

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

Brain Injury & Spinal Cord Injury Services

For State Fiscal Year 2012-13

(July 1, 2012 to June 30, 2013)

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 **2013 Annual Report of State-Funded Brain Injury Services Programs** from the Department for Aging and Rehabilitative Services (DARS) to the Chairmen of the Senate Finance and House Appropriations Committees. The State Fiscal Year 2013 allocation of state general funding for DARS-contracted brain injury services is \$3,821,466. The ten (10) organizations contracted with the State to operate 13 community-based programs for Virginians with brain injury statewide brought in \$2,382,456 in non-state resources, including cash and donated goods/services (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 State Fiscal Year 2005, an historic year for funding of brain injury services in Virginia. A total biennial appropriation of \$1.9 million (\$825,000 in 2005 and \$1,075,000 in 2006) represented the single largest allocation of State funding designated for services to people with brain injury. No additional funding was allocated until State Fiscal Year 2009, when \$200,000 was appropriated for the purpose of supporting 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 in State Fiscal Year 2010; a 5% reduction was taken in State Fiscal Year 2011 (\$191,050), which was then restored in State Fiscal Year 2012 via a budget amendment (**Item 320 #4c**, which added \$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). No new funding was allocated for brain injury services in State Fiscal Year 2013.

Since the *initial* allocation of State funding in 1989 (\$235,000) to the *current* State Fiscal Year 2013 level of \$3,821,466, brain injury services funding has increased an average of only \$152,860 per year. As directed in the 2005 Appropriations Act, and 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 (i.e., “*success in attracting nonstate resources*”). This helps to relieve, but does not eliminate, wait lists and the inability to expand type of services or 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. Adequate funding to support the infrastructure of existing programs remains an ongoing challenge, and funds to create new programs that serve Virginians with brain injury also remains a crucial need.

JLARC STUDY

In 2007, the Joint Legislative and Audit Review Commission (JLARC) completed a study of “access to brain injury services in the Commonwealth” <http://jlarc.virginia.gov/reports/Rpt360.pdf>. DARS strives to adhere to the findings of this October 2007 report, which confirmed an ongoing need for specialized services for people with brain injury in the Commonwealth, particularly for those with 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 and the Virginia Alliance of Brain Injury Service Providers. The 2007 report also reflected concerns similar to those expressed by the Virginia Brain Injury Council, the statewide advisory body to the DARS Commissioner. Several of the JLARC recommendations were addressed and reported to JLARC in May 2008 (see <http://jlarc.virginia.gov/other/Impact08.pdf> for the agency’s progress report on meeting the JLARC recommendations).

As the result of a JLARC recommendation, a Code of Virginia amendment eliminated the DARS Central Registry for Brain Injury and Spinal Cord Injury, effective July 1, 2008. The Code mandated that DRS work collaboratively with the Virginia Department of Health (VDH) to obtain information from the Virginia Statewide Trauma Registry on patients treated for brain injury and spinal cord injury, for the purpose of conducting outreach. 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, but there were ongoing challenges in assuring the accuracy of the data download from VDH to DARS. These issues were resolved during the last quarter of the reporting period, which resulted in nearly 7,000+ outreach mailings going out via contract with the Brain Injury Association of Virginia during the last three months of State Fiscal Year 2013. The return rate for “bad” addresses was about 15%, with a response rate of about 5% requesting additional information on available resources and services. A 2% return rate in marketing terms is considered very good.

