

2025 TBI TRAUMATIC BRAIN INJURY ANNUAL REPORT

FAMILY HEALTH & WELLNESS

TN Department of Health

| ACKNOWLEDGMENTS

TN Department of Health

The Tennessee Department of Health extends its heartfelt gratitude to the agencies and individuals who contributed to this report, as well as the individuals with traumatic brain injuries, along with their families, and caregivers.

TRAUMATIC BRAIN INJURY PROGRAM STAFF

Ashley Chandler | BA
TBI Program Director
615.741.1230
Ashley.Chandler@tn.gov

Brenda Ruiz | MPH
TBI Program Epidemiologist
615.253.2802
Brenda.Ruiz@tn.gov

Lorie Bridges | BA
Communications Specialist
615.741.0315
Lorie.Bridges@tn.gov

For questions or further information, please contact the TBI Program Director via the information above.



TENNESSEE DEPARTMENT OF HEALTH STAFF

John R. Dunn, DVM, PhD, EMBA-SL
Health Commissioner

Tobi Amosun, MD, FAAP
Deputy Commissioner for Population Health

Elizabeth Harvey, PhD, MPH
Assistant Commissioner for Family Health and Wellness

Angela Miller, PhD, MSPH
Deputy Director for Child Health

Ashley Moore, MPH
Section Chief for Injury Prevention

Erika Kirtz, MPH
Epidemiologist II

Ashley Bridgman, MPH, MS
Director, Child Safety and Brain Injury Programs

FY25 TBI ADVISORY COUNCIL MEMBERS

Michelle Batchelder
Amy Boulware
Stephanie Congo
Avis Easley
Alicia Fitts | *Chair*
Dr. C.J. Plummer
Brian Potter | *Vice-Chair*
Amanda Johnson
Jennifer Sawyer

INTRODUCTION + MILESTONES

1993 | The Tennessee General Assembly established the Traumatic Brain Injury (TBI) Program (T.C.A § 68-55-101-103, § 68-55-201-205, § 68-55-301-306, § 68-55-401-402, § 68-55-501-503) within the Tennessee Department of Health (TDH) to enhance services for individuals with brain injury and their families. This legislation defines the program's key components, including the creation and duties of the TBI Advisory Council, the designation of a TBI Coordinator, the development of a statewide TBI Registry, the establishment of a TBI Trust Fund, and the preparation of an annual report. As required by legislation, this report summarizes the TBI Registry data, program administration, and recommendations for improving services to individuals with brain injuries.

1996 | The TBI Registry was established to collect brain injury data with the goal of connecting individuals with available resources and services. In Tennessee, all non-federal hospitals are required to report any TBI-related hospitalizations lasting more than 24 hours, except for patients who have expired. However, if a patient with a TBI diagnosis expires due to the injury, hospitals must report the case regardless of the length of stay. Patients meeting these criteria must be reported to the registry, regardless of residence. While TBI-related emergency department visits are increasingly reported to the registry, reporting for these visits are not mandatory. TBI diagnoses are recorded using the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) coding system.



MILESTONES

1993
Tennessee General Assembly established the Traumatic Brain Injury Program

1996
TBI Registry established to collect data and connect survivors with resources

TBI Service Coordination Program began pilot program

1998
TBI Service Coordination Program began implementation statewide

2015
TBI Program moved to the Division of Family Health and Wellness

2022
TBI Program developed, administered, and analyzed a statewide needs assessment

TBI Program awarded $1,000,895 grant through the Traumatic Brain Injury State Partnership Progam (TBI SIPP) via the Administration for Community Living.

2023
TBI Program awarded $86,400 grant via the American Rescue Plan Act of 2022

2025
TBI Program received $150,000 to support Data Modernization efforts via Public Health Infrastructure Grant (PHIG), awarded to TDH by the Centers for Disease Control and Prevention

EXECUTIVE SUMMARY

LEGISLATIVE BACKGROUND

The 2025 Traumatic Brain Injury (TBI) Annual Report includes an analysis of data collected by the Tennessee Department of Health's Traumatic Brain Injury Registry and the Traumatic Brain Injury Program. The first section of the report focuses on TBI surveillance data collected throughout the 2024 calendar year and specific diagnostic requirements as established by T.C.A. § 68-55-203. Data from the TBI Registry has been advantageous in detecting populations at risk and prevalent mechanisms of TBI to improve prevention efforts.

The second section of this report focuses on a comprehensive overview of the progress made within the TBI Program during the state fiscal year, July 1, 2024 – June 30, 2025. Within this report, the program area is addressed by briefly citing the Tennessee Code Annotated (T.C.A.) followed by a description of program history, annual progress, accomplishments, and recommendations.

The findings of this report serve to continue and enhance program efforts to better serve individuals with brain injury, their families, caregivers, and service providers.

THE TBI REGISTRY
collects data on a
CALENDAR YEAR
reporting reflects
JANUARY 2024 – DECEMBER 2024

THE TBI PROGRAM
operates on the
STATE FISCAL YEAR
reporting reflects
JULY 2024 – JUNE 2025

Analysis of TBI Registry data serves as the foundation of program activities, guiding the planning and implementation of initiatives aimed at reducing brain injuries across Tennessee. This report begins with an overview of Tennessee's TBI surveillance data, followed by updates on TBI Program progress, and other key program components.



KEY SURVEILLANCE FINDINGS

TOTAL: During the **2024** calendar year, **8,406 patients** met criteria for required reporting to the TBI Registry. Of these **7,529** were **discharged** from the hospital **alive** and the remaining **877** were **deceased**.

DISCHARGE STATUS: Half of TBI patients reported to the registry required extended care following their injury: **38% of patients** were **discharged** from the hospital **to rehabilitation, skilled nursing,** or other **long-term care** facilities.

AGE: Of TBI patients reported to the registry, **67%** were adults **over 50** years of age.

SEX: Overall, **60%** of TBI patients were **male**. The number of male patients exceeded females in every age group less than 81 years. The sex difference persisted and varied within racial/ethnic groups: 57% of non-Hispanic White patients were male compared to 70% of non-Hispanic Black patients and 84% of Hispanic patients were male.

TYPE OF INJURY: **Intracranial injuries** were by far the most common type of TBI, present in **95%** of patients (sometimes in conjunction with other TBI diagnoses).

CAUSES: **Falls were the leading cause** of TBI, followed by motor vehicle crashes. Males were disproportionately affected by injuries caused by motor vehicle crashes, intentional self-harm, and assault, making up 92%, 83%, and 70% of TBI patients respectively.

ANNUAL TREND: The total number of TBI Registry patients rose by **2.6%** in 2024, making a **third straight year of increase**. However, the trend was not statistically significant.

KEY PROGRAM ACCOMPLISHMENTS

TBI Program continued collaborative statewide partnerships with 9 non-profit agencies and organizations that facilitated the provision of essential services such as case management, personal care services, respite care, as well as education and training initiatives.

Brain Links, a program under the Tennessee Disability Coalition, conducted 30 trainings with a total of 2,334 attendees.

TBI SERVICE COORDINATORS PROVIDED **INFORMATION** AND **RESOURCE ASSISTANCE** TO APPROXIMATELY **11,169 INDIVIDUALS.**

TBI Program partnered with the Brain Injury Association of America (BIAA-TN) to develop an online referral system to the state TBI Service Coordination Program. During FY25, 114 individuals were connected to their local TBI Service Coordinator through the online referral system.

Personal care services were provided to 24 residents at the Crumley House Brain Injury Rehabilitation Center and to eight (8) residents at two (2) affordable specialized apartment facilities in Memphis.

TBI Program returned to full capacity with seven (7) Service Coordinators and served about 757 new individuals - nearly triple the number served from FY22 to FY25, highlighting the rising demand for TBI services across the state.

TBI Service Coordinators offered educational presentations, trainings, webinars, exhibits, and support groups to 5,044 individuals statewide.

