

**ANNUAL REPORT OF THE  
VIRGINIA DEPARTMENT FOR AGING AND REHABILITATIVE  
SERVICES (DARS)**

**Brain Injury & Spinal Cord Injury Services**

For State Fiscal Year 2011-12

(July 1, 2011 to June 30, 2012)

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 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 **2012 Annual Report of State-Funded Brain Injury Services Programs** from the Department for Aging and Rehabilitative (formerly known as the Department for Rehabilitative Services) to the Chairmen of the Senate Finance and House Appropriations Committees. The State Fiscal Year 2012 allocation of state general funding for DARS-contracted brain injury services is \$3,821,333. There are currently nine (9) organizations operating 13 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 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 DARS’ **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 Years 2010; a 5% reduction was taken in FY' 2011 (\$191,050), which was then restored in via a budget amendment in FY '12:

**Item 320 #4c**, This amendment adds \$194,931 to the general fund the second year to restore funding for brain injury services that was reduced in Chapter 874 of the 2010 Virginia Acts of Assembly. Funding will be used to provide core safety net services for persons with brain injuries such as case management,

transitional day programs, and resource coordination. Lack of access to these services significantly increases the level of disability and mortality, as well as health care costs from increased hospitalization, pharmacological interventions, medical equipment, and long-term care.

Since the *initial* allocation of State funding in 1989 (\$235,000) to the *current* SFY '12 level of \$3,821,333, brain injury services funding has increased an average of only \$166,145 per year.

As documented in this report, state-funded Brain Injury Services Programs work hard to attract non-state resources to supplement state general funds that do not fully support operating costs. This helps to relieve, but does not eliminate, wait lists and the inability to expand services offered and geographic areas served. As the cost of doing business continues to rise against a backdrop of level funding, several programs have reduced the number of, or delayed filling, staff positions (estimated four to five FTEs). The need for increased funding to adequately support the infrastructure of the existing programs is ongoing, but funds for the creation of new programs to serve Virginians with brain injury also remains a crucial challenge.

### **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.” DARS strives to adhere to the findings in the JLARC report, released in October 2007, which confirmed that there is an ongoing need for specialized services for people with brain injury in the Commonwealth, particularly for those with the most significant impairments living in unserved and underserved areas. JLARC’s recommendations reinforce many of the legislative agenda items of the Brain Injury Association of Virginia (BIAV) and the Virginia Alliance of Brain Injury Service Providers (VABISP). The report also reflected concerns similar to those expressed by the Virginia Brain Injury Council (VBIC), the statewide advisory body to the DARS Commissioner. Several of the JLARC recommendations have been addressed and were reported to JLARC in October 2009 (see website at <http://jlarc.state.va.us/> under “2009 Report to the General Assembly” for the department’s progress report on meeting the JLARC recommendations).

For example, JLARC recommended that the department’s Central Registry for Brain Injury and Spinal Cord Injury be eliminated and that DRS and the Virginia Department of Health (VDH) 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 VDH share with DRS information on brain injury and spinal cord injury patients reported to VSTR. The DRS Registry was eliminated as of July 1, 2008 and the department has been accessing VSTR data directly through VDH. This allows DARS to prepare mailing labels for monthly outreach mailings to individuals who are newly injured. VDH has been extremely cooperative in working with DARS to develop a consistent method of safely transferring the needed data for outreach and research purposes. There have been challenges in assuring the accuracy of the data download from VDH to DARS, and VDH continues to cooperate fully with DARS in working to resolve the issues satisfactorily.

