

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

**Brain Injury & Spinal Cord Injury Services**

For State Fiscal Year 2013-14  
(July 1, 2013 to June 30, 2014)

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 **2014 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 2014 allocation of state general funding for DARS-contracted brain injury services is \$3,926,466. The ten (10) organizations contracted with the State to operate 13 community-based programs for Virginians with brain injury statewide brought in \$2,422,037 in non-state resources, including cash and donated goods/services (see chart below).

At the time of submission of this report, DARS notes that during the latter part of FY '15, there were programmatic budget reductions taken from the state general dollars allocated for brain injury services among others. The programs / services were cut by nearly \$500,000 for FY '15 and additional reductions may be necessary in FY '16. This will impact the ability of the Commonwealth to continue to provide the only dedicated services available for Virginians with brain injury. It is anticipated that without these core “safety net” services of case management, resource coordination, and clubhouse/day programs, nearly 500 individuals (including veterans and other vulnerable populations) will be unserved and therefore at high risk of institutionalization, homelessness, court involvement, or worse.

Another significant issue that occurred effective July 1, 2014, and which will be more fully reported in the FY '15 annual report, is that General Assembly directed the Joint Commission on Health Care 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.

### **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. Budget amendment Item 330 #3c states that, “\$105,000 from the general fund the second year [will be used] to expand access to brain injury services in unserved and underserved areas of the Commonwealth. Currently there are 275 individuals waiting for brain injury services; funding will be used to reduce the waiting list by one-third.” The BIS Programs met - and exceeded - the goal of using these funds specifically to address one-third of the wait list, or 87 individuals, during FY '14. Some programs were able to add individuals onto their direct service rolls, while other organizations conducted outreach to individuals and families in the community to provide short-term technical assistance / consultation services to those ‘waiting’ for services. Yet other programs used the funds to better identify individuals who would benefit from services, thereby “building” a wait list for the first time (at the end of FY '13, 275 people were reported to be on wait lists; at the end of FY '14, the programs reported 444 on wait lists).

Since the *initial* allocation of State funding in 1989 (\$235,000) to the *current* State Fiscal Year 2013 level of \$3,926,466, brain injury services funding has increased an average of only \$157,059 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 the contracted state general funds that do not fully support their operating costs. This 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 DARS 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).

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. A number of 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 has been used by all ten of DARS' brain injury services contractors since State Fiscal Year 2007. Reporting continues smoothly and the system has been refined further, updating the site to make it more visually appealing and user-friendly. DARS involves all of the state-funded BIS Programs in revising service definitions and processes as a collaborative effort. DARS Information Services staff is updating the SCORECARD to mesh with the newly implemented Brain Injury First ("BI First") software system, thus allowing programs to download data from their BI First system into the DARS SCORECARD. A fourth "domain" - Social/Emotional/Behavioral Health – will be added to the SCORECARD which will be able to accept BI First data in April 2015. DARS Information Systems continues to work on an efficient method of reporting / receiving / monitoring financial data from the programs; this will also be up and running by April 2015.

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 are scheduled as we are able, two per year, and if there are identified financial concerns we put that program at the top of the list.). 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 continues to work 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 has also made an effort to communicate more regularly with board chairs / members as appropriate and to attend boards of directors meetings as feasible. Feedback on the agency's training webinars, materials, and DARS attendance at board meetings has been positive.

- *Need for specialized residential and community-based neurobehavioral treatment services.* 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. Often, individuals are sometimes 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 11 individuals are currently 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.

To begin to more fully address this critical issue in Virginia, the Commonwealth Neurotrauma Initiative (CNI) Trust Fund awarded two grants during this reporting period. The board awarded a one-year grant to James Madison University to develop a comprehensive reference document, *“Access to Neurobehavioral Services in Virginia.”* This document will update the Virginia Brain Injury Council’s 2007 White Paper on Neurobehavioral Services. The second grant was awarded to Brain Injury Services, Inc. in Springfield to implement and evaluate the effectiveness of providing a community-based model of wrap-around support/intervention services in an urban and rural locale to individuals at high risk of institutionalization due to challenging behaviors.

## **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 2014 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 toward the inclusion of individuals with brain injury in an “integrated” Intellectual Disability / Developmental Disability (ID/DD) Medicaid Waiver that is currently moving forward. 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. However, the Virginia Brain Injury Council and other advocates / policymakers believe that a “Boutique Waiver” offering limited neurobehavioral services to a pre-identified number of individuals annually could be an answer.