TABLE OF CONTENTS

Acknowledgments	i
Introduction and Milestones	ii
Executive Summary	iii
Key Findings and Program Accomplishments	iv
Traumatic Brain Injury Surveillance Report	1
Background	2
2024 TBI Registry Data	3
Annual Trends in TBI Registry Patients	3
Overview of Registry Patients	4
Breakdown by Severity	4
Demographic Characteristics of TBI Patients	5
TBI Patients by Race and Ethnicity	6
Key Differences Across the Three Main Racial/Ethnic Groups	7
External Cause of Traumatic Brain Injury	8
Severity of Traumatic Brain Injury By Causation	10
TBI Rates by County of Patient Residence	12
TBI Rates by Public Health Region of Patient Residence	13
TBI Program Report	14
TBI Advisory Council	15
TBI Coordinator	16
TBI Registry	21
Traumatic Brain Injury Trust Fund	22
Youth Sports-Related Injuries	23
Conclusions and Recommendations	24

TBI TRAUMATIC BRAIN INJURY SURVEILLANCE REPORT

January 2024 – December 2024

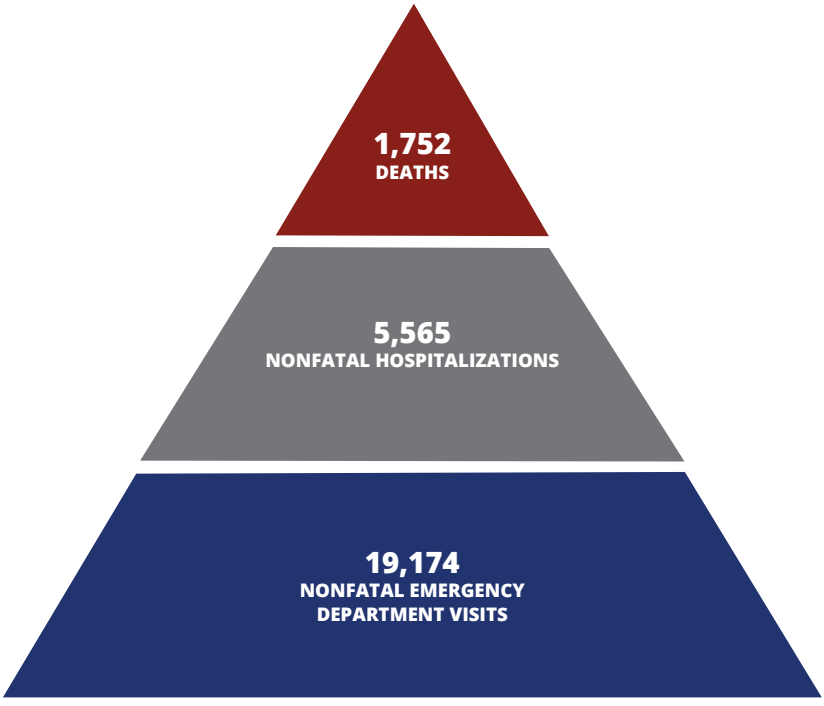
TBI A traumatic brain injury is a disruption in the normal function of the brain caused by a bump, blow, jolt to the head, or penetrating head injury.

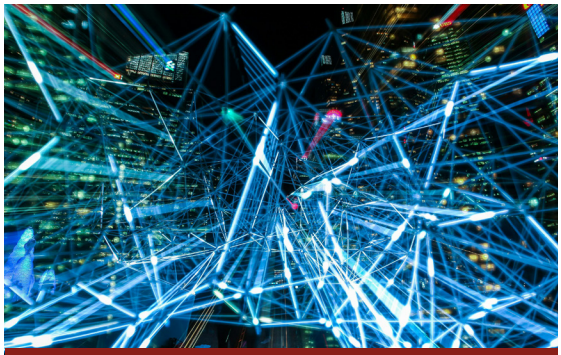
Due to their nature,
TBIs ARE A MAJOR CAUSE OF DEATH AND DISABILITY,
making these injuries a significant public health problem across the United States.

In 2023,
26,491 TENNESSEANS
had a TBI-related emergency department visit, hospitalization, or death.

SEVERITY OF TBI IN TENNESSEE

TBI-Related Deaths[1], Hospitalizations, and Emergency Department Visits[2] in 2023





The pyramid presented below highlights data derived from both vital records and hospital discharge data, displaying the different levels of severity seen in TBI incidents (limited to ED visits, hospitalizations and deaths).

Given that the TBI Registry encompasses a portion of the overall TBI cases, these data assume a critical role in Tennessee's TBI surveillance efforts by encompassing all emergency department visits and hospital admissions. It is noteworthy that the data pertaining to the year 2023, the latest data available, stands distinct from the subsequent pages, which present data exclusively from the TBI Registry.

In 2023, increases were observed in all major TBI indicators — including deaths, nonfatal hospitalizations, and emergency department (ED) visits. ED visits experienced the greatest increase, rising by 1,641 cases, representing an approximate 9% increase from the previous year.

Note: The figure describes the burden of TBI deaths and injuries in Tennessee based on latest (2023) and finalized hospitalization and death records.

1. Deaths, Tennessee Department of Health, Office of Vital Records and Vital Statistics
2. HDDS, Tennessee Department of Health, Office of Population Health Surveillance

2024 TBI REGISTRY DATA

TBI REGISTRY

JANUARY 2024 – DECEMBER 2024

This section presents data from the state TBI Registry. Non-federal hospitals in the state are required to report TBI-related hospitalizations and deaths to the registry. These data are for the calendar year 2024.

24 HOURS

Only hospital stays longer than 24 hours are reported to the TBI Registry. The numbers shown do not account for all the TBIs across the state.

ANNUAL TRENDS IN TBI REGISTRY PATIENTS

2020 - 2024

APPROXIMATELY **8,100 PATIENTS** PER YEAR

2.6% INCREASE* ⟷ **2023 - 2024**

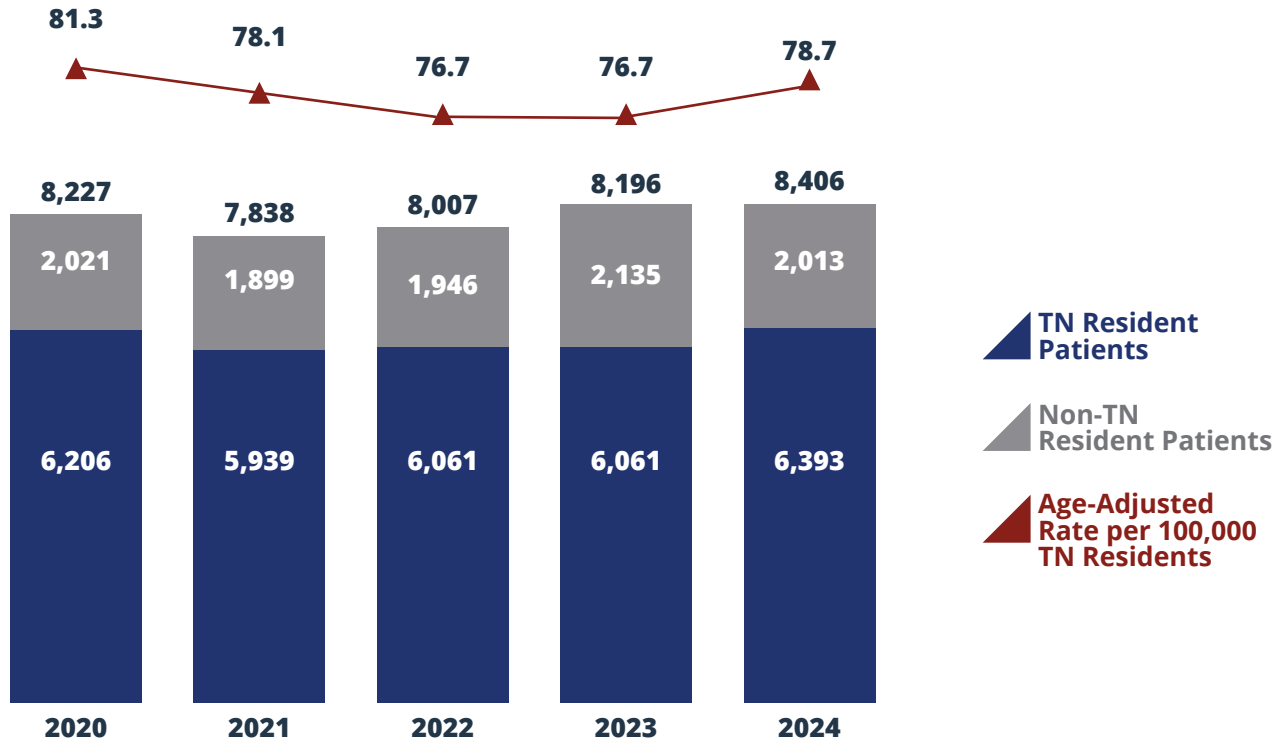
**The increase in TBIs noted between 2023 and 2024 was not statistically significant.*

2020 - 2024

about **3 in 4**

of all TBI patients were **TENNESSEE RESIDENTS**

NUMBER AND AGE–ADJUSTED RATE OF TBI REGISTRY PATIENTS | 2020-2024



OVERVIEW of REGISTRY PATIENTS

All non-federal Tennessee hospitals are mandated to report TBI-related hospitalizations and deaths that occur at or during transport to the hospital. TBI-related DEATHS that occur OUTSIDE of the HOSPITAL are NOT INCLUDED IN the REGISTRY.

BREAKDOWN BY SEVERITY

In 2024, **8,406 PATIENTS** were **REPORTED TO** the **TBI REGISTRY.**

Of the **8,406 TBI PATIENTS** reported to the registry in 2024, **7,529** were **DISCHARGED** from the hospital **ALIVE** and the remaining **877** were **DECEASED**.

7.4 DAYS

The **AVERAGE** length of **HOSPITAL STAY** amongst all TBI Registry patients was **7.4 DAYS**.

