

**ANNUAL REPORT OF THE
VIRGINIA DEPARTMENT OF REHABILITATIVE SERVICES
Brain Injury & Spinal Cord Injury Services**

For State Fiscal Year 2008-09
(July 1, 2008 to June 30, 2009)

When the 2004 General Assembly appropriated funds for brain injury services for State Fiscal Years 2005 and 2006 in Item 327.4 of the Appropriations Act, it also directed that

“...the Department of Rehabilitative Services (DRS) shall submit an annual report to the Chairmen of the Senate Finance and House Appropriations Committees documenting the number of individuals served, services provided, and success in attracting non-state resources.”

The information contained herein constitutes the **2009 Annual Report of State-Funded Brain Injury Services Programs** from the Department of Rehabilitative Services (DRS) to the Chairmen of the Senate Finance and House Appropriations Committees.

HISTORY OF FUNDING OF BRAIN INJURY SERVICES

In 1989, the Department of Rehabilitative Services (DRS) was designated in the Code of Virginia as the “lead agency to coordinate services” for people with physical and sensory disabilities, including people with brain injury and/or spinal cord injury. The 1989 General Assembly also appropriated the initial allocation of funding specifically designated for brain injury services: \$235,000 to Fairfax County for the development of a nonprofit organization that would provide contracted brain injury case management services in Northern Virginia. This resulted in the establishment of Head Injury Services Partnership (HISP), a nonprofit in Springfield, Virginia now called Brain Injury Services, Inc. The **DRS Brain Injury Services Coordination (BISC) Unit**, which manages specialized programs, services, grants and contracts for people with brain injury, was established by the agency in 1992, along with a “state brain injury coordinator” position.

Although funding for brain injury services has increased steadily – albeit slowly - since 1989, the most dramatic increases occurred during SFY 2005. SFY 2005 was an historic year for funding of brain injury services in Virginia, with a total biennial appropriation of \$1.9 million (\$825,000 in '05 and \$1,075,000 in '06), representing the single largest allocation of state funding designated specifically for services to people with brain injury. Prior to the SFY 2009 appropriation of \$200,000, state funding of brain injury services increased an average of \$179,300 per year (from the initial allocation of \$235,000 in 1989 to a total funding amount of \$3,821,000 in 2009).

The SFY 2009-10 biennium funding was intended to support the infrastructure of existing state-funded brain injury services programs. Funds are needed to support and strengthen the ability of programs to operate at maximum level. All of the programs have provided effective, high quality services to Virginians with brain injury despite the lack of a “cost of living” increase to meet the rising costs of annual program operation. As documented in this report, Brain Injury Services Programs have worked hard to attract nonstate resources to supplement state funding that does not fully support operating costs, which helps to relieve but does not eliminate wait lists and the inability to expand

services and areas served. The need for increased funding to support existing programs is ongoing, but funds are also critical for the creation of new programs to serve Virginians with brain injury.

JLARC STUDY

During SFY 2007, the Joint Legislative and Audit Review Commission (JLARC) was directed to conduct a study on “access to brain injury services in the Commonwealth.” The findings in the JLARC report, released in October 2007, confirmed that there is an ongoing need for services for people with brain injury in the Commonwealth, particularly for those with the most significant impairments living in unserved and underserved areas. The JLARC recommendations reinforce many of the legislative agenda items of the Virginia Alliance of Brain Injury Service Providers and the Brain Injury Association of Virginia. The report also reflected similar concerns expressed to DRS by the Virginia Brain Injury Council. Several issues highlighted in the report included the need for intensive, residential and community-based neurobehavioral treatment services for people with challenging behaviors which place them at risk of entering the criminal justice and mental health systems, as well as the need for a Brain Injury Medicaid Waiver (and the feasibility of targeting Virginia’s proposed Brain Injury Waiver to provide the neurobehavioral services just described). Several of the JLARC recommendations have been addressed and were reported to JLARC in October 2009 (see their website at <http://jlarc.state.va.us/> under “2009 Report to the General Assembly” for DRS’ progress report in meeting the recommendations). For example, JLARC recommended that the DRS Central Registry for Brain Injury and Spinal Cord Injury be eliminated and that DRS and the Department of Health work collaboratively to share information from the Virginia Statewide Trauma Registry (VSTR) on patients treated for brain injury and spinal cord injury. The DRS Registry was eliminated through a Code of Virginia change, effective July 1, 2008. The Code also mandated that Department of Health share any VSTR information on brain injury and spinal cord injury patients with DRS. During the past year, testing to accomplish this was completed successfully, and DRS is currently studying the most effective methods of outreach for individuals reported to the VSTR. The Department of Health has been extremely cooperative in working with DRS to develop a consistent method of safely transferring the needed data for outreach and research purposes. A written agreement confirming the details of this collaborative relationship will be finalized during SFY 2010.