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. DARS 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 in SFY 2008 to address veterans' mental health and brain injury needs. Regional services are provided collaboratively among state and community service providers, including state-funded brain injury services programs. DARS' 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, DARS completed a three-year collaborative project with the Department of Juvenile Justice (DJJ) and Virginia Commonwealth University's (VCU) Department of Physical Medicine and Rehabilitation to identify / develop a screening tool to more accurately assess the incidence of brain injury among juvenile offenders. DJJ has been a cooperative and effective partner in working with to implement VCU's screening protocol for admitting and screening youth entering their system. In June of this year, DARS hosted a national Collaborative Policy Summit on Brain Injury and Juvenile Justice. A total of five states, including Virginia, convened in Richmond to address common issues and challenges related to the identification and treatment of youth with brain injury in the juvenile justice system. A proceedings manual summarizing the status of services in each of the five states, as well as the results of discussion at the summit, will be ready for dissemination in FY '13. A next step would be to provide more comprehensive training for DJJ staff on the use of appropriate treatment and intervention strategies once appropriate and satisfactory screening instruments have successfully identified juveniles with brain injury.

Another important area identified by JLARC, program evaluation, continues to be addressed by DARS staff, through a web-based reporting and monitoring system (i.e., the Brain Injury Services Programs SCORECARD at <http://www.vaDARS.org/cbs/apps/outcomes/>). This on-line quarterly reporting system is now being used successfully by all nine of DARS' 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 DARS 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. DARS involves all of the state-funded BIS Programs in revising service definitions and processes as appropriate. DARS Information Systems is also working on developing a web-based method of financial reporting to be used by the BIS Programs to submit monthly fiscal spreadsheets to DARS. This financial reporting function should be operational and ready for testing in early 2013.

The Brain Injury Services Coordination Unit scheduled two fiscal / programmatic evaluations during FY '11 (per JLARC recommendations). During the routine on-site visits of two programs operated by one organization, DARS staff uncovered several areas of noncompliance. These were brought to the attention of the organization's management and board of directors. Following a lengthy process of preparing a written plan of action to remedy the situation, and prior to the end of the State Fiscal Year 2012, the board of directors requested that the contract with DARS be terminated, as it did not feel that it had the resources or expertise to bring the programs into full compliance with DARS'

expectations. DARS issued a Request For Proposals (RFP) to solicit proposals from contractors interested in operating one or both of the programs, to be effective in September 2012. Two vendors submitted proposals and contracts were put into place, with no interruption of services to consumers, in September.

Partially in response to these events, DARS enhanced its oversight of the BIS Programs' activities in the area of board management and training, with BISC Unit staff attending two boards of directors meetings during FY '12 and providing periodic information and training for all board chairs and executive directors. BISC Unit plans to conduct follow-up visits to the two vendors during FY '13, as well as carry out program / fiscal evaluations of two additional programs. These site visits will include meeting with the boards of directors of the organizations.

A major issue highlighted in the JLARC report in 2007 – 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 every year – 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 entering the criminal justice and mental health systems, where they typically do not receive appropriate intervention and treatment. Or, individuals may be placed in out of state facilities that have trained staff and environmental safeguards to appropriately deal with extremely challenging situations. 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 may be admitted to psychiatric hospitals if they are, indeed, granted admission. They are often 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.

The Virginia Brain Injury Council annually prepares a Priorities Letter and in its FY '12 submission to the DARS Commissioner, it again prioritized the neurobehavioral needs of Virginians with brain injury and challenging behaviors. Recognizing the seriousness of this ongoing and increasing problem, and following up on a “white paper” developed and finalized by a Virginia Brain Injury Council committee in 2010 to address these neurobehavioral issues, DARS met regularly during FY '12 with a work group comprised of the departments of Behavioral Health and Developmental Services (DBHDS), Medical Assistance Services (DMAS), and the Brain Injury Association of Virginia (BIAV) in an effort to keep this issue in the forefront among the primary state agencies affected by this critical concern. 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.

## **FUTURE CONSIDERATIONS**

The urgent need for a range of specialized residential and community-based neurobehavioral treatment and services surfaced during SFY 2010, 2011 and 2012 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 another year. Another option for funding these services, endorsed by the JLARC study, the Virginia Brain Injury Council, the Virginia Alliance of Brain Injury Service Providers, and the Brain Injury Association of Virginia is to develop and fund a Brain Injury Medicaid Waiver. The Department of Medical Assistance Services (DMAS) has provided excellent leadership in working with the Department for Aging and Rehabilitative Services and other key stakeholders to develop a small, but comprehensive Brain Injury Waiver application that would provide 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.