DISCHARGE STATUS OF NONFATAL INJURIES (N=7,529)

50%

of TBI Registry patients with non-fatal injuries were **DISCHARGED HOME.**

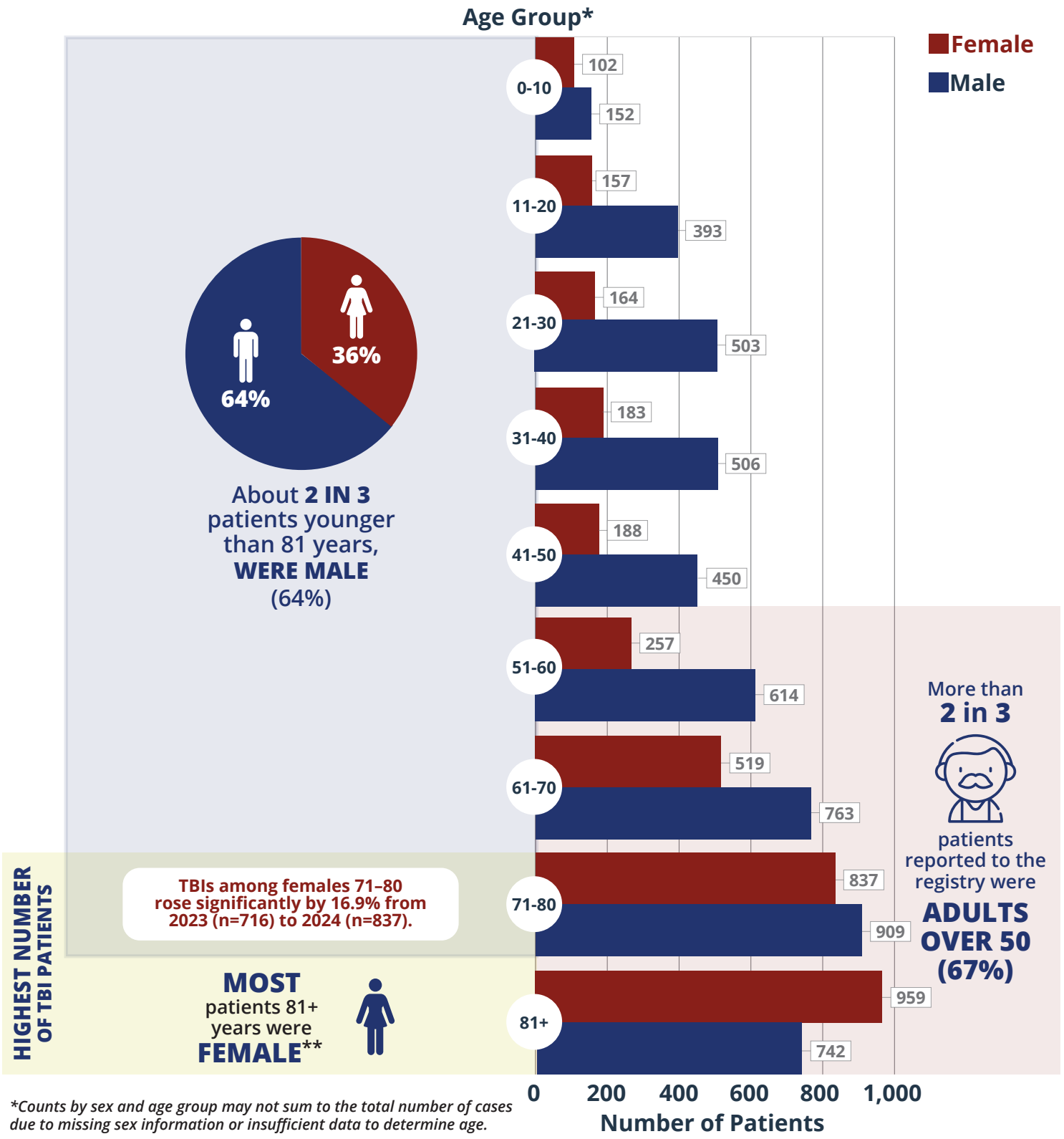
50%

of TBI Registry patients with non-fatal injuries **REQUIRED FURTHER CARE** and were discharged to rehabilitation, skilled nursing, or other long-term care facilities.

- **38%** Discharged to rehabilitation, skilled nursing, or other long-term care facilities
- **9%** Discharged to the care of home health service organizations
- **3%** Discharged to another hospital for further care

DEMOGRAPHIC CHARACTERISTICS of TBI PATIENTS

2024 TBI REGISTRY PATIENTS BY AGE GROUP AND SEX



*Counts by sex and age group may not sum to the total number of cases due to missing sex information or insufficient data to determine age.

**Upon adjusting for the respective population sizes of each sex, male adults 81 and older, exhibit a higher rate of TBIs compared to females.

2024 TBI REGISTRY PATIENTS BY RACE/ETHNICITY

The racial/ethnic demographics of the TBI registry patients generally aligned with the overall state demographics, though representation across most racial groups was slightly lower. Additionally, the proportion of patients with unknown race increased during this period. Among patients reported to the registry:

71%	12%	10%	5%	3%
were non-Hispanic White	were non-Hispanic Black	were Unknown Race	were non-Hispanic Other	were Hispanic

**Due to rounding, percentages may not equal exactly 100%.*

RATE/ETHNICITY
per 100,000 sub-population

78.4

NON-HISPANIC WHITE
TBI patients were reported to the registry for every 100,000 non-Hispanic White Tennessee residents.

68.8

NON-HISPANIC BLACK
TBI patients were reported to the registry for every 100,000 non-Hispanic Black Tennessee residents.

34.8

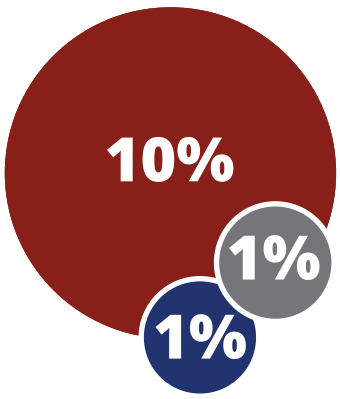
HISPANIC†
TBI patients were reported to the registry for every 100,000 Hispanic Tennessee residents.

The rate for non-Hispanic Black TBI patients in Tennessee in 2024 was significantly lower than the rate for non-Hispanic Black TBI patients in 2023.

†People who are Hispanic may be of any race.

IN 2024, NON-HISPANIC WHITE TENNESSEANS WERE MOST AFFECTED BY TBI.

WORK-RELATED TBI DISPARITY



Among patients reported to the registry, Hispanic individuals had the highest proportion of work-related TBI cases, compared to all other racial/ethnic groups.

- Hispanic Patients
- Non-Hispanic White Patients
- Non-Hispanic Black Patients



KEY DIFFERENCES ACROSS THE THREE MAIN RACIAL/ETHNIC GROUPS

AGE

HISPANIC
TBI patients were an average age of
35 YEARS OLD

NON-HISPANIC BLACK
TBI patients were an average age of
46 YEARS OLD

NON-HISPANIC WHITE
TBI patients were an average age of
63 YEARS OLD

7%
of Hispanic TBI patients were 65 or older

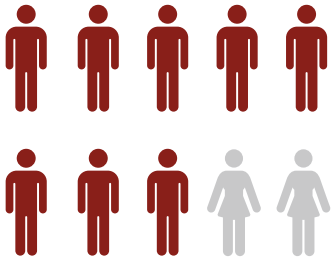
26%
of non-Hispanic Black TBI patients were 65 or older

59%
of non-Hispanic White TBI patients were 65 or older

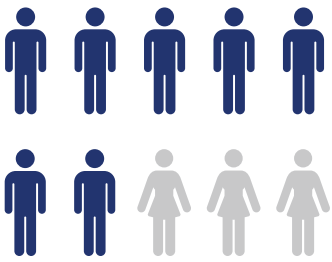
RACIAL AND ETHNIC MINORITIES WERE DIAGNOSED WITH TBI AT A YOUNGER AGE. THE AVERAGE AGE OF HISPANIC AND NON-HISPANIC BLACK TBI REGISTRY PATIENTS WAS AT LEAST 17 YEARS YOUNGER THAN NON-HISPANIC WHITE TBI REGISTRY PATIENTS.

SEX

HISPANIC *and* **NON-HISPANIC BLACK MALES** *had a* **HIGHER BURDEN OF TBIs** *than non-Hispanic White males.*



Hispanic MALE Patients **84%**



NH Black MALE Patients **70%**



NH White MALE Patients **57%**

EXTERNAL CAUSE OF TRAUMATIC BRAIN INJURY

NUMBER OF TBI PATIENTS BY DIAGNOSIS CATEGORY

The most common TBIs reported were intracranial injuries. Most registry patients (95%) were diagnosed with **AT LEAST ONE** intracranial injury.

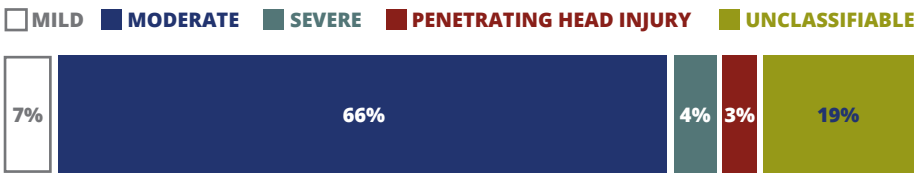
Injury categories are not mutually exclusive.