JLARC also identified as priorities the needs of returning soldiers and veterans, the incidence and needs of people with brain injury in the correctional system, and improving program evaluation for existing state contractors of brain injury services. DRS has been an effective member of a team led by the Department of Veterans Services (DVS) which launched Virginia’s Wounded Warrior program, funded by the General Assembly for SFY 2008 to address veterans’ mental health and brain injury issues. Regional services will be provided collaboratively among state and community service providers, including state-funded brain injury services programs. DRS’ state-funded Brain Injury Services Programs are involved in each of the regional coalitions of the Virginia Wounded Warrior Program. In addition, DRS worked closely with the Department of Juvenile Justice (DJJ) and Virginia Commonwealth University’s (VC) Department of Physical Medicine and Rehabilitation to develop a Commonwealth Neurotrauma Initiative (CNI) Trust Fund proposal to conduct a study to identify / develop a screening tool to more accurately assess the incidence of brain injury among juvenile offenders, as well as develop training for DJJ staff in appropriate treatment and intervention strategies. VCU recently submitted its first quarterly report – having had to obtain Internal Review Board (IRB)

approval for “human subject research” from both VCU and the McGuire Veterans Administration Hospital, which was quite a lengthy process.

Another important area identified by JLARC, program evaluation, continues to be addressed by DRS staff, through a web-based reporting and monitoring system (i.e., the Brain Injury Services Programs SCORECARD at <http://www.vadrs.org/cbs/apps/outcomes/>). This on-line quarterly reporting system is now being used successfully by all nine of DRS’ brain injury services contractors since it went “live” in SFY 2007. Following a year of field-testing, additional changes and enhancements have been added so that the SCORECARD will become a truly effective tool for both DRS and the Brain Injury Services Programs. Programs report that submitting quarterly data to DRS regarding progress in meeting service goals for individuals served by their organizations (or for required Community Impact activities) is more efficient, more consistent, and easier than submitting Excel spreadsheets via e-mail. The Brain Injury Services Coordination Unit will also work with DRS Policy & Planning to plan a series of program evaluations – at least two per year – as recommended by JLARC. External financial audits will also be conducted, though a schedule for the year is not yet confirmed.

The Joint Legislative and Audit Review Commission (JLARC) was directed by the 2006 General Assembly to conduct a study on “access to brain injury services in the Commonwealth.” The findings in the JLARC report, released in October 2007, confirmed that there is an ongoing need for services for people with brain injury in the Commonwealth, particularly for those with the most significant impairments living in unserved and underserved areas. One major issue highlighted in the report was the need for intensive residential and community-based neurobehavioral treatment services for people with brain injury who have challenging behaviors, causing them to be placed into the criminal justice and mental health systems, where they typically do not receive appropriate intervention and treatment. When individuals with brain injury and behavioral health issues are in crisis (i.e., it is determined that they are at risk of harming themselves or others), they are typically admitted to psychiatric hospitals. They are stabilized with sedating medications and then discharged back home or to a skilled nursing facility, both of which are ill-equipped to handle the recurring behavioral and mental health challenges. Recognizing the seriousness of this ongoing and increasing problem, the Virginia Brain Injury Council – advisory group to the DRS Commissioner - established a “Neurobehavioral Services Committee” and was charged by the Commissioner to look at this issue in greater depth and to develop a “white paper” with recommendations for addressing this critical need. In addition, a great number of Virginia’s “wounded warriors” returning from combat in Iraq and Afghanistan are likely to exhibit disturbing behaviors due to posttraumatic stress, mild traumatic brain injury or concussion, or a combination of both: traumatic brain injury is the “signature wound” of these military conflicts.