DARS will continue to work on implementation of the JLARC recommendations, as appropriate, during SFY 2013 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 256,662 people in Virginia may have a need for some level of support and assistance due to a brain injury. The twelve Brain Injury Services (BIS) Programs reported approximately 267 people on their wait lists during FY '12. Our returning soldiers and veterans also continue to 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 athletes and their families 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 DARS) - 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. However, DARS is very pleased with how the contracted BIS Programs manage limited resources to provide effective services regardless of the economic climate and even manage to bring in significant amounts of nonstate resources and funding. We look forward to working with our community partners to continue improving services in SFY 2013.

**DARS Report for State Fiscal Year 2012 (July 1, 2011 through June 30, 2012y)\***

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)	<b>Regional Resource Coordination</b> <i>(Central Office Staff: education, awareness, support; annual conference; central resource library; information / referral)</i>	\$173,018 (51% of total funding of \$339,251)	<u>61 events (1,674 people)</u> Education / Training (workshops, conferences); <u>102 events (699 people)</u> Support Groups; <u>209</u> Consultations & Information / Referral; <u>27 events (4,273 people)</u> Public Awareness / Outreach (does <i>not</i> include <u>33</u> media contacts, press releases; <u>5,136</u> newsletters).	<b>Success Achieved \$528,207</b> Donations/Contributions: \$24,780; Federal & State Grants / Subcontracts: \$265,062; Annual Campaign / Fundraising / Conferences: \$56,788; Volunteer/In-Kind Services \$82,090; Donation of Equipment/Supplies \$3,371; Billable Services: \$67,089; Other Income/Revenue: \$29,027.
Region 10 - City of Charlottesville; Counties of Albemarle, Nelson, Fluvanna, Louisa, and Greene; surrounding areas	NeuroCare, Inc. (VANC)	<b>High Street Clubhouse:</b> <i>Clubhouse (5-day/week vocational, therapeutic social environment; daily attendance varies)</i>	\$166,700	<u>25</u> Clubhouse Members served ( <u>16</u> average daily census); <u>10</u> Consultations & <u>11</u> Information / Referral; <u>4</u> events Education / Training and Public Awareness / Outreach.	<b>Success Achieved \$17,131</b> Donations/Contributions \$1,894; Grant: \$9,980; Billable Services / Member Fees \$2,807; Volunteer / In-Kind Services \$1,200 (120 hours x \$10/hours; Equipment/Supplies: \$1,250.
Fredericksburg and surrounding areas	Brain Injury Services, Inc.	<b>Westwood Clubhouse:</b> <i>Clubhouse (5-day/week vocational, therapeutic social</i>		<u>18</u> Clubhouse Members served.	<b>Success Achieved \$</b> <i>(See information under BIS INC)</i>