In 2007, JLRAC identified as a priority the needs of returning soldiers and veterans; the incidence and needs of people with brain injury in the correctional system; and improvement of program evaluation for existing state contractors of brain injury services. These remain a priority to date:

- *The needs of returning soldiers and veterans.* 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. Since 2008, DARS has been an effective member of a team led by the Department of Veterans Services which launched Virginia’s Wounded Warrior (VWWP) program. Regional services are provided collaboratively among state and community service providers, including state-funded brain injury services programs. Most veterans tend to access services through the VA hospitals and the state’s Brain Injury Services Programs have not seen many referrals of veterans seeking their services, though it is speculated that this number may increase over the years. DARS’ state-funded Brain Injury Services Programs are involved in VWWP’s regional coalitions.
- *The incidence and needs of people with brain injury in the correctional system.* DARS contracted with Virginia Commonwealth University’s (VCU) Department of Physical Medicine and Rehabilitation to work collaboratively with the Department of Juvenile Justice (DJJ) to identify/develop a screening tool that more accurately assessed the incidence of brain injury among juvenile offenders. A final report completed by VCU during State Fiscal Year 2013 highlighted the success of the project’s screening results. In June 2012, DARS hosted a national Collaborative Policy Summit on Brain Injury and Juvenile Justice, the first of its kind in the country. A total of five states 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 Policy Summit proceedings manual, prepared by VCU, was completed and disseminated to nearly 100 key stakeholders in Virginia. Five training modules on brain injury and challenging behavior were prepared for DJJ staff as part of this project. A next step would be to provide more comprehensive training for DJJ staff on the use of appropriate treatment and intervention strategies once someone is screened for brain injury, or to extend the screening process to the Court Services Unit level to identify and intervene before behavior escalates to more serious infractions (e.g., from misdemeanor to felony).
- *Improving DARS oversight of state contractors of brain injury services.* Another important area identified by JLARC, program oversight and evaluation, continues to be addressed by DARS staff in a variety of ways. One approach is through a web-based reporting system (Brain Injury Services Programs SCORECARD at <http://www.vaDARS.org/cbs/apps/outcomes/>). This on-line quarterly reporting system is used by all ten of DARS’ brain injury services contractors since State Fiscal Year 2007. Reporting continues to proceed smoothly and the system has been refined further, updating the site to make it more visually appealing and user-friendly. The Brain Injury Programs report that submitting quarterly data to DARS regarding progress in meeting service goals for individuals served by their organizations and 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 a collaborative effort. Most recently, DARS sponsored a retreat in September 2013 to begin the process of revising the SCORECARD itself, voting to add an additional “domain” of Social/Emotional/Behavioral Health. 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 2014.

Another method of assuring quality control is to conduct periodic on-site programmatic and fiscal reviews of each program. JLARC recommended a minimum of two site visits per year (given the staffing and resources of DARS' Brain Injury Services Coordination Unit). During this reporting period, DARS' Office of Policy and Planning assisted in conducting several program reviews for state contracted brain injury services providers. Although they do not perform fiscal audits, DARS was able to double the number of site visits completed this State Fiscal Year to four. (Financial reviews may be scheduled at a later time, as can be accommodated.). It has been quite helpful to have recommendations from two veteran rehabilitation professionals with extensive case audit experience. Their recommendations and follow-up have been invaluable in offering concrete suggestions as well as a different perspective. The Brain Injury Services Coordination Unit will continue to work collaboratively with the Office of Policy & Planning on the BIS Programs' site visits.

Another approach to providing oversight to the BIS Programs is to establish contact with the Brain Injury Programs' boards of directors. Every organization is required to complete an annual "Control Self-Assessment Document" which allows the executive director and the board of directors to assess how well the organization is following recommended internal controls for handling finances, personnel issues, etc. Fiscal audits involve a review of this document with the staff and administration, including the board members, to identify areas of strength and areas needing remediation. DARS enhanced its oversight of the BIS Programs' activities in the area of board management and training, with information and training for all board chairs and executive directors provided to boards of directors on a quarterly basis. DARS staff also have made an effort to attend at least two boards of directors meetings annually. Feedback on the training webinars, materials, and DARS attendance at board meetings has been positive.