FUTURE CONSIDERATIONS

The need for a range of specialized residential and community-based neurobehavioral treatment and services is urgently needed to provide appropriate intervention, treatment, and long-term services to stabilize and support Virginians in their efforts to re-integrate into society. One option would be to conduct a small pilot study, funded with state general funds or through the Commonwealth Neurotrauma Initiative Trust Fund, to work with an existing brain injury services provider in Virginia that specializes in neurobehavioral treatment. Evaluating the effectiveness of residential treatment

followed by long-term case management services – as well as short-term community-based life skills training and positive behavior support to work with an individual and his or her “support team” - would allow Virginia to make informed, cost-effective policy decisions based on empirical, qualitative data. Another option for funding these services, endorsed by the JLARC study, is to develop a Brain Injury Medicaid Waiver. The Department of Medical Assistance Services has provided excellent leadership in working with the Department of Rehabilitative Services, the Brain Injury Association of Virginia, and other key stakeholders to develop a small, but comprehensive Brain Injury Waiver application that would provide funding for limited residential and community neurobehavioral services. Unfortunately, the state’s budgetary situation has precluded the allocation of funding to support the implementation of the Waiver to date.

DRS will continue to work on implementation of the JLARC recommendations, as appropriate, during SFY 2010 and we look forward to reporting on our progress in the next year. We will, of course, also continue to assess quality assurance issues related to management of the Brain Injury Services Coordination Unit and its grant / program management activities.

CONCLUSION

The Centers for Disease Control (CDC) estimates that approximately 1.1% of the population nationally is disabled as the result of a traumatic brain injury (3.1 million people). Based on the latest 2008 census data from the Weldon Cooper Center for Public Policy Studies at the University of Virginia, that means that nearly 85,000 Virginians may have a need for some level of support and assistance due to a brain injury. These figures show that current funding of \$3,821,000 (which does not include the “in house” programs administered by DRS), does not meet the needs of a large number of unserved survivors and family members across the Commonwealth, especially in critical areas such as residential and community-based neurobehavioral treatment options. Our returning soldiers and veterans will also need long-term support services, as traumatic brain injury has become the “signature” wound of the Iraq / Afghanistan war. We look forward to working with our community partners to continue improving services in SFY 2010.

DRS Report for State Fiscal Year 2009 (July 1, 2008 through June 30, 2009)*

Geographic Location Served	Program Providing Service	Services Provided	FY '09 State Funding	FY '09 Number Served and Consultations & Information/Referral, and Education/Training	FY '09 Success in Attracting Non-State Resources
Statewide	Brain Injury Association of Virginia (BIAV)	Regional Resource Coordination <i>(Central Office Staff: education, awareness, support; annual conference; central resource library; information / referral)</i>	\$78,028 (23% of total funding of \$339,251)	<u>1,816</u> Education / Training (workshops, conferences, public awareness events); <u>906</u> Support Groups; <u>4,881</u> Outreach Activities; <u>305</u> Consultations & Information / Referral; (does <i>not</i> include <u>10,000</u> media outreach via public radio/TV, <u>7,000</u> newsletters, <u>141,000</u> web-site visits)	Success Achieved <u>\$420,925</u> Donations/Contributions: \$33,532; Grants: \$216,304; Annual Campaign / Fundraising / Conferences: \$38,939; Volunteer/In-Kind Services \$42,495; Donation of Equipment/Supplies \$6,190; United Way \$13,350; Billable Services: \$68,040; Miscellaneous \$2,075
Region 10 - City of Charlottesville; Counties of Albemarle, Nelson, Fluvanna, Louisa, and Greene; surrounding areas	NeuroCare, Inc. (VANC)	High Street Clubhouse: <i>Clubhouse (5-day/week vocational, therapeutic social environment; daily attendance varies)</i>	\$166,700	<u>27</u> total Clubhouse Members served (<u>6</u> average daily census, though <u>8</u> were scheduled); <u>4</u> Volunteer Placements; <u>2</u> Consultations & Information / Referral; Education/Training	Success Achieved <u>\$16,451</u> Donations/Contributions \$660; Grants \$6,550; Member Fees \$5,886; Fundraising \$2,050; Volunteer / In-Kind Services \$1,305 (6240 hours)
Fredericksburg and surrounding areas with transportation	Brain Injury Services, Inc. (BIS INC)	Westwood Clubhouse: <i>Clubhouse (5-day/week vocational, therapeutic social environment; daily attendance varies)</i>	\$204,734	<u>20</u> total active Clubhouse Members served (<u>2</u> average daily census)	Success Achieved <u>\$931</u> Billable Services \$931
Harrisonburg,	Brain Injury	Regional Resource		(See information under	Success Achieved \$

