

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

Brain Injury & Spinal Cord Injury Services

For State Fiscal Year 2014-15

(July 1, 2014 to June 30, 2015)

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 **2015 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 2015 allocation of state general funding for DARS-contracted brain injury services was \$3,804,343. The ten (10) organizations that contracted with the State to operate 13 community-based programs for Virginians with brain injury statewide brought in \$2,485,349 in non-state resources, including cash and donated goods/services (see chart below).

During the latter part of FY '15, there were programmatic budget reductions taken from the state general dollars allocated for brain injury services: the state-funded Brain Injury Services (BIS) Programs / Contractors were cut by \$122,124 for FY '15. Although initially anticipated, additional reductions were not taken in FY '16 and, in fact, the brain injury advocacy community successfully garnered increased funding for FY '16 (including a restoration of the FY '15 reduction amount, additional overall increase, as well as funding for new services). The reductions taken in FY '15 did have a small negative effect on the programs' abilities to operate at full capacity (total numbers served were slightly lower than previous years). However, it is worth noting that the BIS Programs were creative in managing the reduced funding amounts so that the effect on service provision was negligible. Further, the programs successfully brought in \$2.5 million in nonstate funding and resources.

Another significant issue during this reporting period is that the General Assembly directed the Joint Commission on Health Care, effective July 2014, to undertake a study evaluating existing resources and access to brain injury services in Virginia. This effort, which will take two years, is currently underway and DARS has met with JCHC staff multiple times, as well as facilitated access to the Virginia Brain Injury Council, state-funded BIS Programs, and other stakeholders. DARS is working to provide JCHC with requested information and data. DARS is also coordinating JCHC reporting to the Virginia Brain Injury Council, the Commonwealth Neurotrauma Initiative Trust Fund, and other community partners such as the Department for Behavioral Health and Developmental Services (DBHDS).

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 individuals 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 to 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. A modest allocation of \$105,000 to address existing wait lists was appropriated by the General Assembly for State Fiscal Year 2014. A small reduction of \$122,124 was taken out of the budget in the middle of the fiscal year, necessitating some cost cutting measures by the programs (reduced hours, etc.).

Since the *initial* allocation of State funding in 1989 (\$235,000) to the *current* State Fiscal Year 2015 level of \$3,804,343, brain injury services funding has increased an average of only \$146,321 per year. As directed in the 2005 Appropriations Act, and as documented in this report, state-funded Brain Injury Services Programs work hard to attract non-state resources annually to supplement the contracted state general funds which do not fully support their operating costs. This additional nonstate funding helps to relieve, but does not eliminate, wait lists and the inability to expand types of services or geographic areas served. As the cost of doing business continues to rise against a backdrop of level and decreased funding, several programs have reduced, or delayed filling, a number of 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 have been resolved and outreach efforts continue with an estimated response rate of 5-6% (i.e., individuals or family members contacting DARS or BIAV in response to the outreach letter). However, DARS is still working with VDH to obtain access to all of the brain injury related records so that the agency can use the information to analyze data, anticipate trends, etc. DARS previously had this access and is trying to get it re-established.

In 2007, JLARC 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. However, a critical issue highlighted in the 2007 JLARC report, 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 (including 2015), 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. Sometimes individuals are placed in out of state facilities that have trained staff and environmental safeguards to appropriately deal with extremely challenging situations (it is estimated that approximately 58 individuals are housed out of state in such facilities, paid for through Virginia Medicaid dollars). 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 even able to gain 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.

The Commonwealth Neurotrauma Initiative (CNI) Trust Fund awarded a one-year grant in SFY 2014 to James Madison University to develop a comprehensive reference document, "*Access to Neurobehavioral Services in Virginia*." This document, which was completed in October 2015, updated the Virginia Brain Injury Council's 2007 White Paper on Neurobehavioral Services. The report is a thorough and comprehensive look at neurobehavioral services in Virginia, including types of services and available funding options. The report also provides recommendations to the Commonwealth in regard to meeting the needs of Virginians with brain injury who require these specialized services and supports.

The urgent need for a range of specialized residential and community-based neurobehavioral treatment and services was again identified during State Fiscal Year 2015 as a top priority by the Virginia Brain Injury Council in its annual “Priorities Letter” to DARS Commissioner James Rothrock. 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. More data are needed to objectively evaluate the effectiveness of short-term community-based life skills training and positive behavior when working with individuals with neurobehavioral concerns. Advocates recommend that the Commonwealth fund a pilot program offering residential treatment to individuals with neurobehavioral issues, followed by long-term case management services including specialized community intervention and supports. This 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 specialized 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 to assure the inclusion of individuals with brain injury in an “integrated” Intellectual Disability / Developmental Disability (ID/DD) Medicaid Waiver that is currently moving forward. However, the Virginia Brain Injury Council and other advocates / policymakers believe that a “boutique Medicaid Waiver” offering limited neurobehavioral services to a small number of individuals annually could be an answer. The Department for Behavioral Health and Developmental Services (DBHDS), in conjunction with DARS and other stakeholders, has created a cross-agency work group to address the need for a Medicaid Waiver to fund critically needed neurobehavioral treatment services.