A critical issue highlighted in the JLARC report in 2007, and endorsed by all of the state-funded BIS Programs, as well as the Virginia Brain Injury Council and the Virginia Alliance for Brain Injury Services Providers every year, is the need for specialized residential and community-based neurobehavioral treatment services for people with brain injury and challenging behaviors. Neurobehavioral issues often lead to individuals ending up in the criminal justice and mental health systems, where they do not receive appropriate intervention and treatment. Or, individuals are sometimes 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. Unfortunately, they are often stabilized with sedating medications and discharged back home or to a nursing facility, both of which are ill-equipped to handle the recurring behavioral and mental health challenges, creating a never-ending and disturbing cycle.

FUTURE CONSIDERATIONS

The urgent need for a range of specialized residential and community-based neurobehavioral treatment and services was again identified during State Fiscal Year 2013 as a top priority by the Virginia Brain Injury Council in its annual “Priorities Letter” to DARS Commissioner Rothrock. The Commonwealth Neurotrauma Initiative Advisory Board also identified this issue as a priority area and awarded a one-year \$150,000 contract to Brain Injury Services, Inc. to implement and evaluate a community-based model of wrap-around support/intervention services in both an urban and a rural locale. Appropriate short 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 short-term community-based life skills training and positive behavior support to work with an individual and his or her “support team”, as well as residential treatment followed by long-term case management services, would allow Virginia to make informed, cost-effective policy decisions based on empirical, qualitative data.

Another option for funding neurobehavioral and other critically needed brain injury services is through a Brain Injury Medicaid Waiver. Although the Department of Medical Assistance Services has provided excellent leadership in working with DARS and other key stakeholders to advocate and plan for a comprehensive Brain Injury Waiver in Virginia, no funding has been available to support the implementation of a waiver to date. Additionally, elected and appointed policymakers have indicated their desire for Virginia to move to a “universal” waiver, with eligibility based on the needs of the individual rather than a diagnosis. Advocates are working toward the inclusion of individuals with brain injury in an “integrated” Medicaid Waiver that is currently moving forward. This would combine eligible individuals and services currently available through two separate Medicaid Waivers, the Intellectual Disabilities Waiver and the Developmental Disabilities Waiver. Individuals who sustained a brain injury prior to age 22, and who meet other criteria under the current Developmental Disabilities Waiver, could be eligible under an integrated Medicaid Waiver.

CONCLUSION

The Centers for Disease Control 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 ten (10) BIS Programs reported approximately 260 people on their wait lists during State Fiscal Year 2013. 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 conflicts. In addition, the recent strong focus on sports concussions among former NFL players and in school sports means that more athletes and their families will be seeking information and services related to concussions and post-concussive syndrome. The \$3,821,466 amount of current funding for State Fiscal Year 2013, 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 providing currently unavailable services 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 non-state resources and funding. We look forward to working with our community partners to continue improving services to Virginians with brain injury and their families in State Fiscal Year 2014.

DARS Report for State Fiscal Year 2013 (July 1, 2012 through June 30, 2013)*

Geographic Location Served	Program Providing Service	Services Provided	FY '13 State Funding	FY '13 Number of People Served / Community Impact	FY '13 Non-State Resources
Statewide	Brain Injury Association of Virginia (BIAV)	Resource Coordination <i>(Central Office: education, awareness, support; annual conference; central resource library; information / referral)</i>	\$189,981 (56% of total funding of \$339,251)	<u>828</u> Consultations & Information / Referral; <u>112</u> events (631 people) Support Groups; <u>84</u> events (4,422 people) Education / Training, Awareness / Outreach.	Total: \$480,185. Donations / Contributions: \$36,090 Grants / Contracts (Federal / National, State, Local – public or private): \$207,592 Billable Services / Member Fees: \$92,381 Annual Campaign / Fundraising Activities: \$66,096; In-Kind Donation of Equipment / Supplies or Services: \$15,917; In-Kind Donation of Services: \$62,109.
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>17</u> Clubhouse Members served (<u>16</u> average daily census); <u>4</u> Consultations & <u>11</u> Information / Referral.	Total: \$12,262 Donations / Contributions: \$1,800; Billable Services / Member Fees: \$2,662; In-Kind Donation of Equipment / Supplies or Services: \$2,100; In-Kind Donation of Services: \$2,100.