7,949 INTRACRANIAL INJURY 95%

1,890 SKULL FRACTURE 22%

705 CONCUSSION 8%

TBIs reported to the registry are classified (in order of increasing severity) as: mild, moderate, severe, or penetrating head injury.



Less than 11 instances of other types of TBI such as Pediatric Abusive Head Trauma (PAHT), crushed skull, or optic injuries were also reported.

REGISTRY TOTALS FOR 2024 | BY EXTERNAL CAUSE (N=8,406)

Sum of percentages is greater than 100% due to some patients having more than one external cause.

EXTERNAL CAUSE refers to the mechanism by which the patient sustained their traumatic brain injury. Hospital reporters are not required to include this information, as the mechanism is often unknown, but they are encouraged to capture this whenever possible.

41% UNINTENTIONAL FALLS

35% UNKNOWN & OTHER*

17% MOTOR VEHICLE CRASHES

5% STRIKE TO HEAD

3% ASSAULT

1% INTENTIONAL SELF-HARM

In 2024, 88% of registry patients had information about the external cause of injury

Unintentional falls were the leading cause of injury, accounting for 3,431 TBI registry patients (41%)

1,011 (12%) were injuries due to an unknown cause

1956 (23%) injuries were due to other* causes

**Other includes cases such as: firearm discharge, sport-related injuries, being thrown off/struck by horse, etc.*

EXTERNAL CAUSE OF TRAUMATIC BRAIN INJURY

TBI REGISTRY PATIENTS BY LEADING EXTERNAL CAUSES: UNINTENTIONAL FALLS AND MOTOR VEHICLE CRASHES

CAUSE OF INJURY DIFFERED GREATLY BY AGE



Among TBI patients **44 YEARS** or younger, most injuries occurred due to **MOTOR VEHICLE CRASHES**

Among patients less than 44 years, the number of TBIs resulting from motor vehicle crashes was almost twice that of unintentional falls.



Among TBI patients **45 YEARS** or older, most injuries occurred due to **UNINTENTIONAL FALLS**

The number of TBIs resulting from unintentional falls was 4.7 times that of motor vehicle crashes in patients 45+ years.

TBIs CAUSED BY UNINTENTIONAL FALLS IN PATIENTS 65+ WERE:



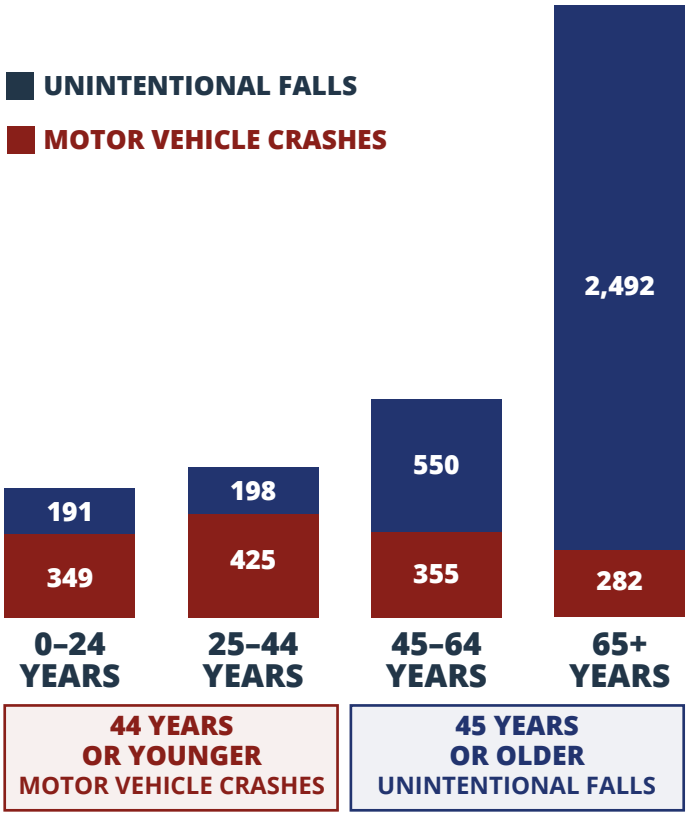
MOST COMMON AMONG FEMALES* (55%)



8.8 TIMES MORE LIKELY THAN A TBI CAUSED BY MOTOR VEHICLE CRASHES

**Upon adjusting for the respective population size of each sex, males 81 and older exhibit a higher rate of TBIs compared to females.*

EXTERNAL CAUSE AND AGE



SEX DISPARITIES IN MOTOR VEHICLE CRASHES

THE NUMBER OF TBIs RESULTING FROM MOTOR VEHICLE CRASHES WAS **NEARLY DOUBLE IN MALE PATIENTS** COMPARED TO FEMALE PATIENTS





THE MALE PATIENT MAJORITY WAS ESPECIALLY PRONOUNCED AMONG PATIENTS AGES 25-44: **7 IN 10 OR 70% OF PATIENTS WERE MALE**

SEVERITY OF TRAUMATIC BRAIN INJURY BY CAUSATION

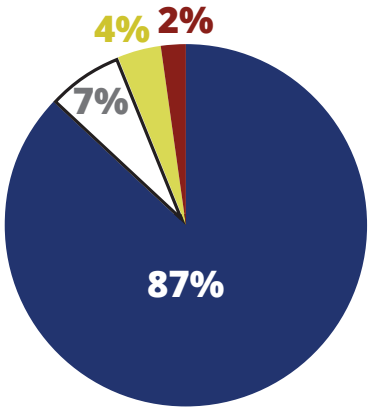
Severity of injury varied by external cause. Although injuries caused by intentional self-harm represented just 1% (N=99) of TBI Registry patients overall, these injuries were most likely to be categorized as **SEVERE** and **PENETRATING HEAD INJURIES**.

83% of self-harm injuries **INVOLVED A FIREARM**

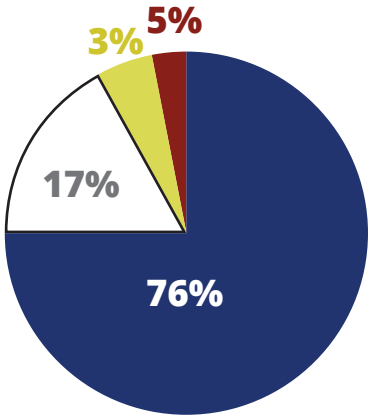
This **INCREASED LETHALITY** reflects the dominant method of self-harm amongst these cases.



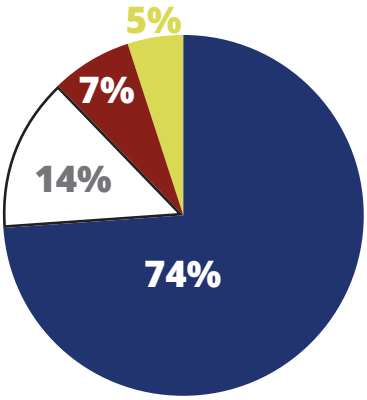
*Due to rounding, percentages may not equal exactly 100%.



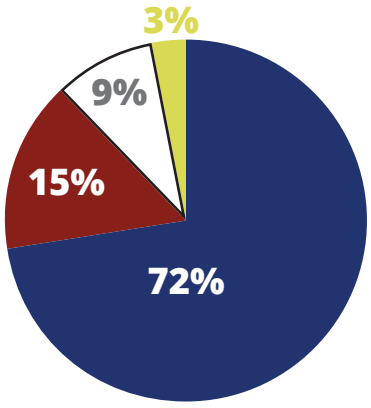
UNINTENTIONAL FALLS



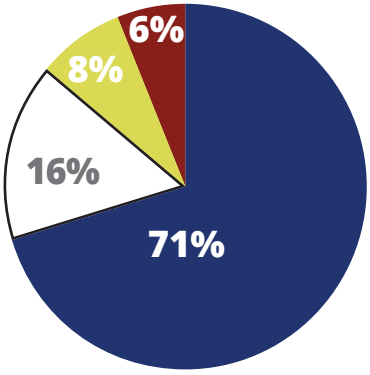
STRIKE TO THE HEAD



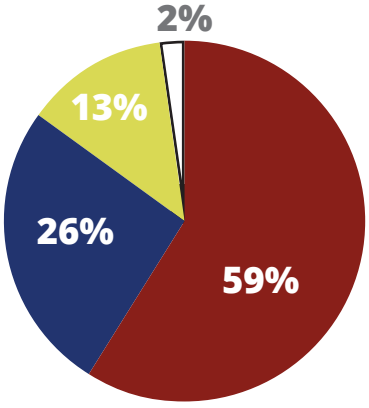
MOTOR VEHICLE CRASHES



ASSAULT



MOTORCYCLE CRASHES



INTENTIONAL SELF-HARM

SEVERITY OF TRAUMATIC BRAIN INJURY BY CAUSATION

COMPARISONS OF INJURY CAUSES BY SEX

Male patients represented the majority of TBI patients within every cause of injury, and was more pronounced in cases involving motorcycle crashes, intentional self-harm, and assault.