CONCLUSION

The Centers for Disease Control estimate 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. 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 ten (10) BIS Programs reported approximately 275 people on their wait lists during State Fiscal Year 2015. The \$3,804,343 amount of funding for State Fiscal Year 2015, 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.

Nonetheless, DARS remains very pleased with how effectively and efficiently the contracted BIS Programs manage limited resources to provide quality services regardless of the economic climate

- and even brought in significant amounts of non-state resources and funding. During FY '15, the BIS Programs brought in **\$2,485,349** in nonstate resources which is reported in the following categories:

- Donations (*unsolicited*) / Contributions (*unsolicited*)
- Grants / Contracts (Federal / National, State, Local – public or private)
- Billable Services / Member Fees
- Annual Campaign (*solicited*) / Fundraising Activities (*solicited*)
- In-Kind Donation of Equipment/Supplies and Services (*reported as estimated dollar amount*)

The Brain Injury Services Programs also reported that they used **\$85,252** in **Brain Injury Direct Services (BIDS) Fund** allocated to them through DARS to provide goods/services to a total of 232+ individuals during FY '15. The BIDS Fund – which is a “fund of last resort” - has proven to be a crucial resource for case services dollars. These state general funds can be used to enhance an individual’s ability to progress in rehabilitation, function more independently, and receive appropriate treatment / services. Since BIDS is a “fund of last resort,” it is a critical resource for people with brain injury who have no other access to funding for needed specialized services (e.g., neuropsychological evaluation, life skills training, emergency prescription assistance) or equipment (e.g., assistive technology, wheelchair repair/parts, adaptive computer tables).

In addition to the excellent provision of state-funded services to Virginians with brain injury by our BIS Programs in FY '15, all programs have achieved accreditation by The Commission on Accreditation of Rehabilitation Facilities (CARF) except two, and DARS is working with both programs to identify appropriate certification / accreditation organizations (e.g., National Association of Information & Referral). Many programs, per DARS guidance, have been approved (or are working toward approval) as vendors of “fee for services” such as Employee Development Services (EDS); Supported Employment Services (SES); and Community Support Services (CSS). This allows the programs to offer services to the larger community for a specified hourly reimbursement rate.

DARS also administers a **Personal Assistance Services for People with Brain Injury (PAS/BI)**. In SFY 2015, the total amount of funding for this program was **\$73,807** which served six (6) individuals. DARS was pleased that additional funds were allocated for the PAS / BI program for SFY 2016 (bringing it up to \$100,000) which will allow additional people to be served.

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 2016.

DARS Report for State Fiscal Year 2015 (July 1, 2014 through June 30, 2015)*

Geographic Location Served	Program Providing Service	Services Provided	FY '15 State Funding (\$3,804,434 state general dollars, plus \$82,252 BIDS Fund)	FY '15 Number of People Served / Community Impact	FY '15 Success in Attracting Non-State Resources
Statewide	Brain Injury Association of Virginia (BIAV)	Resource Coordination (Central Office: education, awareness, support; annual conference; central resource library; information / referral)	\$271,707	<u>785</u> Consultations / Information & Referral; <u>16</u> Support Group events (260 people); <u>4</u> Education / Training events (306 people); <u>23</u> Awareness / Outreach events (3,626 people)	Total: <u>\$405,524.</u>
Region 10 - City of Charlottesville; Counties of Albemarle, Nelson, Fluvanna, Louisa, and Greene; surrounding areas	Virginia NeuroCare Foundation, Inc. (VANC)	High Street Clubhouse: <i>Clubhouse (5-day/week vocational, therapeutic social environment; daily attendance varies)</i>	\$180,268	<u>16</u> Clubhouse Members served; <u>8</u> Consultations & <u>12</u> Information / Referral.	Total: <u>\$6,924</u> <u>(plus 400 volunteer hours)</u>
Fredericksburg and surrounding areas	Brain Injury Services, Inc. (BIS INC)	Westwood Clubhouse: <i>Clubhouse (5-day/week vocational, therapeutic social environment; daily attendance varies)</i>	\$202,500	<u>12</u> Clubhouse Members.	(See BIS INC Case Management)
Harrisonburg, Staunton, and	Crossroads to Brain Injury	Case Management	\$158,773	<u>69</u> Case Management; <u>76</u> Consultations and	Total: <u>\$70,993.</u>