## 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. The ten (10) BIS Programs reported approximately 275 people on their wait lists during State Fiscal Year 2014. 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 \$3,926,466 amount of funding for State Fiscal Year 2014, 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 remains very pleased and impressed with how effectively and efficiently the contracted BIS Programs manage limited resources to provide quality services regardless of the economic climate - and even manage to bring in significant amounts of non-state resources and funding. During FY '14, the BIS Programs brought in **\$2,422,037** in nonstate resources which is reported in the following categories:

- Donations / Contributions (*unsolicited*)
- Grants / Contracts (Federal / National, State, Local – public or private)
- Billable Services / Member Fees
- Annual Campaign / 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 \$60,000 in Brain Injury Direct Services (BIDS) Fund allocated to them through DARS to provide goods/services to a total of **200** individuals during FY '14 (an average of \$300 per person). The BIDS Fund – which is a “fund of last resort” - has proven to be a crucial resource for case services dollars. The 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 '14, many have been approved 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 specific hourly reimbursement rate. We were also very pleased to note individual and organizational recognition from the community: Brain Injury Services, Inc. was presented the *2014 Outstanding Nonprofit of the Year Award* by Fairfax Chamber of Commerce; and Joann Mancuso, Program Manager of Beacon House, received *Outstanding Service Award* from the Endependence Center and the *Whole Village Award* from Virginia Beach School System.

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 2015.

**DARS Report for State Fiscal Year 2014 (July 1, 2013 through June 30, 2014)\***

<b>Geographic Location Served</b>	<b>Program Providing Service</b>	<b>Services Provided</b>	<b>FY '14 State Funding</b>	<b>FY '14 Number of People Served / Community Impact</b>	<b>FY '14 Success in Attracting Non-State Resources</b>
Statewide	Brain Injury Association of Virginia (BIAV)	<b>Resource Coordination</b> <i>(Central Office: education, awareness, support; annual conference; central resource library; information / referral)</i>	\$192,363 (55% of total funding of \$349,751)	<u>980</u> Consultations & Information / Referral; <u>197</u> Wait List; 52 events (632 people) Support Groups; <u>24</u> events (2,358 people) Education / Training, Awareness / Outreach.	<b>Total: \$443,440.</b>
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>	\$177,200	<u>20</u> Clubhouse Members served ( <u>16</u> average daily census); <u>8</u> Consultations & <u>12</u> Information / Referral.	<b>Total: \$4,250.</b>
Fredericksburg and surrounding areas with transportation	Brain Injury Services, Inc. (BIS INC)	<b>Westwood Clubhouse:</b> <i>Clubhouse (5-day/week vocational, therapeutic social environment; daily attendance varies)</i>	\$204,734	<u>17</u> Clubhouse Members.	(See BIS INC Case Management)
Harrisonburg, Winchester, Greater Shenandoah Valley area	Brain Injury Association of Virginia (BIAV)	<b>Resource Coordination</b> <i>(education, awareness, support, building coalitions / new services)</i>	\$52,463 (15% of total \$349,751)	(See Statewide BIAV Resource Coordination)	(See Statewide BIAV Resource Coordination)



	Crossroads to Brain Injury Recovery (CBIR)	<b>Case Management</b> (Case Managers: adult/pediatric case management, consultation, school services, life skills, contract for services)	\$155,466	<u>65</u> Case Management; <u>1</u> Wait list; <u>24</u> Consultations & <u>61</u> Information/Referral; <u>8</u> events (130+ people) Education / Training; <u>72</u> events Public Awareness / Outreach.	<b>Total: \$125,843.</b>
Lynchburg, Farmville, and surrounding areas	Brain Injury Association of Virginia (BIAV)	<b>Resource Coordination</b> (education, awareness, support, building coalitions / new services)	\$52,463 (16% of total \$349,751)	(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.)	<b>Case Management</b> (Case Managers: adult/pediatric case management, consultation, school services, life skills, fee for services)	\$155,466	<u>40</u> Case Management	<b>Total: \$0</b>
Peninsula: Williamsburg, Newport News, Hampton, and surrounding localities	Community Futures Foundation (CFF)	<b>Denbigh House:</b> Clubhouse (5-day/ week vocational, therapeutic social environment; daily attendance varies)	\$166,700	<u>52</u> total Clubhouse Members (16 average daily census); <u>22</u> Consultations; <u>20</u> Wait List. (See CBIS The Mill House.)	<b>Total: \$144,602.</b>
Northern Neck, Middle Peninsula areas	Brain Injury Association of Virginia (BIAV)	<b>Resource Coordination</b> (education, awareness, support, building coalitions, encouraging new services)	\$52,463 (15% of total \$349,751)	(See Statewide BIAV Resource Coordination)	(See Statewide BIAV Resource Coordination)