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>18</u> Clubhouse Members.	(See BIS INC Case Management)
Harrisonburg, Winchester, Greater Shenandoah Valley area	Brain Injury Association of Virginia (BIAV)	Resource Coordination <i>(education, awareness, support, building coalitions / new services)</i>	\$40,710 (12% of total \$339,251)	(See Statewide BIAV Resource Coordination)	(See Statewide BIAV Resource Coordination)
	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>72</u> Case Management; <u>73</u> Consultations & <u>114</u> Information/Referral; <u>15</u> events (200+ people) Education / Training; <u>13</u> events (1200 people) Public Awareness / Outreach.	Total: \$79,400 Donations / Contributions / Grants / Contracts: \$40,000; Billable Services / Member Fees: \$10,985; In-Kind Donation of Volunteer Services: \$26,385; Other / Misc: \$2,030.
Lynchburg, Farmville, and surrounding areas	Brain Injury Association of Virginia (BIAV)	Resource Coordination <i>(education, awareness, support, building coalitions / new services)</i>	\$54,280 (16% of total \$339,251)	(See Statewide BIAV Resource Coordination)	(See Statewide BIAV Resource Coordination)
Cities of Danville, Martinsville; Henry, Patrick, and Pittsylvania counties	MWS-BIS of MARC Workshop, Inc.)	Case Management <i>(Case Managers: adult/pediatric case management, consultation, school services, life skills, fee for services)</i>	\$144,966	<u>39</u> Case Management; <u>4</u> on Wait List; <u>12</u> Support group meetings.	Total: \$6,000 Donations: \$2,000; Volunteer / In-Kind Services: \$4,000.

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>58</u> total Clubhouse Members (15 average daily census); <u>9</u> Consultations; <u>12</u> Wait List. (See <i>CBIS The Mill House.</i>)	Total: \$128,819 Donations / Contributions: \$18,459; Grants / Contracts: \$62,739; Billable Services / Member Fees: \$14,010; Annual Campaign / Fundraising: \$16,151; In-Kind Donation of Volunteer Services: \$17,460 (1250 hours student interns).
Northern Neck, Middle Peninsula areas	Brain Injury Association of Virginia (BIAV)	Resource Coordination <i>(education, awareness, support, building coalitions, encouraging new services)</i>	\$54,280 (16% of total \$339,251)	(See <i>Statewide BIAV Resource Coordination</i>)	(See <i>Statewide BIAV 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>	\$1,382,984	<u>352</u> Case Management (+ 170 in follow-along status); <u>65</u> Pediatric Case Management (+25 in follow-along); <u>149</u> Intakes; <u>48</u> Clubhouse Members; <u>67</u> Volunteer Placements; <u>19</u> Supported Living;	Total: \$1,006,631 Annual Campaign / Contributions: \$115,980; Grants / Contracts: \$555,411; Billable Services / Member Fees: \$31,270; Fundraising: \$129,164; In-Kind Donation of Services: \$173,819; Other / Misc: \$987.

