

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

For State Fiscal Year 2010-11
(July 1, 2010 to June 30, 2011)

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 **2011 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. The State Fiscal Year 2011 allocation of state general funding for DRS-contracted brain injury services is \$3,821,000. There are currently nine (9) organizations operating 12 community-based programs for Virginians with brain injury statewide (see chart below).

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 traumatic brain 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 a continuum of State-contracted brain injury services in Northern Virginia (primarily specialized brain injury case management). 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, an historic year for funding of brain injury services in Virginia: a total biennial appropriation of \$1.9 million (\$825,000 in '05 and \$1,075,000 in '06) represented the single largest allocation of State funding designated specifically for services to people with brain injury. In SFY 2009, there was an additional appropriation of \$200,000 to support the infrastructure of existing State-funded programs, to strengthen their ability to operate at maximum level. No new funding was appropriated by the General Assembly for State Fiscal Year 2011. Since the *initial* allocation of State funding in 1989 (\$235,000) to the *current* SFY '11 level of \$3,821,000, brain injury services funding has increased only an average of \$163,000 per year per year.

As documented in this report, Brain Injury Services Programs work hard to attract nonstate resources to supplement state funding that does not fully support operating costs. This 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 (VABISP) and the Brain Injury Association of Virginia (BIAV). The report also reflected similar concerns expressed to DRS by the Virginia Brain Injury Council (VBIC). 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. This was completed successfully and DRS has been accessing VSTR data directly through Virginia Department of Health, which allows DRS to prepare mailing labels for monthly outreach mailings, to those who are newly injured. 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.

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 are 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. It should be noted that 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.

In addition, DRS is working 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 has made significant progress this year in developing and piloting the use of a screening

instrument. DJJ has been an excellent partner in working with VCU to implement changes for admitting and screening youth into their system.

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. Reporting to the SCORECARD continues to proceed smoothly and the system has been refined further, updating the site to make it more visually appealing and user-friendly. 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. DRS hosted a mandatory meeting of all state-funded BIS Programs in December 2010 to tighten up the service definitions and processes among programs. DRS Information Systems is also working on developing a web-based method of reporting for the BIS Programs to submit their monthly financial spreadsheets to DRS.

The Brain Injury Services Coordination Unit scheduled two fiscal / programmatic evaluations during FY '11 (per JLARC recommendations). BISC Unit plans to conduct two additional program / fiscal evaluations during FY '12, as staff time and resources allow.

A major issue highlighted in the JLARC report – and confirmed by all of the State-funded programs, as well as the Virginia Brain Injury Council and the Virginia Alliance for Brain Injury Services Providers – is the need for intensive residential and community-based neurobehavioral treatment services for people with brain injury who have challenging behaviors. These neurobehavioral issues can cause individuals to be at risk of being 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 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. The paper was completed and submitted to DRS Commissioner James Rothrock, who shared it with appropriate state agencies and policymakers (it is also posted on the DRS website). The agency and its community partners continue to seek ways of addressing this issue, particularly through the provision of community-based supports that may serve to prevent institutionalization in the first place.

DRS will be implementing a “Nursing Home Intervention Project” through its Federal Traumatic Brain Injury Grant to identify and provide assistance to nursing facilities with residents who have acquired brain injury and challenging behaviors.

FUTURE CONSIDERATIONS

The urgent need for a range of specialized residential and community-based neurobehavioral treatment and services surfaced during SFY 2010 and 2011 as a priority. Appropriate intervention, treatment, and long-term services to stabilize and support Virginians in their efforts to re-integrate into society are needed by many individuals across the Commonwealth. Being able to evaluate 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. Although the Commonwealth Neurotrauma Initiative Advisory Board discussed this issue and agreed to include this as a priority area in the next issued Request For Proposals (RFPs), revenue into the Fund has been down, thus preventing the issuing of any RFPs for at least two years. 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 2012 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 2% of the population nationally is living with the effects of a brain injury. It is estimated that over 150,000 people in Virginia may have a need for some level of support and assistance due to a brain injury. The 12 Brain Injury Services (BIS) Programs report approximately 100+ people on their wait lists. 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. In addition, the recent strong focus on sports concussions (i.e., among former NFL players and school sports) means that more individuals from the world of sports will be seeking information and services related to concussions and post-concussive syndrome. The total amount of current funding for FY ’12 - \$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. We look forward to working with our community partners to continue improving services in SFY 2012.

