



**COMMONWEALTH OF VIRGINIA**  
**DEPARTMENT FOR AGING AND REHABILITATIVE SERVICES**

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March 6, 2018

**MEMORANDUM**

**TO:** The Honorable Thomas K. Norment, Jr.  
Co-Chair, Senate Finance Committee

The Honorable Emmett W. Hanger, Jr.  
Co-Chair, Senate Finance Committee

The Honorable S. Chris Jones  
Chair, House Appropriations Committee

**FROM:** Kathryn A. Hayfield  
Commissioner, Department for Aging and Rehabilitative Services

**RE:** DARS Brain Injury Services 2017 Annual Report

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As the lead state agency for brain injury in the Commonwealth, the Virginia Department for Aging and Rehabilitative Services (DARS) is pleased to submit this 2017 annual report. When the 2004 General Assembly appropriated new funding for brain injury services for State Fiscal Years (SFY) 2005-06 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.”

Please let me know if you have any questions regarding this 2017 report.

Sincerely,

Handwritten signature of Kathryn A. Hayfield in black ink.

Kathryn A. Hayfield

KAH/pg



VIRGINIA DEPARTMENT FOR AGING  
AND REHABILITATIVE SERVICES

**2017 Annual Report of Virginia's State-Funded  
Brain Injury Services Programs**

**REPORT TO:  
Co-Chairs, Senate Finance Committee  
Chair, House Appropriations Committee**



**Virginia Department for Aging  
and Rehabilitative Services**

**March 7, 2018**



VIRGINIA DEPARTMENT FOR AGING  
AND REHABILITATIVE SERVICES

## 2017 Annual Report of Virginia's State-Funded Brain Injury Services Programs

In 1989, the Code of Virginia (§51.5-9.1) designated the Department for Aging and Rehabilitative Services (DARS) "as the lead state agency for coordinating rehabilitative services to persons with functional and central nervous system disabilities [which]...shall include...traumatic brain injury..." The Code further states that the Department shall provide for the comprehensive assessment of the need for rehabilitative and support services for such persons, identify gaps in services, promote interagency coordination, develop models for case management, and advise the Secretary of Health and Human Resources, the Governor, and the General Assembly on programmatic, fiscal, and service delivery policies.

The General Assembly made the very first appropriation of \$235,000 in dedicated funding for brain injury services in 1989. In 2004 the General Assembly appropriated new funding for brain injury services for State Fiscal Years (SFY) 2005-06 (Item 327.4 of the Appropriations Act), and directed DARS to

*"... 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 in this document constitutes the Department for Aging and Rehabilitative Services' (DARS) 2017 Annual Report of Virginia's State-Funded Brain Injury Services Programs.

### STATE FISCAL YEAR 2017 (July 1, 2016 through June 30, 2017)

9 BIS Organizations Operate 14 Community-Based Programs

- **TOTAL NUMBER OF INDIVIDUALS SERVED: 4,871**
  - Direct, "hands on" services to individuals: 4,871; Indirect (public awareness, education, information & referral): 10,000+
- **TOTAL AMOUNT OF BRAIN INJURY SERVICES FUNDING: \$5,426,342**
  - Brain Injury Services State-Funded Contractors: \$5,151,432
  - Brain Injury Direct Services Fund: \$175,000
  - Personal Assistance for People with Brain Injury: \$100,000
- **SUCCESS IN ATTRACTING NONSTATE RESOURCES** (non-state revenue such as service fees, donations, fundraisers, and grant awards): **\$5,000,000**

### BRAIN INJURY SERVICES IN VIRGINIA

Brain injury advocates lobbied successfully in 1989 for designated state general funds for specialized brain injury services. That initial amount of \$235,000 for case management services in Northern VA has grown to \$5+ million statewide, serving 4,871 people annually. DARS, the lead state agency for brain injury, worked with stakeholders and policy makers to identify the following core services:

- **Resource Coordination** includes outreach to Virginians hospitalized for a brain injury, as well as information and referral, consultation, and technical assistance provided to survivors, family caregivers, and professionals. Activities may involve education and training, public awareness events, and advocacy. The Brain Injury Association of Virginia is the primary state-contracted provider, although all state-funded BIS contractors are expected to provide Resource Coordination in their service area.
- **Case Management** is provided to adult and children, as well as their families. Case managers assist in identifying needs, developing an individualized service plan with personal goals, and locating supports and resources. Activities may involve in-home consultation and intervention, participation in special education planning, life skills training, and oversight of contracted support services.
- **Clubhouse/Day Program** offers work-related and socialization activities in a supportive, therapeutic environment. Limited case management that includes an individualized service plan with personal goals is available to members / participants. Overall, these programs offer educational, vocational, and therapeutic social environments for survivors of acquired brain injury.