MOTORCYCLE CRASHES

92% MALE

8% FEMALE



INTENTIONAL SELF-HARM

83% MALE

17% FEMALE



ASSAULT

70% MALE

30% FEMALE



MOTOR VEHICLE CRASHES

67% MALE

33% FEMALE



STRIKE TO HEAD

59% MALE

41% FEMALE



UNINTENTIONAL FALLS

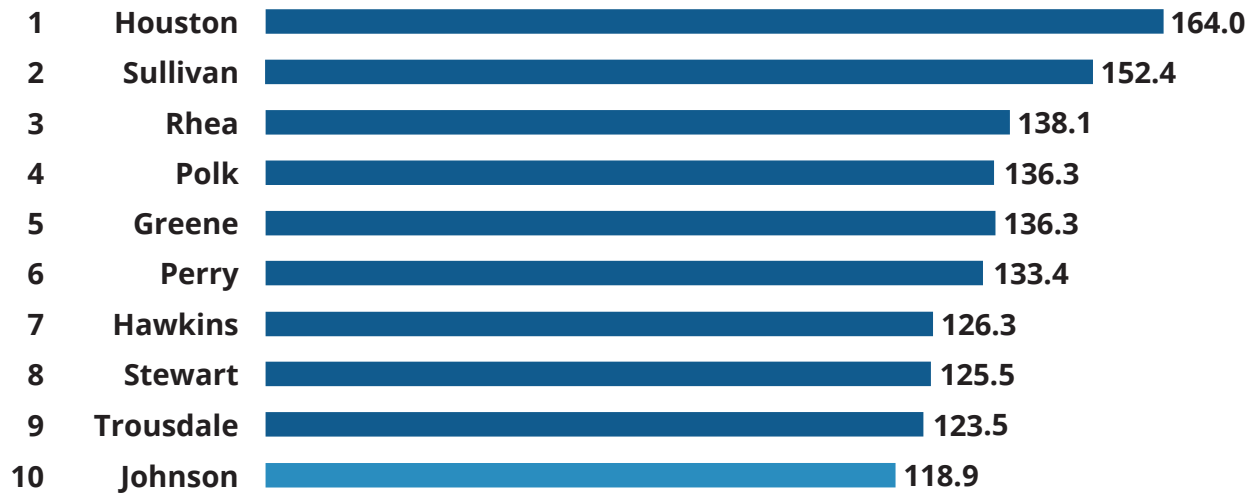
51% MALE

49% FEMALE

TBI RATES BY COUNTY OF PATIENT RESIDENCE

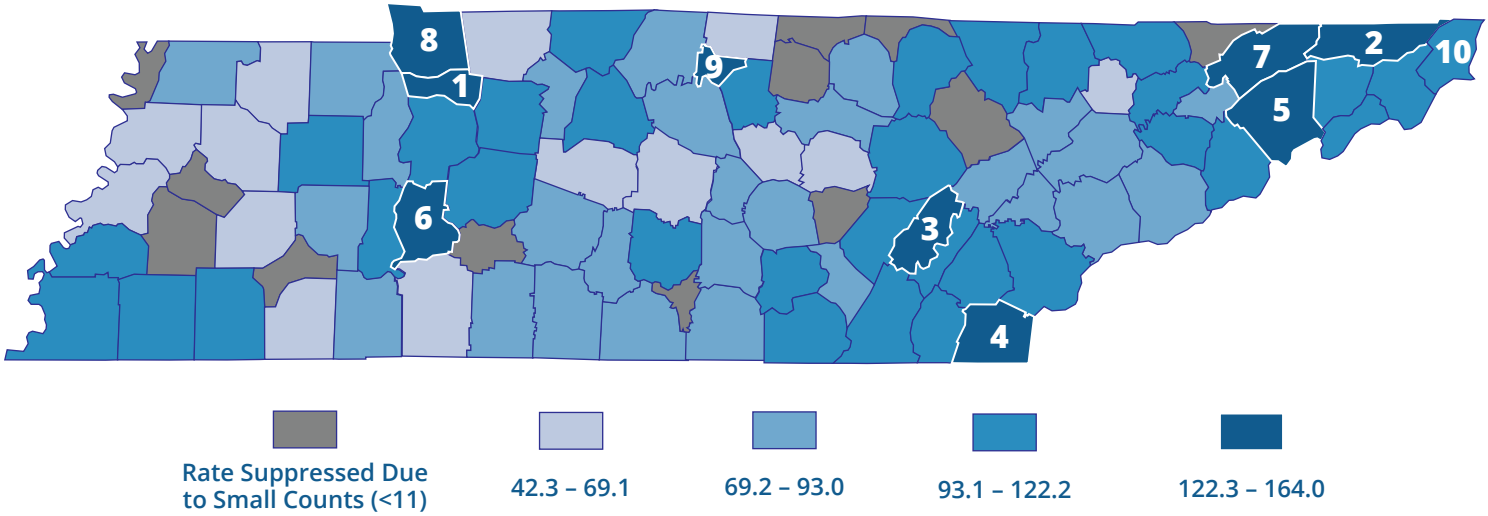
TOP TEN TENNESSEE COUNTIES BY RATE

The ten (10) Tennessee counties shown below had the highest rates of TBI Registry patients per 100,000 residents. Counties with less than eleven cases were suppressed.



AVERAGE TBI RATE IN TENNESSEE | 88.5 PER 100,000 TN RESIDENTS

The counties shaded in the darkest blue are those with the highest rates of TBI patients. The top ten Tennessee counties by rate (shown above) are respectively numbered in the map below.



TBI REGISTRY INSIGHTS

More than **THREE OUT OF FOUR** patients (76%) reported to the TBI Registry were **TENNESSEE RESIDENTS**, with most out-of-state patients residing in neighboring states.

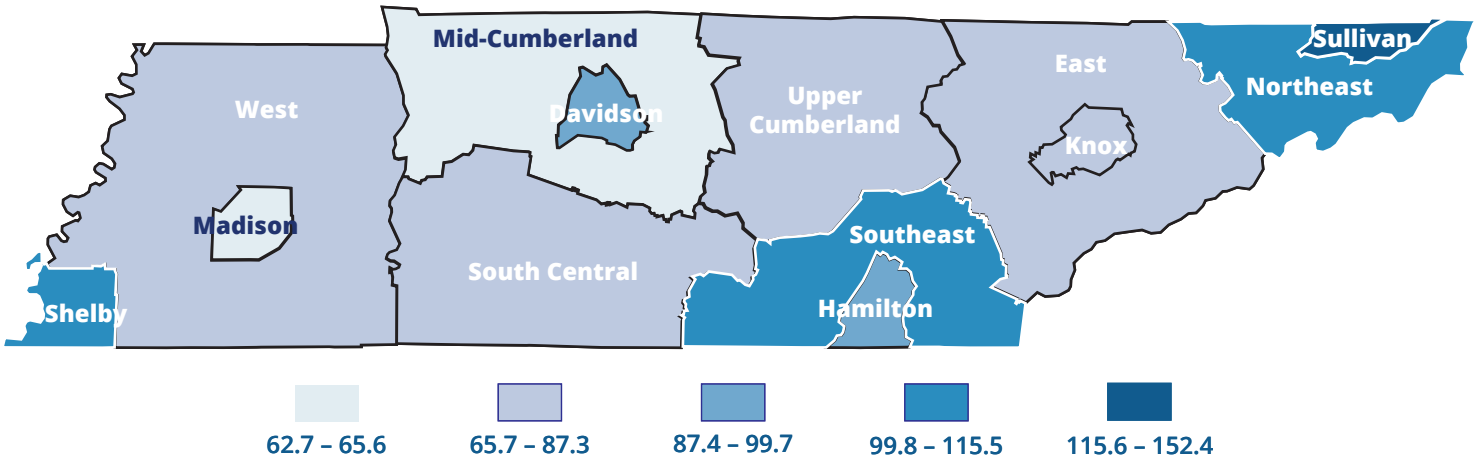
Over the past five years, counties in the **NORTHEASTERN TENNESSEE** have **CONSISTENTLY RANKED** among the **TOP 10** for the **HIGHEST TBI RATES** in the state.

Data Source: Tennessee Department of Health, Traumatic Brain Injury Program

TBI RATES BY PUBLIC HEALTH REGION OF PATIENT RESIDENCE

TBI RATES BY PUBLIC HEALTH REGION | 88.5 PER 100,000 TN RESIDENTS

While the county-level map offers more granular insights, the regional map highlights broader patterns. This reveals that some health regions, despite having lower overall TBI rates, contain specific counties that are disproportionately affected by TBIs.



PUBLIC HEALTH REGIONS AVERAGE	
1. Sullivan	152.4
2. Northeast	115.5
3. Shelby	107.8
4. Southeast	107.3
5. Hamilton	99.7
6. Davidson	97.2
7. East	87.3
8. South Central	81.9
9. Upper Cumberland	80.0
10. Knox	78.3
11. West	76.6
12. Mid-Cumberland	65.6
13. Madison	62.7

Aggregating county-level data provides a clearer view of regional differences across Tennessee, enabling the identification of key public health insights, more effective resource allocation, and the development of targeted, needs-based TBI prevention strategies.