Greater Shenandoah Valley area	Recovery (CBIR)	(Case Managers: adult/pediatric case management, consultation, life skills, fee for services)		Information / Referral; <u>10</u> Education / Training events (445+ people); <u>81</u> events Public Awareness / Outreach.	
Cities of Danville, Martinsville; Henry, Patrick, and Pittsylvania counties	MARC Workshop / Brain Injury Services (MWS / BIS)	Case Management (Case Managers: adult/pediatric case management, consultation, school services, life skills, fee for services)	\$153,773	<u>40</u> Case Management	Total: \$0
Peninsula: Williamsburg, Newport News, Hampton, and surrounding localities	Community Brain Injury Services (CBIS)	Denbigh House: <i>Clubhouse</i> (5-day/ week vocational, therapeutic social environment; daily attendance varies)	\$175,268	<u>51</u> total Clubhouse Members (13 average daily census); 35 Consultations / Information & Referral. (See CBIS <i>The Mill House.</i>)	Total: \$99,093 (plus 1400 volunteer hours).
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))	\$1,406,090	<u>438</u> Case Management; <u>80</u> Pediatric Case Management; <u>39</u> Clubhouse Members; <u>62</u> Volunteer Placements; <u>18</u> Supported Living; <u>53</u> Consultations & <u>127</u> Information / Referral; <u>11</u> Support Group meetings (150 people); <u>2</u> major Education / Training events (200+ people); <u>76</u> Awareness & Outreach events (1800+ people).	Total: \$1,190,830 (plus 2000 volunteer hours).

	Brain Injury Services, Inc. (BIS INC)	Pediatric Case Management (Case Managers: case management, consultation, school services, life skills, education / awareness, fee for services)			
	Community Brain Injury Services (CBIS)	The Mill House: Clubhouse (5-day/week vocational, therapeutic social environment; daily attendance varies)	\$207,119	<u>75</u> Total Clubhouse Members (15 average daily census); <u>25</u> Consultations and Information & Referral; For all CBIS sites: 107 Education / Training and Public Awareness / Outreach (2,900 people).	Total: \$168,610 (plus 1800 hours of volunteer service).
Richmond and surrounding areas		Case Management (Case Manager: case management, consultation, education/awareness, fee for services)	\$113,311	<u>93</u> Case Management (48 active / follow-along status); <u>45</u> Consultation and Information & Referral.	Total: \$34,689 (plus 720 volunteer hours).
	Virginia Supportive Housing (VSH)	Case Management (Case Manager: case management to residents of two facilities, and follow-along)	\$78,476	<u>25</u> Case Management (<u>6</u> Independence House, <u>8</u> Bliley Manor, <u>11</u> other VSH residences, in community); Community Impact activities: <u>14</u> events (256 people).	Total: \$105,022 (plus 330 volunteer hours).
Roanoke, Blacksburg, New River Valley areas; far Southwest	Brain Injury Services of Southwest Virginia	Case Management (Case Managers: adult/pediatric case	\$624,698	<u>273</u> Case Management; <u>31</u> Volunteer Placements; <u>15</u> Life Skills Services; <u>47</u> CLiC; <u>107</u> Consultations &	Total: \$366,452.

Virginia (Abingdon, Norton, Wytheville, Franklin)	(BISSWVA)	management, consultation, volunteer placements, life skills, fee for services)		Information / Referral; <u>380 hours</u> Education /Training; <u>198</u> Community Impact events.	
South Hampton Roads: Virginia Beach, Norfolk, Eastern Shore, Chesapeake, Suffolk, Portsmouth, and surrounding localities	Eggleston Services	Beacon House: <i>Clubhouse 5-day/week educational, vocational, social activities; daily attendance varies)</i>	\$173,641	<u>40</u> Clubhouse Members <u>15</u> Consultations and Information & Referral; <u>92</u> Education / Training & Public Awareness / Outreach events (6,000+ people).	Total: \$26,500.
	No Limits Eastern Shore (NLES)	No Limits: <i>Day Program (5-day/week educational, vocational, social activities, daily attendance varies)</i>	\$143,971	<u>29</u> Day Program Members (average daily census 12) + 8 community consumers; <u>66</u> Education / Training & Public Awareness / Outreach events (5905 people).	Total: \$10,712 <u>(plus 332</u> <u>volunteer</u> <u>hours).</u>
SFY 2015 TOTAL STATE GENERAL FUNDS: \$3,889,595 (\$3,804,343 state funds + \$82,252 in BIDS Fund)					
❖ SFY 2015 TOTAL NONSTATE RESOURCES: \$2,485,349					

* **Note:** There was a budget reduction of approximately \$122,124 taken from the state funding supporting DARS' ten (10) state-funded Brain Injury Services (BIS) Programs. This reduction affected the ability of the already fiscally challenged programs to achieve the total number of people served in FY '14 (compare 2,666 in FY '15 to 3,840 in FY '14). An estimated **2,666 people received direct services** (1,393 received direct services such as case management, clubhouse/day program, resource coordination, supported living, and support groups and 1,273 received consultation and information & referral). In addition, approximately **697 events / instances of educational/training, public awareness/outreach events** were conducted during FY '15 – reaching **over 21,000 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 or hourly duration and did not report total number of people involved). Also note that this does *not* include all of the media events / outreach activities such as newsletters, website hits, public service announcements, etc. sponsored by each of the programs which reached numbers that cannot be estimated.