Winchester, Greater Shenandoah Valley area	Association of Virginia (BIAV)	Coordination <i>(Regional Resource Coordinator: education, awareness, support, building coalitions, encouraging new services)</i>	\$57,673 (17% of total funding of \$339,251)	Statewide BIAV Regional Resource Coordination)	<i>(See information under Statewide BIAV Regional Resource Coordination)</i>
	Crossroads to Brain Injury Recovery (CBIR)	Case Management <i>(Case Managers: adult/pediatric case management, consultation, school services, life skills, contract for services)</i>	\$144,966	56 Case Management; 5 Life Skills Training; 2 Consultations & Information/Referral; 75 Education/Training	Success Achieved \$5,076 Donations/Contributions \$446; Conference income \$2,930; Volunteer/In-Kind Services \$1,700.
Lynchburg, Farmville, and surrounding areas	Brain Injury Association of Virginia (BIAV)	Regional Resource Coordination <i>(Regional Resource Coordinator: education, awareness, support, building coalitions, encouraging new services)</i>	\$67,850 (20% of total funding of \$339,251)	(See information under Statewide BIAV Regional Resource Coordination)	Success Achieved \$ <i>(See information under Statewide BIAV Regional Resource Coordination)</i>
Cities of Danville, Martinsville; Henry, Patrick, and Pittsylvania counties	MWS-BIS (independent department within MARC Workshop, Inc.)	Case Management <i>(Case Managers: adult/pediatric case management, consultation, school services, life skills, contract for services)</i>	\$144,966	76 Case Management; 310 Consultations & Information/Referral; Education/Training	Success Achieved \$5,090 Donations/Contributions \$1340; Volunteer / In-Kind Services \$3750
Peninsula: Williamsburg, Newport News, Hampton, and surrounding localities	Community Futures Foundation (CFF)	Denbigh House: <i>Clubhouse (5-day/ week vocational, therapeutic social environment; daily attendance varies)</i>	\$166,700	39 total Clubhouse Members served (14 average daily census); 8 Wait List; 10 Consultations & Information/Referral; 17 Education/Training; 7 Public Awareness/Outreach	Success Achieved \$80,048 Local Government \$46,500; Fundraising \$5,200; Grants \$7,311; Member Fees \$4,214; Billable Services (Medicaid, DRS, Consulting) \$10,630; Volunteer/In-Kind Services \$8,000 (615 hours)
Northern Neck,	Brain Injury	Regional Resource			Success Achieved \$

Middle Peninsula areas	Association of Virginia (BIAV)	Coordination (Regional Resource Coordinator: education, awareness, support, building coalitions, encouraging new services)	\$61,065 (18% of total funding \$339,251)	(See information under Statewide BIAV Regional Resource Coordination)	(See information under Statewide BIAV Regional Resource Coordination)
Northern Virginia (Arlington, Fairfax, Loudoun and Prince William counties; and cities of Alexandria, Falls Church, Fairfax, Manassas and Manassas Park)	Brain Injury Services, Inc. (BIS INC.)	Adult Case Management / ADAPT Clubhouse (Case Managers / Clubhouse: case management, consultation, supported living, life skills, education / awareness, contract for services; clubhouse is 5 day/week vocational, therapeutic social environment; daily attendance varies))	\$1,227,398	538 Case Management; 52 total Clubhouse Members served (35 active); (? average daily census); ? Supported Living; 144 Consultations & Information / Referral; ? Education / Training	Success Achieved \$573,667 Local Government \$300,460; Donations/Contributions \$34,456; Annual Campaign / Fundraising \$60,800; United Way \$23,114; Grants \$125,434; Conference: \$10,500; Member Fees/Billable Services \$14,916; Misc. \$3,987; \$? Volunteer /In-Kind Services
		Pediatric Case Management (Case Managers: case management, consultation, school services, life skills, education / awareness, contract for services)	\$155,586	69 Pediatric Case Management; ? Consultations & Information / Referral; ? Education/Training	Success Achieved \$5,535 Donations/Contributions \$535; Grants \$5,000
Richmond and surrounding areas	Community Futures Foundation (CFF)	The Mill House: Clubhouse(5-day/week vocational, therapeutic social environment; daily attendance varies)	\$166,700	48 Total Clubhouse Members (17 average daily census); 35 Wait List	Success Achieved \$352,868 Local Government \$151,250; Grants \$78,135; Fundraising \$57,785; Member Fees: \$22,527; Billable Services (Medicaid, DRS, Consulting) \$7,171; Volunteer/In-Kind Services \$36,000 (legal services, student interns)