Regional differences in TBI rates across Tennessee may be influenced by healthcare availability, socioeconomic conditions, occupational hazards, and environmental factors. Rural areas may experience higher rates due to limited trauma care access, high-risk jobs, and increased travel distances. Urban areas, by contrast, may face risks from factors like traffic density.

In 2024, Sullivan County continued to report the highest TBI rate among all Tennessee public health regions. The highest TBI rates were also observed in Shelby County and the Northeast and Southeast regions, while the lowest rates were consistently reported in Madison County and the Mid-Cumberland region.

Sullivan County's TBI rate was approximately 72% higher than the state average of 88.5 per 100,000 residents, reaching 152.4 per 100,000 residents.

In contrast, Madison County's TBI rate was about 29% lower than the state average, with a rate of 62.7 per 100,000 residents.

Data Source: Tennessee Department of Health, Traumatic Brain Injury Program, 2024

TBI TRAUMATIC BRAIN INJURY PROGRAM REPORT

July 2024 – June 2025

TBI ADVISORY COUNCIL

T.C.A. 68-55-102
Composition

The inaugural gathering of the TBI Advisory Council was held in 1993, and the group has continuously met quarterly since that time. The Council has nine (9) members appointed by the Governor. During the fiscal year, the Department of Education designated a new representative who was officially appointed through a Council vote in accordance with the Council by-laws. In FY25, the TBI Advisory Council was composed of the following members:

Council Member	Representation Categories
Michelle Batchelder	Survivor, Family Member, Primary Caregiver
Amy Boulware	Survivor, Family Member, Primary Caregiver
Stephanie Congo	Survivor, Family Member, Primary Caregiver
Jennifer Sawyer	Department of Human Services, Vocational Rehabilitation
Avis Easley	Department of Mental Health and Substance Abuse Services, Department of Disability and Aging
Alicia Fitts | *Chair*	Survivor, Family Member, Primary Caregiver
Dr. C.J. Plummer	Health Care Professional
Brian Potter | *Vice-Chair*	Survivor, Family Member, Primary Caregiver
Amanda Johnson	Department of Education

T.C.A. 68-55-103
Duties

The TBI Advisory Council's role is to advise the TBI Coordinator on the development of program rules and procedures, make recommendations, and perform other duties as necessary to support individuals with TBI and their families.

In FY25, the Council focused on transportation challenges for individuals with TBI and their families, highlighted new resources such as Tennessee Disability Pathfinder, and explored supports for emergency response and first responders.

Statewide Council recommendations are detailed on page 24 of the program's annual report.



TBI COORDINATOR

T.C.A. 68-55-201
TBI Coordinator – Designated

Since the program's inception, a full-time TBI Coordinator has actively managed and overseen program operations. The TBI Program is also supported by additional staff, including a full-time (1.0 FTE) epidemiologist who manages the TBI Registry and its surveillance activities, and a part-time (0.5 FTE) Communications Specialist who develops and implements media content for the program. In collaboration with other department staff, the TBI Coordinator works closely with the TBI Advisory Council, seeking valuable advice and guidance on program implementation.

T.C.A. 68-55-202
TBI Coordinator – Duties

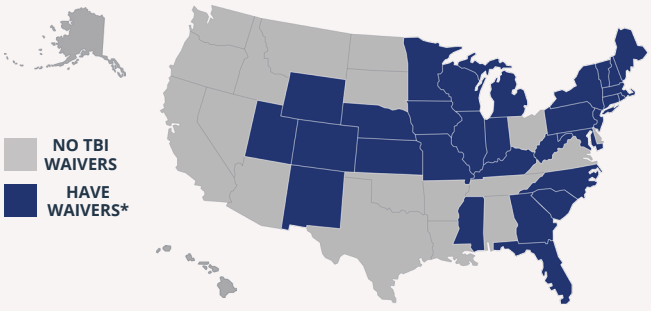
The TBI Coordinator pursued funding from all available private and federal sources. All secured funding aids in the development and implementation of the TBI Program in Tennessee.

In FY25, the TBI Program received **$150,000** through the Public Health Infrastructure Grant (PHIG), awarded to TDH by the Centers for Disease Control and Prevention. This funding supports the Program's data modernization efforts, including analysis of TBI Registry and Hospital Discharge Data, development of interactive dashboards currently in progress, and accompanying infographics that will be released alongside the dashboards to expand real-time data access.

The program has received **$1,000,895** in funding from a five-year grant through the Administration for Community Living (ACL). This funding supports the expansion of Tennessee's statewide coordinated TBI services, enhancing and building upon the existing state infrastructure.

In FY22, the program was awarded **$86,400** through the American Rescue Plan Act of 2022 (ARPA) by the Administrative for Community Living (ACL) to expand the public health workforce within disability networks. This funding supported the hiring of a Communications Specialist to enhance program awareness, with funding ending September 2024. A final report showcasing the activities and accomplishments was submitted in January 2025.

Currently, **NO WAIVERS ARE AVAILABLE** for individuals with TBI in Tennessee. TBI waiver programs provide community-based services and supports. Waivers can aid individuals with TBI in living safely, independently and access funding for home, socialization, work, therapy, assisted living, personal care services, case management, or other needed medical costs. Approximately 30 states have funded and implemented waivers and other programs successfully.



*States that have a Traumatic/Acquired Brain Injury (TBI/ABI) Medicaid HCBS Waiver program and/or other State options for LTSS Medicaid eligible individuals.

Data Source: National Association of State Head Injury Administrators. Guide to State Government Brain Injury Policies, Funding, and Services 2024.. Pg. 16, https://static1.squarespace.com/static/5eb2bae2bb8af12ca7ab9f12/t/67571232b14b4d496094a44d/1733759541927/State+Resource+Guide+2024.12.09.pdf

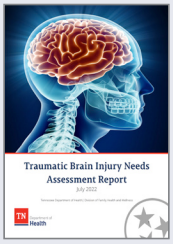


Available Programs and Services

In FY25, the TBI Program prioritized expanding access to clear and user-friendly resources. The Program worked closely with a Program Intern to develop the TBI Services Directory and Resource Information Guide, ensuring a comprehensive compilation of available programs and services. The guide was fully redesigned to ensure content is accurate, relevant, and easy to navigate, with input from the Communications Specialist. The release of the guide is expected to occur in FY26.

The TBI Service Coordination brochure was updated to reflect current information and consistent branding, and it accompanies the Resources Directory to provide a cohesive set of materials for stakeholders. The updated brochure was completed in Spring 2025.

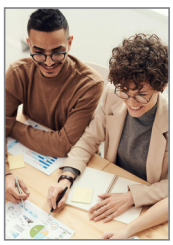
In addition to the Program's updated documents, the TBI webpage (tn.gov/health/health-program-areas/fhw/tbi.html) was enhanced to improve navigation and accessibility. Collectively, these efforts reflect the Program's commitment to maintaining accurate and current resources that enhance awareness of available services.



Gaps in Service

During FY25, the TBI Program and the TBI Advisory Council continued reviewing the FY22 TBI Needs Assessment Report (tn.gov/content/dam/tn/health/documents/FY22%20TBI%20Needs%20Assessment%20Report.pdf). Discussions highlighted ongoing service gaps, including the absence of a TBI Medicaid waiver, limited transportation, inadequate housing options for individuals living with a TBI, insufficient inpatient services, and reduced time with TBI Service Coordinators due to high caseloads.

Following the identification of these gaps, the Program leveraged funding from the Public Health Infrastructure Grant (PHIG) to support data modernization efforts, including analysis of TBI Registry and Hospital Discharge Data. These efforts will improve understanding of resource access and inform strategies to address service gaps. The Program and Council are using these insights to advance actions such as enhanced service coordination, targeted community support, and the development of interactive dashboards and infographics to make data on available resources more accessible to sto the public and improve long-term outcomes for individuals with TBI.



Surveillance Data: TBI Registry

During FY25, the Program prioritized mailing TBI Registry letters to ensure timely outreach and connection to services. These efforts not only re-engaged individuals with TBI and their families but also contributed to increased referrals to TBI Service Coordinators, strengthening statewide program engagement. Evaluation and outreach activities remain focused on ensuring services are person-centered, data-driven, and continuously improved to meet the evolving needs of Tennesseans with TBI.

TBI Awareness and Training

In FY25, the TBI Program, in collaboration with Brain Links, hosted the virtual 35th Annual Brain Injury Survivor, Family, and Caregiver Event, themed "Thriving After Brain Injury: Your Path to Success." Topics included compassionate self-talk, a survivor story, TBI service coordination, returning to work, disability etiquette, yoga, and available resources. A total of 136 individuals with brain injury, family members, caregivers, and service providers were in attendance.