		<p>Pediatric Case Management <i>(Case Managers: case management, consultation, school services, life skills, education / awareness, contract for services)</i></p>		<p><u>120</u> Wait List; <u>50</u> Consultations & <u>250</u> Information / Referral; <u>11</u> Support Group meetings (150 people); <u>91</u> events Education / Training, Awareness & Outreach (2000 people).</p>	
Richmond and surrounding areas	Community Futures Foundation (CFF)	<p>The Mill House: <i>Clubhouse</i> (5-day/week vocational, therapeutic social environment; daily attendance varies)</p>	\$209,403	<p><u>60</u> Total Clubhouse Members (<u>17</u> average daily census); <u>40</u> Wait List; <u>11</u> Consultation and Information & Referral; <u>5</u> EDS / <u>5</u> SES; <u>75</u> Education / Training and Public Awareness / Outreach (3800 people).</p>	<p>Total: \$138,266 Donations / Contributions: \$4,499; Grants / Contracts: \$48,217; Billable Services / Member Fees: \$43,727; Annual Campaign / In-Kind Donation of Volunteer Services: \$22,600 (1600 hours student interns).</p>
		<p>Case Management <i>(Case Manager: case management, consultation, education/awareness, contract for services)</i></p>	\$99,390	<p><u>73</u> Case Management; <u>33</u> Wait List); <u>28</u> Consultation and Information & Referral.</p>	<p>Total: \$23,297 Donations / Contributions: \$1,389; Annual Campaign / Fundraising: \$12,208; In-Kind Donation of Equipment / Supplies or Services: \$9,700 (700 hours student interns).</p>

	Virginia Supportive Housing (VSH)	Case Management (Case Manager: case management to residents of two facilities, and follow-along)	\$63,780	<u>25</u> Case Management (<u>6</u> Independence House, <u>8</u> Bliley Manor, <u>11</u> other VSH residences, in community); <u>10</u> Wait List; Community Impact activities: 12 events (83+ people).	Total: \$98,543 Rental income: \$87,872; In-Kind Donation of Services: \$10,671 (482 volunteer hours).
Roanoke, Blacksburg, New River Valley areas; far Southwest Virginia (Abingdon, Norton, Wytheville, Franklin)	Brain Injury Services of Southwest Virginia (BISSWVA)	Case Management (Case Managers: adult/pediatric case management, consultation, school services, life skills, contract for services)	\$608,592	<u>266</u> Case Management; <u>36</u> Volunteer Placements; <u>25</u> Life Skills Services; <u>46</u> CLIC; <u>40</u> Wait List; <u>115</u> Consultations & Information/Referral; <u>415 hours</u> Education /Training; <u>112</u> Community Impact Activities.	Total: \$399,814 Donations / Contributions /: \$146,017; Grants / Contracts: \$157,213; Annual Campaign / Fundraising: \$96,584.
South Hampton Roads: Virginia Beach, Norfolk, Eastern Shore, Chesapeake, Suffolk, Portsmouth, and surrounding localities	Eggleston Services	Beacon House: Clubhouse 5-day/week educational, vocational, social activities; daily attendance varies)	\$160,000	<u>42</u> Clubhouse Members (average daily census 16); <u>4</u> Wait List; <u>8</u> Consultation and Information & Referral; <u>84</u> events Education/Training & Public Awareness / Outreach (4000+ people).	Total: \$4,200 In Kind Donations of Equipment / Supplies: \$4,200.

	No Limits Eastern Shore (NLES)	No Limits: <i>Day Program (5-day/week educational, vocational, social activities, daily attendance varies)</i>	\$130,000	<u>27</u> Day Program Members (average daily census 12); <u>4</u> Consultation and Information & Referral; <u>8</u> events Education/Training & Public Awareness / Outreach.	Total: \$5,039 Donations / Fundraisers: <u>\$4,000</u> . In-Kind Donation of Equipment / Supplies: <u>\$1,039</u> . In-Kind Donation of Services: <u>214</u> hours.
SFY 2013 TOTAL STATE GENERAL FUNDS: \$3,821,466 ❖ SFY 2013 TOTAL NONSTATE RESOURCES: \$2,382,456					

* **Note:** There was no new funding allocated for brain injury services allocated in FY '13. An estimated **3744 people received direct services** (case management, supported living, volunteer services, support groups, clubhouse/day program, resource coordination, and consultation/information & referral). In addition, approximately **606 events / instances of educational/training, public awareness/outreach events** were conducted during FY '13 – reaching **over 16,000 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 **263 individuals were on wait lists** during FY '13.