with transportation	(BIS INC)	environment; daily attendance varies)	\$204,734		
Harrisonburg, Winchester, Greater Shenandoah Valley area	Brain Injury Association of Virginia (BIAV)	<b>Regional Resource Coordination</b> <i>(Regional Resource Coordinator: education, awareness, support, building coalitions / new services)</i>	\$33,925 (10% of total funding of \$339,251: position ended 03/12)	(See information under Statewide BIAV Regional Resource Coordination)	<b>Success Achieved \$</b> <i>(See information under Statewide BIAV Regional Resource Coordination)</i>
	Crossroads to Brain Injury Recovery (CBIR)	<b>Case Management</b> <i>(Case Managers: adult/pediatric case management, consultation, school services, life skills, contract for services)</i>	\$144,966	<u>70</u> Case Management; <u>104</u> Consultations & Information/Referral; <u>25</u> events (530 people) Education/Training; <u>8</u> events Public Awareness / Outreach; <u>5</u> events Media.	<b>Success Achieved \$60,391</b> Donations / Contributions: \$20,583; Volunteer/In-Kind Services \$35,168; Billable Services: \$2,502; Other Income/Revenue: \$2,138.
Lynchburg, Farmville, and surrounding areas	Brain Injury Association of Virginia (BIAV)	<b>Regional Resource Coordination</b> <i>(Regional Resource Coordinator: education, awareness, support, building coalitions / new services)</i>	\$54,280 (16% of total funding of \$339,251)	(See information under Statewide BIAV Regional Resource Coordination)	<b>Success Achieved \$</b> <i>(See information under Statewide BIAV Regional Resource Coordination)</i>
Cities of Danville, Martinsville; Henry, Patrick, and Pittsylvania counties	MWS-BIS of MARC Workshop, Inc.)	<b>Case Management</b> <i>(Case Managers: adult/pediatric case management, consultation, school services, life skills, fee for services)</i>	\$144,966	<u>39</u> Case Management; <u>100</u> Consultations & Information/Referral; <u>4</u> on Wait List; <u>12</u> Support group meetings.	<b>Success Achieved: \$6,000</b> Donations: \$2,000; Volunteer / In-Kind Services: \$4,000
Peninsula: Williamsburg, Newport News, Hampton, and surrounding localities	Community Futures Foundation (CFF)	<b>Denbigh House:</b> <i>Clubhouse (5-day/ week vocational, therapeutic social environment; daily attendance varies)</i>	\$166,700	<u>47</u> total Clubhouse Members (15 average daily census); <u>12</u> Consultations; <u>9</u> Wait List; <u>35</u> Education / Training	<b>Success Achieved \$93,383</b> Local Government \$46,500; Grants: \$1,500; Donations / Contributions: \$6,850; Fundraising: \$13,119; Billable

				and Public Awareness / Outreach events (1200 people).	Services/Member Fees: \$13,714; Volunteer/In-Kind Services \$11,700 (900 student hours)
Northern Neck, Middle Peninsula areas	Brain Injury Association of Virginia (BIAV)	<b>Regional Resource Coordination</b> <i>(Regional Resource Coordinator: education, awareness, support, building coalitions, encouraging new services)</i>	\$54,280 (16% of total funding \$339,251)	(See information under Statewide BIAV Regional Resource Coordination)	<b>Success Achieved \$</b> <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.)	<b>Adult Case Management / ADAPT Clubhouse</b> <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	391 Case Management (+ 177 in follow-along status); 58 Pediatric Case Management (+19 in follow-along); 152 Intakes; 47 Clubhouse Members served; 40 Volunteer Placements; 22 Supported Living; Information & Referral (166) and Consultations (79) & Information / Referral; 52 Support Group meetings (185 people); 9 events Education / Training / 108 events (4860 people) Public Awareness / Outreach (includes Annual Conference + estimated total of 130 attendees, 14 exhibitors); 2 events Media.	<b>Success Achieved \$877,708</b> Local Government \$309,133; Grants: \$187,005; Annual Campaign / Contributions: \$66,141; United Way / Fundraising \$135,595; Conference \$31,704; Member Fees/Billable Services \$20,663; Volunteer /In-Kind Services \$126,097; Other Income / Revenue: \$1,370.
		<b>Pediatric Case Management</b> <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)	<b>The Mill House:</b> <i>Clubhouse</i> (5-day/week vocational, therapeutic social environment; daily attendance varies)	\$209,403	<u>49</u> Total Clubhouse Members ( <u>17</u> average daily census); <u>46</u> Wait List; <u>23</u> Consultation and Information & Referral; <u>5</u> Employee Development Services (EDS) vocational program; <u>83</u> Education / Training (12) and Public Awareness / Outreach 20 events (5000 people).	<b>Success Achieved <u>\$140,245</u></b> Local Government \$54,130; Donations / Contributions: \$7,220; Fundraising: \$23,014; Member Fees / Billable Services: \$37,681; Volunteer/In-Kind Services \$18,200 (1400 hours student interns).
		<b>Case Management</b> <i>(Case Manager: case management, consultation, education/awareness, contract for services)</i>	\$99,390	<u>43</u> Case Management; <u>27</u> wait list); <u>21</u> Consultation and Information & Referral.	<b>Success Achieved <u>\$44,296</u></b> Donations: \$4,567; Fundraising: \$8,629; Grants: \$22,000; Volunteer/In-kind Services \$9,100 (700+ student hours).
	Virginia Supportive Housing (VSH)	<b>Case Management</b> <i>(Case Manager: case management to residents of two facilities, and follow-along)</i>	\$63,780	<u>25</u> Case Management ( <u>6</u> Independent House residents, <u>8</u> Bliley Manor, <u>11</u> followed in other VSH properties or community); Community Impact activities: 9 events (89 people)	<b>Success Achieved <u>\$97,176</u></b> Rental income: \$93,546; Fundraiser: \$3,630.
Roanoke, Blacksburg, New River Valley areas; far Southwest Virginia (Abingdon, Norton, Wytheville, Franklin)	Brain Injury Services of Southwest Virginia (BISSWVA)	<b>Case Management</b> <i>(Case Managers: adult/pediatric case management, consultation, school services, life skills, contract for services)</i>	\$608,592	<u>282</u> Case Management; <u>39</u> Volunteer Placements; <u>44</u> Life Skills Services; <u>15</u> on Wait List; <u>106</u> Consultations & Information/Referral; <u>451</u> hours Education /Training; <u>243</u> Community Impact Activities.	<b>Success Achieved <u>\$411,172</u></b> Local Government \$42,049; Grants / Contracts: \$235,138; Donations/Contributions: \$52,494; Fundraising: \$65,000; In-Kind Donations/Contributions: \$16,491.