## VIRGINIA BRAIN INJURY COUNCIL

<https://vadors.org/vbic.asp>

***"The vision of the Virginia Brain Injury Council is that Virginians with brain injury and their families will build the quality of life of their choosing."***

The **VIRGINIA BRAIN INJURY COUNCIL (VBIC)** is the "crossroads for brain injury in Virginia." The Council, established in 1986, is a statewide, interagency advisory group comprised of consumers (i.e., survivors of brain injury and family members / caregivers); licensed, registered, and certified healthcare professionals; service providers; state agency representatives; and other ad hoc advisory members. The purpose of the Council is to promote accessible, affordable, and appropriate services for Virginians with brain injury and their families by advising the Department for Aging and Rehabilitative Services, the lead state agency for brain injury in Virginia:

*"The Council facilitates the development, coordination, and promotion of a comprehensive delivery system that provides a full continuum of services for persons with traumatic brain injury. The Council identifies needs, and develops and presents recommendations for the continued improvement of the delivery system... which includes research and development, prevention, education, advocacy, and service delivery."*

A state level advisory council for brain injury has been a requirement for states receiving federal Traumatic Brain Injury (TBI) Grants from the Health Services Research Administration (HRSA), beginning in 1998. Fortunately, Virginia's statewide brain injury council has been in existence since 1989. Other criteria for recipients of federal TBI funding included a designated lead state agency for brain injury (DARS); comprehensive needs assessment (DARS conducted one in 1998-2000 and in 2014 using federal funds); and a **State Action Plan for Brain Injury** (DARS developed initially in 2000 using federal funds and updated it in 2017). Through the support and activities of federal TBI grant funding, along with state cash match from DARS, the Council has matured and is one of the more effective brain injury advisory groups in the country.

In 2005, the General Assembly approved a budget amendment which, as of July 1, 2006, "...requires the Department for Aging and Rehabilitative Services to consider recommendations of the Virginia Brain Injury Council when allocating new funds for brain injury services." In addition to advising DARS on the dissemination of state funds appropriated for brain injury services, the Council's ongoing purpose is to serve as the advisory body to Virginia's federal TBI grant, advise DARS and the Commonwealth on the needs of Virginians with brain injury, make recommendations to the Commissioner regarding the development / delivery of brain injury services in Virginia, and carry out other duties and activities related to brain injury as requested or approved by the DARS Commissioner..

For more information about Council activities and reports: <https://vadors.org/cbs/biscis.htm>.

### 2018-2022 STATE ACTION PLAN FOR BRAIN INJURY IN VIRGINIA

In conjunction with the *Virginia Brain Injury Council*, the Department for Aging and Rehabilitative Services (DARS) contracted with James Madison University researchers to revise Virginia's state action plan for brain injury. The Council, which serves as the advisory body to the DARS Commissioner, reviewed the updated **2018 State Action Plan for Brain Injury in Virginia** in January 2018.

Updating the plan involved reviewing previous action plans and accomplishments, as well as analyzing current services for Virginians with brain injury. The document is a "living plan" intended by DARS, as the lead agency for brain injury, to guide the Commonwealth – other state agencies, and stakeholders – to support initiatives that improve brain injury outcomes. The 2018 State Action Plan has four goals:

- Create appropriate crisis intervention / neurobehavioral treatment program and services in Virginia;
- Develop a funding model to support adequate and appropriate access to brain injury services;
- Improve interagency coordination, including data exchange, thus enhancing a statewide system of care for people with brain injury; and
- Provide brain injury outreach, education, and information and referral services to improve the quality of life of persons with brain injury and their family members.