Additionally, the TBI Program, including contracted non-profit agencies, provided trainings and education throughout the state on topics promoting the causes, effects, prevention, treatment, and rehabilitation of brain injuries. During FY25, contracted Brain Links staff revised

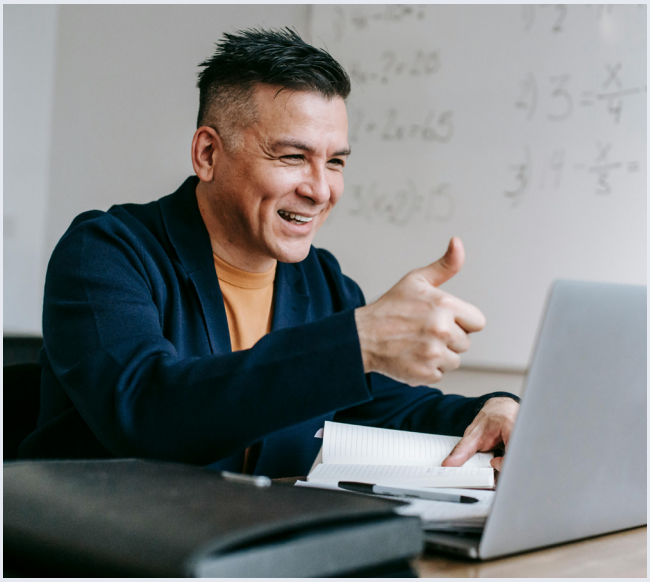
A total of **110 TRAININGS**, **PRESENTATIONS** and **AWARENESS EVENTS** occurred across the state, reaching **6,742 ATTENDEES**.

training and outreach materials. All materials are available in English and Spanish at the Brain Links website: https://www.tndisability.org/brain.

The Tennessee Brighter Futures (TBF) multi-agency collaborative continued to develop and expand in FY25. With approximately 131 members from 98 organizations and state agencies, the collaborative addressed various topics, including chronic pain, rural health, aging & disability, and minority health. Resources and other materials related to these subjects and their intersectionality with traumatic brain injuries were shared with approximately 301,070 recipients. For more information, visit: https://www.tndisability.org/tennessee-brighter-futures.

Since 2005, TDH has received the Core State Injury Prevention Program (SIPP) grant funded by the Violence and Injury Prevention Grant funded by the Centers for Disease Control and Prevention (CDC). In 2019, TBI prevention was added as a focus area, making TBI an integral topic at each quarterly TDH Injury Prevention Coalition meeting.

The TBI Program, in collaboration with the TDH Injury Prevention Program, continues to distribute and promote the CDC Pediatric Mild Traumatic Brain Injury (mTBI) Guidelines.



TBI Clearinghouse

The TBI Clearinghouse has been operational since 1994 and is accessible via a toll-free number (1-800-882-0611) or via the TBI Program web page: tn.gov/health/TBI. In FY25, the program received approximately 71 calls through the toll-free number.

Information is updated at least quarterly on available services, resources, and education across the state and nation.

The TBI Program also hosts a statewide TBI Listserv where education, awareness, events, research, and information on brain injury is shared via email. In FY25, the program added 75 new recipients and sent 96 emails to the entire TBI Listserv, with an estimated reach of 357 individuals per email.

To subscribe to the TBI Listserv, please email TBI.Health@tn.gov.



Statewide Compliance and Service Monitoring

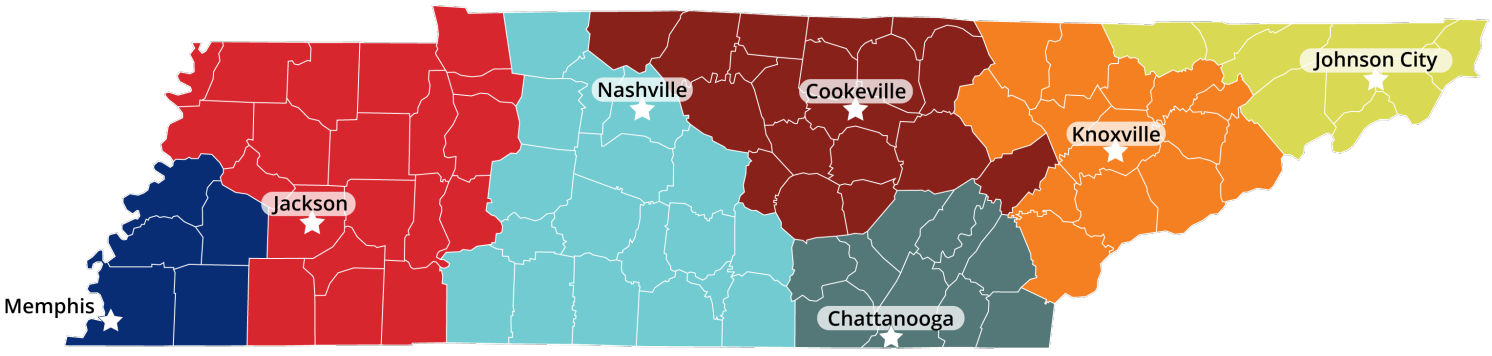
In FY25, the TBI Program reinforced its commitment to accountability by conducting comprehensive site visits across all contracted organizations to ensure full compliance with program standards and contractual obligations. The evaluations confirmed that services were delivered effectively, with minor recommendations provided to support ongoing quality improvement. These site visits not only ensure adherence to established requirements but also enhance the delivery of consistent, person-centered care for individuals with TBI, and strengthen support for their families and caregivers statewide.

Case Management

In FY25, seven (7) Service Coordinators, employed through contracts with non-profit organizations across Tennessee, provided case management services. This marked a return to full staffing after experiencing periods of vacancy in two Service Coordinator positions across FY23 and FY24. Some contracts are based in specialized brain injury or disability agencies, while others operate within hospitals or rehabilitation settings.

These Service Coordinators support individuals with brain injuries and their families statewide, covering all 95 Tennessee counties. Each agency has established a Brain Injury Support Center within its service area to assist both children and adults. Services include providing information and education, developing personalized care plans, making referrals to available resources, coordinating services, offering advocacy support, assisting with applications for services, overseeing local support groups, and developing new programs and activities tailored to community needs.

TBI TRAUMATIC BRAIN INJURY SERVICE COORDINATION COVERAGE



ASIA BURKS
Regional One Health

RICK HALL
Disability Rights Tennessee

PATTY CRUZE
Fort Sanders Regional Medical Center

JIMMIE LEE MORRIS
West Tennessee Healthcare

HOLLAND CAMARA
Disability Rights Tennessee

LAURA HALL
Chattanooga Area Brain Injury Association (CABIA)

FREDDA ROBERTS
Crumley House

TRAUMATIC BRAIN INJURY PROGRAM REPORT JULY 2024 - JUNE 2025

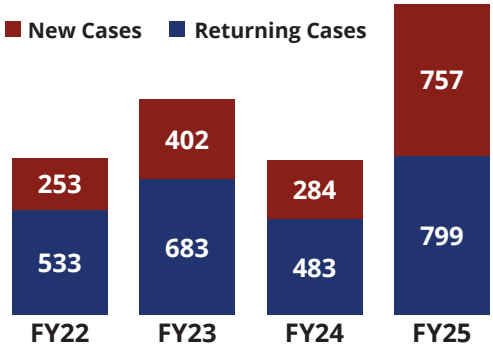
Case Management Continued

In FY25, Service Coordinators provided case management to approximately

757 NEW individuals with **BRAIN INJURIES**.

799 RETURNING individuals with **BRAIN INJURIES**.

Since FY22, the number of **NEW CASES** has **NEARLY TRIPLED** in Tennessee.



Standardized data collection and case classification (new vs. returning) were implemented in FY22; earlier data are not comparable.

Select Demographics of **NEW INDIVIDUALS** with Brain Injury receiving **CASE MANAGEMENT IN FY25*:**

- **547 Males**
- **209 Females**
- **190 CASES 22 years and under**
- **375 CASES between ages 23 – 59**
- **192 CASES 60 years and older**
- **17 Veteran Status**

**Counts by sex may not sum to the total number of new cases due to one individual selecting "prefer not to say."*

TOP FIVE COUNTIES PROVIDING NEW CASE MANAGEMENT SERVICES:

1. Hamilton
2. Shelby
3. Bradley
4. Davidson
5. Knox

TOP FIVE REFERRAL SOURCES TO CASE MANAGEMENT SERVICES:

1. TBI Registry Letters
2. SSI/SSA/Tenncare
3. Hospital/Rehab
4. Family
5. Website/Internet

During FY25, Service Coordinators across the state held support groups in-person and virtually for individuals with brain injury, family members, caregivers, and service providers.

A total of **70** in-person and virtual **SUPPORT GROUPS** were held with approximately **772 ATTENDEES**.

Service Coordinators provided **INFORMATION AND RESOURCE ASSISTANCE** to approximately **11,169 INDIVIDUALS**.

Service Coordinators **REFERRED 575 PEOPLE** to TBI and/or Caregiver Support Groups.

Brain Injury Association of America Tennessee Chapter (BIAA-TN)

In FY25, the Brain Injury Association of Tennessee transitioned into a state chapter of the Brain Injury Association of America Tennessee Chapter (BIAA-TN). During this transition, the TBI Coordinator provided technical assistance to the new Executive Director. The TBI Program continues to collaborate with BIAA-TN on the TBI Service Coordination website referral system, available at https://www.braininjurytenn.org/services/service-coordinators.

During FY25, the **BIAA-TN REFERRAL SYSTEM CONNECTED APPROXIMATELY 114 INDIVIDUALS** to TBI Service Coordinators.