Northern Virginia (Arlington, Fairfax, Loudoun and Prince William counties; and cities of Alexandria, Falls Church, Fairfax, Manassas and Manassas Park)	Brain Injury Services, Inc. (BIS INC.)	<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>	\$1,393,484	<u>530</u> Case Management; <u>77</u> Pediatric Case Management; <u>39</u> Clubhouse Members; <u>62</u> Volunteer Placements; <u>16</u> Supported Living; <u>120</u> Wait List; <u>56</u> Consultations & <u>130</u> Information / Referral; <u>11</u> Support Group meetings (150 people); <u>91</u> events Education / Training, Awareness & Outreach (2000 people).	<b>Total: \$1,099,858.</b>
		<b>Pediatric Case Management</b> <i>(Case Managers: case management, consultation, school services, life skills, education / awareness, contract for services)</i>			
Richmond and surrounding areas	Community Futures Foundation (CFF)	<b>The Mill House:</b> <i>Clubhouse (5-day/week vocational, therapeutic social environment; daily attendance varies)</i>	\$209,403	<u>53</u> Total Clubhouse Members ( <u>17</u> average daily census); <u>49</u> Wait List; <u>17</u> Consultation and Information & Referral; For all CBIS sites: <u>108</u> Education / Training and Public Awareness / Outreach (2,600 people).	<b>Total: \$152,310.</b>
		<b>Case Management</b> <i>(Case Manager: case management, consultation, education/awareness, contract for services)</i>	\$109,980	<u>69</u> Case Management (43 active; 26 follow-along); <u>29</u> Wait List); <u>26</u> Consultation and	<b>Total: \$47,836.</b>

				Information & Referral.	
	Virginia Supportive Housing (VSH)	<b>Case Management</b> (Case Manager: case management to residents of two facilities, and follow-along)	\$74,280	<u>25</u> Case Management ( <u>6</u> Independence House, <u>8</u> Bliley Manor, <u>11</u> other VSH residences, in community); <u>11</u> Wait List; Community Impact activities: <u>14</u> events (256 people).	<b>Total: \$112,179.</b>
Roanoke, Blacksburg, New River Valley areas; far Southwest Virginia (Abingdon, Norton, Wytheville, Franklin)	Brain Injury Services of Southwest Virginia (BISSWVA)	<b>Case Management</b> (Case Managers: adult/pediatric case management, consultation, school services, life skills, contract for services)	\$619,092	<u>280</u> Case Management; <u>34</u> Volunteer Placements; <u>13</u> Life Skills Services; <u>47</u> CLiC; <u>19</u> Wait List; <u>111</u> Consultations & Information/Referral; <u>440 hours</u> Education /Training; <u>212</u> Community Impact Activities.	<b>Total: \$268,599.</b>
South Hampton Roads: Virginia Beach, Norfolk, Eastern Shore, Chesapeake, Suffolk, Portsmouth, and surrounding localities	Eggleston Services	<b>Beacon House:</b> <i>Clubhouse 5-day/week educational, vocational, social activities; daily attendance varies)</i>	\$170,500	<u>41</u> Clubhouse Members (average daily census 16); <u>3</u> Wait List; <u>8</u> Consultation and <u>24</u> Information & Referral; <u>84</u> events Education/Training & Public Awareness / Outreach (5,000+ people).	<b>Total: \$1,450.</b>

	No Limits Eastern Shore (NLES)	<b>No Limits:</b> <i>Day Program</i> (5-day/week educational, vocational, social activities, daily attendance varies)	\$140,500	<u>29</u> Day Program Members (average daily census 12); <u>9</u> Wait List Status; <u>24</u> events Education / Training & Public Awareness / Outreach.	<b>Total: <u>\$21,670.</u></b>
<b>SFY 2014 TOTAL STATE GENERAL FUNDS: <u>\$3,926,466</u> ❖ SFY 2014 TOTAL NONSTATE RESOURCES: <u>\$2,422,037</u></b>					

\* **Note:** There was a small appropriation of \$105,000 in new funding allocated for brain injury services in FY '14, to be used specifically to address existing wait lists. An estimated **3,840 people received direct services** (2,361 received direct services such as case management, clubhouse/day program, resource coordination, supported living, and support groups and 1,479 received consultation and information & referral). In addition, approximately **700 events / instances of educational/training, public awareness/outreach events** were conducted during FY '14 – reaching **over 15,000 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 **458 individuals were on wait lists** during FY '14.