### ANNUAL PRIORITIES LETTER TO DARS COMMISSIONER

Every April, the *Virginia Brain Injury Council* submits its Annual Priorities Letter to the DARS Commissioner. The lack of **appropriate neurobehavioral treatment / services in Virginia for individuals with brain injury who have challenging behavior** has been highlighted as an ongoing critical need. The Council's 2017 Annual Priorities Letter endorsed neurobehavioral services as its number one priority – along with Brain Injury Association of Virginia, Virginia Alliance of Brain Injury Services Providers, and stakeholders.

## 2017 LEGISLATIVE STUDIES

### ***Report on neurobehavioral treatment and services in Virginia:***

***“This level of systems change is significant and will require financial commitment, labor resources, interagency involvement, and legislative support, at all levels.”***

This year, both the Department for Medical Assistance Services (DMAS) and Department for Aging and Rehabilitative Services (DARS) were assigned a study report by the Joint Commission on Health Care (JCHC), due December 1, 2017: **both studies have a focus on development of neurobehavioral services in Virginia.** DARS and DMAS staff served on one another’s work groups for the assigned studies, which afforded efficient continuity.

DARS received a JCHC letter dated December 2016 requesting that the agency, “along with the Virginia Departments of Medical Assistance Services (DMAS), Behavioral Health and Developmental Services (DBHDS), Social Services (DSS), Health (VDH), and other agencies, form and lead an Interagency Implementation Team to develop, and ultimately implement, a statewide program to improve services for individuals with traumatic and non-traumatic brain injury.” Concurrently, JCHC sent a request to DMAS to “determine Medicaid payment rates and methods that would incent the opening and operation of in-state neurobehavioral/nursing facility units for individuals with brain injury (BI) and dementia with challenging and aggressive behaviors; and determine a plan to add new services to the Medicaid Elderly or Disabled with Consumer Direction (EDCD).”

The JCHC request to DARS was broad in scope and even duplicative of previous efforts in some areas. For example, the Commonwealth has an established “*statewide program to improve services for individuals with traumatic and non-traumatic brain injury,*” the central charge in JCHC’s letter to DARS. These core or “safety net” services include *resource coordination (outreach / information and referral/consultation); case management (adult and pediatric); and clubhouse / day program services.* In addition, many of DARS’ Brain Injury Services (BIS) Programs offer ancillary support services such as life skills training, supported living, etc.

However, the need for **residential and outpatient neurobehavioral services for Virginians with acquired brain injury (ABI) and challenging behavior** remains a crucial ongoing unmet need for those not eligible for Medicaid Waiver services, and for whom a proposed DMAS in-state neurobehavioral facility would be inaccessible. Numerous reports support this position: James Madison University (JMU) researchers study on *Access to Neurobehavioral Services in Virginia*, published in 2016; VA Senate Document No. 15, *Access to State-Funded Brain Injury Services in Virginia* (Joint Legislative Audit and Review Commission), 2007; and the Virginia Brain Injury Council’s 2010 report, *Neurobehavioral Treatment for Virginians with Brain Injury*.

For these reasons, DARS requested that its JCHC report focus solely on the single critical neurobehavioral issue. DARS presented at the JCHC’s October 2017 meeting and presented two general recommendations:

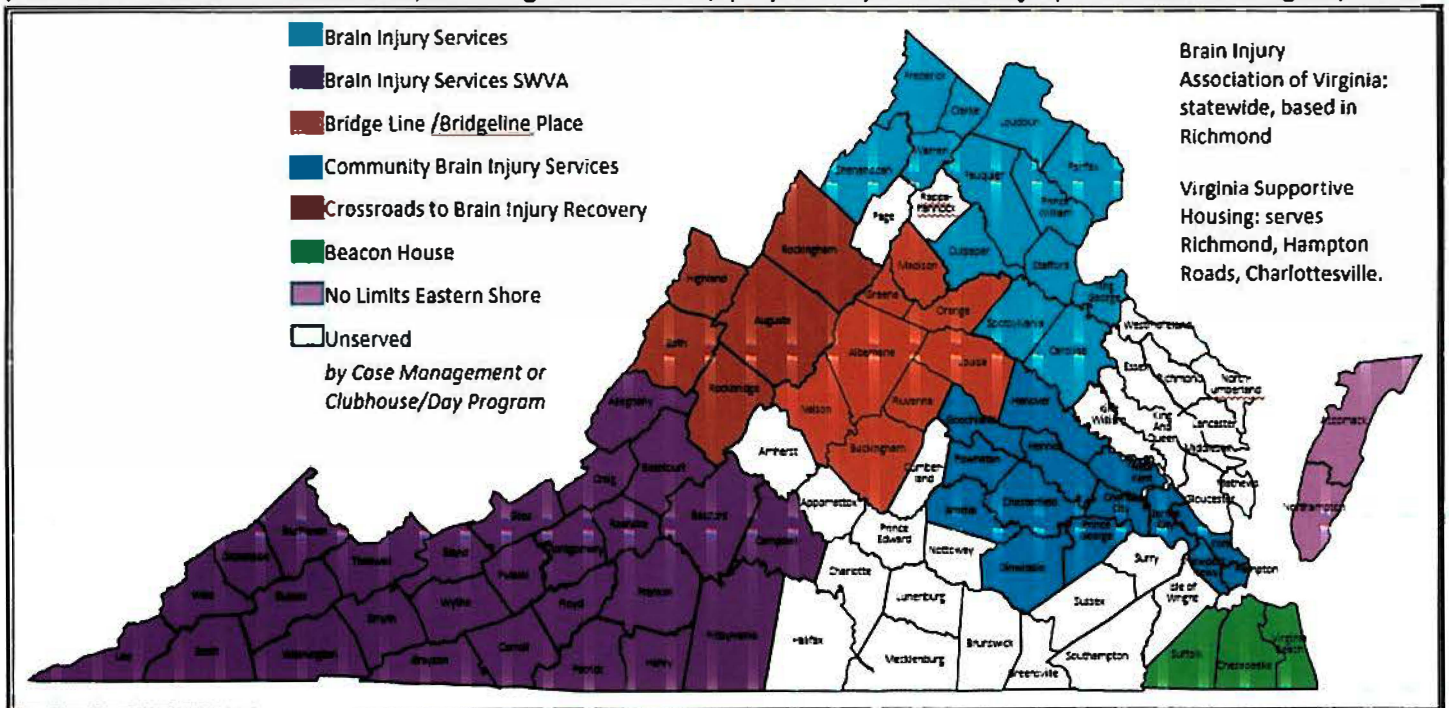
- The Commonwealth should provide a flexible, ongoing fund, to be managed by DARS, for a specified annual number of Virginians with acquired brain injury who need neurobehavioral treatment / services but who do not otherwise meet DMAS eligibility (residential target 10-15 per year; community services target to be determined). DARS would oversee the funds, including coordinating and monitoring access to neurobehavioral services, both facility- and community-based.
- The Commonwealth should strategize and enforce enhanced cross-agency data collection through implementation of brain injury screening and cooperative data exchange at the state level.

## MISCELLANEOUS

**FEDERAL TRAUMATIC BRAIN INJURY GRANT:** DARS' Brain Injury Services Coordination Unit manages a four-year \$375,000 Federal Traumatic Brain Injury (TBI) Act Partnership Grant (2014-2018) from the Administration for Community Living (ACL). The grant is focused on developing and strengthening the state's infrastructure for delivery of brain injury services [*"FACES: Facilitating Access to Care and Enhancing Services"*]. Grant activities are carried out in the four goal areas of information and referral; professional training; screening; and resource coordination. DARS was awarded an initial TBI Planning Grant in 1998, followed by five Partnership Implementation Grants through 2018: DARS has received a total of \$3,457,485 in federal funds, with the Commonwealth providing an additional \$1,785,260 in state cash matching funds.

**FIRST RESPONDER TRAINING:** The Department of Criminal Justice Services (DCJS) has contracted with Niagara University, New York to develop a train-the-trainer curriculum for the Commonwealth of Virginia. The curriculum focuses on preparing law enforcement for interactions with special populations, including people with brain injury (traumatic and nontraumatic). DARS is contributing to the development of a two-day training module with two to four hour stand-alone training modules in brain injury and in dementia.

**VIRGINIA'S STATEWIDE NETWORK OF BRAIN INJURY SERVICES PROVIDERS:** This map of Virginia reflects the service providers in each area of the state, including unserved. Map prepared by the Brain Injury Association of Virginia, 2018.



For more information about this annual report or about the agency's services to Virginians with brain injury, contact:

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