This represents a decrease from FY24, when 305 individuals were referred, due to staff transitions at BIAA-TN and technical issues on their website.

This collaboration aims to enhance the quality of life for individuals with brain injuries, as well as their families, caregivers, and service professionals, by providing essential information, education, support, prevention, and advocacy though local, state, and national resources.



TBI REGISTRY*

T.C.A. 68-55-203 and 204

Established in 1996, the TBI Registry collects statewide data on brain injuries. Supported by an epidemiologist within the TBI Program, the registry ensures data accuracy,timeliness, and completeness. Non-federal hospitals are mandated to report data for inpatients (with stays over 24 hours) or deceased patients with TBI-specific ICD-10 codes. Patients treated and released from the emergency room the same day are not included. Hospitals must submit reports within six (6) weeks of the end of each quarter, and all mandated hospitals in the state are currently in full compliance.

In 2024, of the **8,406 TBI PATIENTS** reported to the registry, **7,529** were **DISCHARGED** from the hospital **ALIVE** and the remaining **877** were **DECEASED**.

In FY25, **9,822 REGISTRY LETTERS** were sent to individuals with brain injury in Tennessee.

The TBI Registry is designed to connect individuals with brain injuries to essential services and resources available through the TBI Program. Registry letters serve as a primary outreach tool, providing TBI survivors and their families with information about available support services.

The higher number of letters sent in FY25 compared to alive TBI patients identified in CY2024 reflects temporary delays in mailing of letters in FY24 and FY25 due to a brief vacancy in the TBI Coordinator position and the subsequent time needed for onboarding and training. Despite these challenges, the Program made strong progress in FY25 toward re-establishing timely outreach, defined as contacting TBI survivors within six months of their injury. Moving forward, the Program remains committed to ensuring communication is consistent, person-centered, and responsive to the needs of Tennesseans with TBI.

**See the TBI Annual Surveillance Report (pages 1-13) for an analysis of registry data.*

TBI TRUST FUND

T.C.A. 68-55-401
Trust Fund Established

The TBI Trust Fund, supported by fines from six traffic violations (T.C.A. § 68-55-301-306) collected by the Department of Safety, finances most TBI Program operations. Nine of ten service contracts are fully funded by the trust, with the tenth partially supported by federal funds, which are designated for education and training. These contracts provide essential services to individuals with brain injuries and their families.

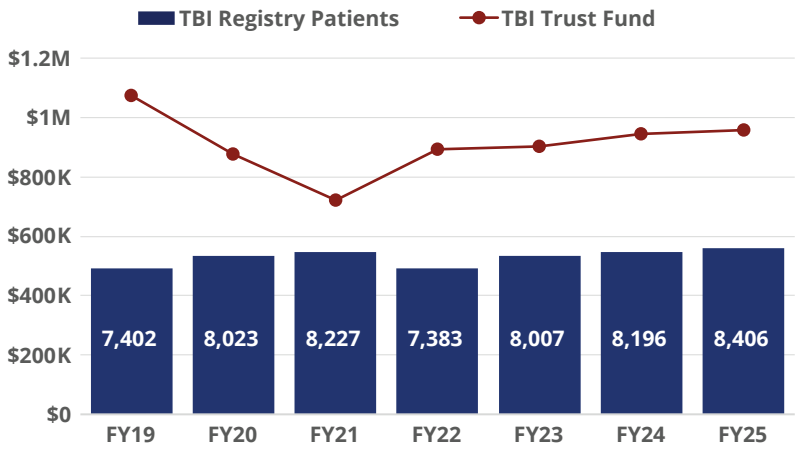


Figure 1. Trust Fund Trends, Tennessee, FY19-FY25.

**The TBI registry collects patient data on a calendar-year basis. Fiscal Year 2019 (FY19) corresponds to Calendar Year 2018 (CY2018), with the same one-year offset applying to subsequent years.*

From FY21 to FY25, funding increased 9% but remains at 89% of FY19 levels (Figure 1). Despite this, no contracts or services have been cut since FY22. Since 2009, limited funding has constrained the Program's ability to expand services or meet growing demand. Even though the number of patients reported in the TBI Registry has remained relatively steady each year, the number of individuals receiving Service Coordination services has nearly tripled since 2022 (see page 20, TBI Annual Report). Additional investment is needed to strengthen services, address emerging needs, and ensure statewide support for Tennesseans living with TBI.



T.C.A. 68-55-402
Grant Programs

In FY25, the TBI Program contracted with agencies and organizations across the state via competitive and sole source contracts. These contracts supported personal care services, service coordination, recreation and respite services, and training and education. The TBI Program is contracted with the following agencies and organizations:

Agency | Organization	Contracted Services
Chattanooga Area Brain Injury Association	Service Coordination
Crumley House Brain Injury Rehab Center	Service Coordination, Personal Care Services
Disability Rights Tennessee	Service Coordination
Easterseals Tennessee	Recreation and Respite Services
Fort Sanders Regional Medical Center	Service Coordination
Jackson Madison County General Hospital District	Service Coordination
Regional One Health	Service Coordination
Tennessee Community Resource Services Agency	Personal Care Services
Tennessee Disability Coalition	Training and Education

YOUTH SPORTS-RELATED INJURIES

T.C.A. 68-55-502 & 503

School & Community-Based Youth Athletic Activity







In 2019, Tennessee enacted legislation aimed at reducing youth sports concussion and increasing awareness of traumatic brain injury. The law applies to all public and private school sports, as well as recreational leagues for children under 18 that require a fee.

TDH reviews and updates relevant information and forms annually to educate coaches, schools administrators, youth athletes, and their parents or guardians about risks, symptoms, and management of concussions, including the dangers of continuing play after a concussion or head injury. The TBI Program continues to provide relevant information, free of charge, on the TDH Sports Concussion Law website: https://www.tn.gov/health/health-program-areas/fhw/tbi/tn-sports-concussion.html.

The TBI Program supports the Safe Stars Initiative, a partnership between the Tennessee Department of Health and Vanderbilt Youth Sports Health Center. This initiative recognizes and rewards youth sports leagues in Tennessee committed to the highest safety standards.

Safe Stars helps leagues implement policies on concussion education, sudden cardiac arrest prevention, injury reduction, and weather safety, creating safer environments for youth athletes. TDH and partners provide tools and resources to educate coaches, athletes, and families on these critical safety practices.

For more information, visit: tn.gov/health/Safe_Stars_Initiative.

As of FY25, a total of **82 ORGANIZATIONS** have been recognized as a **GOLD STANDARD** for **SAFE STARS YOUTH SPORTS**.

In July 2024, the Safe Stars Act (T.C.A. 49-6-1501–1503) was updated to require each Tennessee Local Education Agency (LEA) and public charter school that provides a school youth athletic activity to implement safety standards, including the development and annual rehearsal of Emergency Action Plans (EAPs) involving coaches and athletes.

CONCLUSION AND RECOMMENDATIONS



In 2023, there were approximately 24,739 TBI-related emergency department visits and non-fatal hospitalizations and 1,752 TBI-related deaths in Tennessee. Traumatic brain injury contributes to a significant proportion of death and disability in the state of Tennessee. During FY25, the TBI Program provided services to approximately 26,962 individuals with brain injury, their family members, caregivers, and/or service providers via case management, personal care services, respite care, and education and training.

Advancements in neurological science and clinical care allow for improved intervention and better long-term outcomes for TBI patients. However, these injuries still occur at alarming rates and often, patients are still in need of long-term assistance. In 2024, 8,406 patients were reported to the TBI Registry. Of those reported, 7,529 were discharged alive and the remaining 877 were deceased. The average length of hospital stay amongst all TBI Registry patients was 7.4 days. In 2024, 50% of TBI Registry patients with non-fatal injuries required further care and were discharged to rehabilitation, skilled nursing, or other long-term care facilities. The findings in this report not only emphasize the continued need for these TBI patient resources in Tennessee, but also highlight the opportunity and need to enhance TBI prevention efforts across the state.

While significant progress has been made, traumatic brain injuries continue to impact Tennessee, and there remains a critical need for resources and services. During FY25, the TBI Advisory Council convened to develop key recommendations aimed at enhancing the state TBI Program. These recommendations include:

- Expand partnerships to identify and pursue additional funding opportunities.
- Educate on the need for increased fines on traffic violations, with a specific focus on generating more dollars per violation, and expanding the list of violations contributing to the TBI Trust Fund to include offenses like distracted driving.
- Expand support for individuals with TBI and their families by increasing services through the TBI Service Coordination Program, enhancing access to personal care services and respite care, and utilizing the TBI Trust Fund for sustained funding.
- Educate state partners on the benefits of the TBI Medicaid Waiver Program available in other states.
- Strengthen partnerships with veteran-serving organizations to promote TBI Program services.

The TBI Program and Advisory Council are grateful for the opportunity to enhance the lives of Tennesseans affected by traumatic brain injury and their families.



TRAUMATIC BRAIN INJURY PROGRAM

DIVISION OF FAMILY HEALTH & WELLNESS

TN Department of Health

Department of Health Authorization No. XXXXXX.
This electronic publication was promulgated at zero cost.
November 2025.