		Case Management (<i>Case Manager:</i> case management, consultation, education/awareness, contract for services)	\$142,093	<u>41</u> Case Management (29 referrals; 17 wait list)	Success Achieved <u>\$6,667</u> Donations/Fundraising \$667; Volunteer/In-kind Services \$6,000 (600+ hours)
	Virginia Supportive Housing (VSH)	Case Management (<i>Case Manager:</i> case management to residents of two facilities, and an individual residence)	\$63,780	<u>14</u> Case Management (Independent House residents: <u>6</u> ; Bliley Manor opened in FY '08: <u>8</u> residents; Individuals followed in community: <u>2</u>); <u>2</u> Consultations & Information / Referral; <u>2</u> Education / Training	Success Achieved <u>\$65,430</u> Donations/Contributions \$3,430; Rental income: \$62,000 VSH requested and received public housing subsidy increases for both Independence House (effective 7/09), Bliley Manor (effective 6/09).
Roanoke, Blacksburg, New River Valley areas; far Southwest Virginia (Abingdon, Norton, Wytheville, Franklin)	Brain Injury Services of Southwest Virginia (BISSWVA)	Case Management (<i>Case Managers:</i> adult/pediatric case management, consultation, school services, life skills, contract for services)	\$608,592	<u>306</u> Case Management; <u>42</u> Volunteer Placements; <u>18</u> Life Skills Services; <u>112</u> Consultations & Information/Referral; <u>114</u> Education/Training	Success Achieved <u>\$251,316</u> Local Government \$36,519; Donations/Contributions: \$18,926; Grants \$165,209; Fundraisers \$27,196; Miscellaneous \$3,466; Volunteer/In Kind Services: Not totaled as of July 30.
South Hampton Roads: Virginia Beach, Norfolk, Eastern Shore, Chesapeake, Suffolk, Portsmouth, and surrounding localities	Mary Buckley Foundation (MBF)	Beacon House: <i>Day Program</i> (5-day/week educational, vocational, social activities; daily attendance varies)	\$289,533	<u>44</u> Total Active Day Program Members (<u>2</u> average daily census); <u>2</u> Consultations & Information / Referral; <u>65</u> + Education/Training	Success Achieved <u>\$108,000</u> Donations/Contributions \$49,000; Volunteer / In-Kind Services and Donations of Equipment/Supplies \$11,000; Grants \$7100 (RSIF \$6325,

		No Limits: <i>Day Program</i> (5-day/week educational, vocational, social activities, daily attendance varies)		<u>19</u> Total Active Day Program Members (<u>?</u> average daily census); <u>?</u> Consultations & Information/Referral; <u>?</u> Education/Training	United Way \$500, Eastern Shore Soil & Conservation District \$275); Contracts \$41,000 (VA Wounded Warrior Program); Volunteer Hours 120+
	Brain Injury Association of Virginia (BIAV)	Regional Resource Coordination <i>(Regional Resource Coordination: education, awareness, support, building coalitions, encouraging new services)</i>	\$74,635 (22% of total funding \$339,251)	(See information under Statewide BIAV Regional Resource Coordination)	Success Achieved \$ <i>(See information under Statewide BIAV Regional Resource Coordination)</i>
SFY 2009 TOTAL STATE GENERAL FUNDS: \$3,821,000 ❖ SFY 2008 TOTAL NONSTATE RESOURCES: \$1,896,264					

* **Note:** The total amount of new funding for SFY 2009 allocated by the General Assembly for brain injury services was **\$200,000**.