on policy formation across state agencies.

NOW THEREFORE, IT IS HEREBY DIRECTED AND ORDERED:

1. The Task Force on Traumatic Brain Injury (“Task Force”) is established. The purpose of this Task Force is to formulate policies with state agencies focusing on improved service delivery for this population.



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2. To ensure diversity of input, Task Force membership will include representation from the following categories:
 - a. Two brain injury survivors appointed by the Governor;
 - b. Two relatives of brain injury survivors appointed by the Governor;
 - c. Two medical professionals with experience in treating brain injury appointed by the Governor;
 - d. One member of the public appointed by the Governor;
 - e. One agency representative appointed by the director of the Brain Injury Alliance of Oregon;
 - f. One agency representative appointed by the director of Disability Rights Oregon;
 - g. One agency representative appointed by the director of the Oregon Department of Corrections;
 - h. One agency representative appointed by the director of the Oregon Department of Veterans' Affairs;
 - i. One agency representative appointed by the director of the Oregon Health Authority;
 - j. One agency representative appointed by the director of the Oregon Department of Human Services; and
 - k. One agency representative appointed by the director of the Oregon Department of Education.
3. The Task Force membership term for all members is three years. The 14 Task Force members may enlist others with specific expertise to develop the proposed policies. The Task Force members shall select the chair. Task force members will not be reimbursed for mileage or per diem.
4. At least seven members must be present for a quorum. The Task Force shall meet at least quarterly for three years after the EO takes effect.
5. The Task Force will take the lead on formulating policies in partnership with state agencies and groups that directly serve Oregonians with TBI, addressing the domains of (a) coordination of services, (b) prevention and awareness, and (c) employment, education, and housing.
6. The Task Force will address coordination of services by:
 - a. Developing joint policies with the state agencies that provide services to persons with TBI. These agencies include: Oregon



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- Department of Education; Oregon Department of Veterans' Affairs; Oregon Health Authority; Oregon Department of Corrections; Oregon Youth Authority; Office of Vocational Rehabilitation Services; Office of Developmental Disability Services; and Office of Seniors and People with Disabilities.
- b. Developing joint policies with healthcare delivery entities including coordinated care organizations for comprehensive, integrated services for people with TBI. Types of care considered will include medical, mental health, and cognitive rehabilitation services.
 - c. Developing joint policies with the Veterans' Administration and other military organizations, including the Oregon National Guard, to improve services delivered to veterans and returning military whether covered by service-related medical benefits or not.
7. The Task Force will address prevention and awareness by:
- a. Developing policy with the Oregon Health Authority to reduce the incidence of TBI through a program of identification (screening and registry), prevention, and public awareness.
 - b. Developing policy with Oregon Youth Authority and the Oregon Department of Education to implement wide-scale TBI screening programs to identify and recommend treatment for students with TBI.
8. The Task Force will address education, employment, and housing by:
- a. Developing policy with the Oregon Department of Education to improve quality of Individual Education Plans and Transition Plans for students with TBI.
 - b. Developing policy with the Office of Vocational Rehabilitation Services to improve employment outcomes of individuals with TBI.
 - c. Developing policy with the Office of Seniors and People with Disabilities, the Office of Developmental Disability Services, the Oregon Health Authority and Oregon Housing and Community Services to improve housing opportunities for people with TBI.
9. The Task Force will also advise on Oregon's Health Resources and Services Administration (HRSA) Traumatic Brain Injury Implementation grants, as needed.



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10. The term Acquired Brain Injury (ABI) is the term used to describe damage resulting from traumatic causes (e.g., TBIs due to car crashes, falls, assaults) and non-traumatic causes (e.g., stroke, tumor, anoxia, meningitis). Persons with ABI due to non-traumatic causes benefit from similar services to those with TBI. The current Task Force will focus on TBI. However, persons with ABI would benefit from a similar policy development effort. Therefore, the Task Force will develop a strategy for future inclusion of ABI in state agency policy and/or legislation.
11. Administrative support for the Task Force will be shared by the Oregon Health Authority, Department of Human Services and the Oregon Department of Education or its designee.
12. This Executive Order hereby supersedes and replaces in total Executive Order 01-02.
13. This order shall expire January 29, 2016.

Done at Salem, Oregon, this 31 day of January, 2013.

Handwritten signature of John A. Kitzhaber in black ink.

John A. Kitzhaber, M.D.
GOVERNOR

ATTEST:

Handwritten signature of Kate Brown in black ink.

Kate Brown
SECRETARY OF STATE