DRS Report for State Fiscal Year 2011 (July 1, 2010 through June 30, 2011)*

Geographic Location Served	Program Providing Service	Services Provided	FY '11 State Funding	FY '11 Number Served and Consultations & Information/Referral, and Education/Training	FY '11 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>	\$152,663 (45% of total funding of \$339,251)	<u>2,800</u> Education / Training (workshops, conferences); <u>755</u> Support Groups; <u>142</u> Consultations & Information / Referral; <u>7500</u> Public Awareness / Outreach (does <i>not</i> include <u>50</u> media contacts, press releases; <u>3,242</u> newsletters).	Success Achieved \$541,582 Donations/Contributions: \$20,263; Federal & State Grants / Subcontracts: \$278,541; Bon Secours: \$25,000; Annual Campaign / Fundraising / Conferences: \$52,944; Volunteer/In-Kind Services \$62,026; Donation of Equipment/Supplies \$2,498; Billable Services: \$100,310.
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>25</u> Clubhouse Members served (<u>17</u> average daily census); <u>6</u> Consultations & <u>4</u> <u>events</u> Education / Training and Public Awareness / Outreach.	Success Achieved \$18,902 Donations/Contributions \$1,451; Grant: \$9,980; Member Fees \$5,671; Volunteer / In-Kind Services \$1,800.
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>26</u> Clubhouse Members served.	Success Achieved \$ <i>(See information under BIS INC)</i>

Harrisonburg, Winchester, Greater Shenandoah Valley area	Brain Injury Association of Virginia (BIAV)	Regional Resource Coordination <i>(Regional Resource Coordinator: education, awareness, support, building coalitions / new services)</i>	\$33,925 (10% 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>
	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	<u>66</u> Case Management; <u>114</u> Consultations & Information/Referral; <u>29</u> <u>events</u> Education/Training; <u>8</u> <u>events</u> Public Awareness / Outreach; <u>3</u> <u>events</u> media (TV, paper, PSA).	Success Achieved \$46,365 Donations / Contributions: \$9,300; Billable Services: \$9,340; Volunteer/In-Kind Services \$19,775; Misc. \$7,950.
Lynchburg, Farmville, and surrounding areas	Brain Injury Association of Virginia (BIAV)	Regional Resource Coordination <i>(Regional Resource Coordinator: education, awareness, support, building coalitions / new services)</i>	\$50,888 (15% 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, fee for services)</i>	\$144,966	<u>96</u> Case Management; <u>310</u> Consultations & Information/Referral; <u>10</u> <u>events</u> Support group meetings; <u>27</u> Education / Training and Public Awareness / Outreach.	Success Achieved: \$13,000 Donations: \$1,000; Grants / Awards: \$10,000; Volunteer / In-Kind Services: \$2,000
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	<u>42</u> total Clubhouse Members served (<u>14</u> average daily census); <u>10</u> Consultations; <u>4</u> Wait List; <u>35</u> Education / Training and Public Awareness / Outreach events (1200 people) – ½ of CFF total.	Success Achieved \$80,310 Local Government \$46,500; Grants: \$500; Donations / Contributions: \$3,219; Fundraising: \$16,468; Member Fees / Billable Services: \$13,623, Volunteer/In-Kind Services \$3,000.

Northern Neck, Middle Peninsula areas	Brain Injury Association of Virginia (BIAV)	Regional Resource Coordination <i>(Regional Resource Coordinator: education, awareness, support, building coalitions, encouraging new services)</i>	\$50,888 (15% 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>
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 <i>(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)</i>	\$1,227,398	<u>539</u> Case Management + <u>84</u> Pediatric Case Management (+196 in follow-along status); <u>55</u> Clubhouse Members served; <u>40</u> Volunteer Placements; <u>26</u> Supported Living; <u>412</u> Consultations & Information / Referral; <u>78</u> <u>events</u> Education / Training / Public Awareness / Outreach (includes annual conference + estimated total of 3768 people). <i>Clubhouse:</i> Open House: <u>4</u> <u>events</u> (141 attendees); In-services: <u>9</u> <u>events</u> (42 attendees); Outreach: <u>18</u> <u>events</u> (20 people); Exhibits: <u>6</u> <u>events</u> (540 attendees).	Success Achieved \$716,628 Local Government \$301,342; Grants: \$17,750; Annual Campaign / Contributions: \$70,061; United Way / Fundraising \$119,849; Conference \$40,790; Member Fees/Billable Services \$32,693; Volunteer /In-Kind Services \$130,682; Misc. \$3,461.
		Pediatric Case Management <i>(Case Managers: case management, consultation, school services, life skills, education / awareness, contract for services)</i>	\$155,586		