South Hampton Roads: Virginia Beach, Norfolk, Eastern Shore, Chesapeake, Suffolk, Portsmouth, and surrounding localities	Mary Buckley Foundation (MBF)	<p><b>Beacon House:</b> <i>Clubhouse</i> 5-day/week educational, vocational, social activities; daily attendance varies)</p>	\$289,534	<p><u>42</u> Clubhouse members (average daily census <u>16</u>); <u>8</u> Consultation and Information &amp; Referral; <u>60</u> <u>events</u> Education/Training &amp; Public Awareness / Outreach (5500 people).</p>	<b>Success Achieved \$112,422</b> Grants: \$44,737; Donations / Fundraisers: \$27,827; Billable Services: \$16,608 (member fees); Volunteer / In Kind Donations: \$15,000 (student interns), \$8250 (equipment / supplies).
		<p><b>No Limits:</b> <i>Day Program</i>(5-day/week educational, vocational, social activities, daily attendance varies)</p>		<p><u>21</u> Day Program members (average daily census <u>12</u>); <u>4</u> Consultation and Information &amp; Referral; <u>8</u> <u>events</u> Education/Training &amp; Public Awareness / Outreach.</p>	
	Brain Injury Association of Virginia (BIAV)	<p><b>Regional Resource Coordination</b> <i>(Regional Resource Coordination: education, awareness, support, building coalitions, encouraging new services)</i></p>	\$23,748 (7% of total funding \$339,251: position ended 12/11)	(See information under Statewide BIAV Regional Resource Coordination)	<b>Success Achieved \$</b> <i>(See information under Statewide BIAV Regional Resource Coordination)</i>
<p><b>SFY 2012 TOTAL STATE GENERAL FUNDS: \$3,821,000</b> ❖ <b>SFY 2012 TOTAL NONSTATE RESOURCES: \$2,388,131</b></p>					

\* **Note:** There was a restoration of \$194,931 in state funding in FY '12 (restoring the 5% reduction taken in FY '11). **An estimated 3288 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 '12 – reaching **over 23,268 people** (in most cases, an estimated number of people who attended public awareness/outreach events is reported; in some cases, a program reported the number of events held and did not report total number of people affected). This does *not* include the media such as newsletters, website hits, public service announcements, etc. sponsored by each of the programs which reached numbers that cannot be estimated. BIS Programs reported that approximately **267 individuals were on wait lists** during FY '12.