Richmond and surrounding areas	Community Futures Foundation (CFF)	The Mill House: <i>Clubhouse</i> (5-day/week vocational, therapeutic social environment; daily attendance varies)	\$209,403	<u>45</u> Total Clubhouse Members (<u>17</u> average daily census); <u>49</u> Wait List; <u>11</u> Consultation and Information & Referral; <u>6</u> Employee Development Services (EDS) vocational program; <u>35</u> Education / Training and Public Awareness / Outreach events (1200 people) – ½ of CFF total.	Success Achieved <u>\$132,515</u> Local Government \$21,260; Grants \$30,000; Donations / Contributions: \$13,685; Fundraising: \$12,150; Member Fees / Billable Services: \$34,100; Volunteer/In-Kind Services \$21,320 (student interns).
		Case Management <i>(Case Manager: case management, consultation, education/awareness, contract for services)</i>	\$99,390	<u>39</u> Case Management; <u>22</u> wait list); <u>36</u> Consultation and Information & Referral.	Success Achieved <u>\$17,458</u> Donations: \$1,304; Fundraising: \$8,121; Volunteer/In-kind Services \$7,800 (600+ hours student interns); Misc. \$233.
	Virginia Supportive Housing (VSH)	Case Management <i>(Case Manager: case management to residents of two facilities, and follow-along)</i>	\$63,780	<u>24</u> Case Management (<u>6</u> Independent House residents, <u>8</u> Bliley Manor, <u>10</u> followed in other VSH properties or community).	Success Achieved <u>\$47,762</u> Rental income: \$47,762;
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: adult/pediatric case management, consultation, school services, life skills, contract for services)</i>	\$608,592	<u>340</u> Case Management; <u>49</u> Volunteer Placements; <u>62</u> Life Skills Services; <u>128</u> Consultations & Information/Referral; <u>221</u> <u>events</u> Education /Training.	Success Achieved <u>\$375,022</u> Local Government \$45,317; Grants: \$188,512; Donations/Contributions: \$59,193; Fundraising: \$60,000; Donations/In-Kind: \$22,000.

South Hampton Roads: Virginia Beach, Norfolk, Eastern Shore, Chesapeake, Suffolk, Portsmouth, and surrounding localities	Mary Buckley Foundation (MBF)	<p>Beacon House: <i>Clubhouse</i> 5-day/week educational, vocational, social activities; daily attendance varies)</p>	\$289,533	<p><u>37</u> Total Active Day Program Members; <u>24</u> Consultation and Information & Referral; <u>83</u> <u>events</u> Education/Training & Public Awareness / Outreach.</p>	<p>Success Achieved \$60,483. Grants: \$13,310; Donations: \$12,411; Fundraising: \$18,604; Billable Services: Member Fees / Billable Services: Membership Fees \$12,259, Rent (BIAV) \$2,400; In Kind Donations: \$1,499.</p>
		<p>No Limits: <i>Day Program</i>(5-day/week educational, vocational, social activities, daily attendance varies)</p>		<p><u>20</u> Total Active Day Program Members; <u>4</u> Consultation and Information & Referral; <u>8</u> <u>events</u> Education/Training & Public Awareness / Outreach.</p>	
	Brain Injury Association of Virginia (BIAV)	<p>Regional Resource Coordination <i>(Regional Resource Coordination: education, awareness, support, building coalitions, encouraging new services)</i></p>	\$50,888 (15% of total funding \$339,251)	(See information under Statewide BIAV Regional Resource Coordination)	<p>Success Achieved \$ <i>(See information under Statewide BIAV Regional Resource Coordination)</i></p>
<p>SFY 2011 TOTAL STATE GENERAL FUNDS: \$3,821,000 ❖ SFY 2011 TOTAL NONSTATE RESOURCES: \$2,050,027</p>					

* **Note:** There was NO increase in funding for FY '11. **An estimated 3700 people received direct services** (case management, supported living, volunteer services, support groups, clubhouse/day programs, regional resource coordination, and consultation/information & referral). In addition, **approximately 650 events / instances of educational/training, public awareness/outreach events** were conducted during FY '11 – reaching **over 17,000 people** (in most cases, an estimated number of people who attended public awareness/outreach events is reported). This does *not* include the media such as newsletters, website hits, public service announcements, etc. sponsored by each of the programs.