



COMMONWEALTH OF VIRGINIA
DEPARTMENT FOR AGING AND REHABILITATIVE SERVICES

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December 1, 2023

MEMORANDUM

TO: The Honorable Janet D. Howell
Co-Chairwoman, Senate Finance and Appropriations Committee

The Honorable George L. Barker
Co-Chairman, Senate Finance and Appropriations Committee

The Honorable Barry D. Knight
Chairman, House Appropriations Committee

Michael Maul
Director, Department of Planning and Budget

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

SUBJECT: Brain Injury Services Annual Report SFY 2023

As Commissioner of the Virginia Department for Aging and Rehabilitative Services (DARS), I am pleased to present the Brain Injury Services Annual Report for state fiscal year 2023. The report highlights brain injury services statistics, information about the work of the Virginia Brain Injury Council and progress on the goals of the Federal Traumatic Brain Injury Grant provided by the Administration on Community Living.

If you have any questions about the report, please do not hesitate to contact me.

KH

Enclosure



Brain Injury Services

Report to

**Chairman of the House Appropriations Committee
Co-Chairwoman and Co-Chairman of the Senate
Finance and Appropriations Committee**

**Virginia Department for Aging
and Rehabilitative Services**

**Commonwealth of Virginia
Richmond
December 1, 2023**

EXECUTIVE SUMMARY

As the state agency for disabilities including brain injury, the Virginia Department for Aging and Rehabilitative Services (DARS) is required to provide an annual report per Item 330 of the 2023 Appropriations Act documenting *“the number of individuals served, services provided, and success in attracting non-state resources.”*

In state fiscal year (SFY) 2023 nine state-funded community-based organizations provided support to 2,474 individuals living with brain injury. This is a nine percent (9%) increase over the previous fiscal year. The number of new referrals increased by 14% (63 individuals). Sixty-six (66) people were waiting for Case Management at the end of SFY23 and eighteen (18) were on a waiting list for ClubHouse or Day Support programs.

At the end of SFY 2022, nineteen percent (19%) of Virginia counties and cities did not have any brain injury services at all. In 2023 funding to expand brain injury case management to unserved areas of the Commonwealth resulted in an expansion to eleven (11) additional counties.

The Brain Injury Services Annual report includes additional detail on services provided, activities of the Virginia Brain Injury Council, and the focus of the most recent federal traumatic brain injury grant. Advances are being made in screening for brain injury across service providers including community service boards, domestic violence programs, and housing/homelessness agencies. Efforts are being made to improve the use and reliability of data to direct brain injury resources. Using the resources of Virginia’s No Wrong Door program, more people with brain injury and their families can access online screening for brain injury and connect directly to local services.

Program Background

The Code of Virginia (§51.5-119) designates the Department for Aging and Rehabilitative Services (DARS) “as the state agency for coordinating rehabilitative services to persons with significant physical or sensory disabilities.” The definition of “physical or sensory disability” in §51.5-116 includes brain injury.

The Code further states that DARS shall provide for the 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.

Understanding Brain Injury

Acquired brain injury is the umbrella term for all brain injuries. Traumatic brain injury (TBI) is caused by an external force. TBI’s may be caused by falls, car and sports accidents, assault (shaken/abuse), gunshot, stabbing, or military actions. Non traumatic brain injuries may be caused by internal factors like stroke/aneurysm, infection, seizure disorder, opioids, and brain tumors.

Whatever the cause, brain injury affects the functional ability of the brain. Using 2022 United States census estimates, the Brain Injury Association of Virginia (BIAV) estimates that as many as 304,000 Virginians have a disability due to a brain injury.

Many people consider a brain injury the accident which caused harm to the brain. In reality, a brain injury is a chronic condition that has long lasting impact on the life of the survivor and their family. It often presents as an “invisible disability” since brain injury survivors appear “normal” in appearance.

Living with a brain injury brings poorer health outcomes, decreased lifespan, and additional complications. For example:

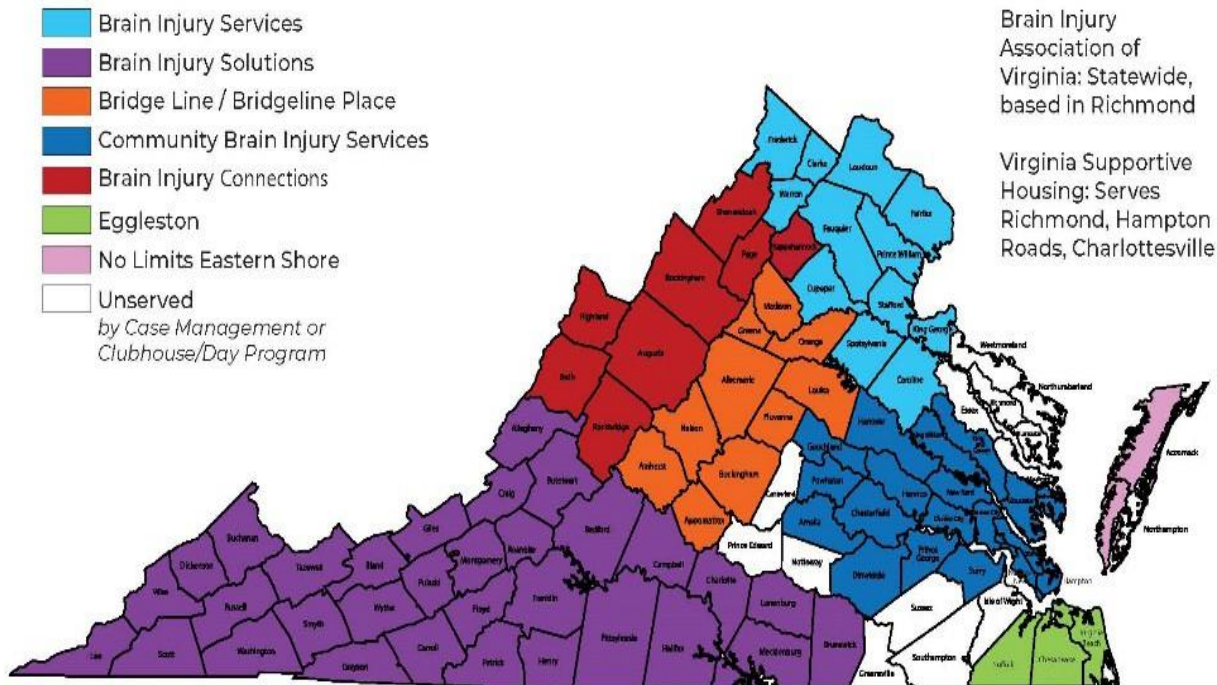
- People 65 years and older die or are hospitalized for traumatic brain injuries more often than younger people in Virginia each year.
- Homeless individuals are more likely to have a brain injury than the general population.
- The rate of brain injury among incarcerated individuals is greater than the general population.
- Survivors of domestic violence often are undiagnosed for brain injuries incurred during their abuse.
- Ten percent of individuals in Virginia’s trauma registry with a TBI had a co-occurring mental health issue at the time of hospital discharge.

Brain Injury Services

DARS administers state funding to a network of nine brain injury services programs across Virginia. The programs offer one or a combination of three “core services”: resource coordination; clubhouse / day program models; and specialized adult and pediatric case management. Currently, twelve (12) Virginia counties do not have any brain injury services at all. These localities include

Westmorland, Essex, Northumberland, Southampton, Isle of Wight, Greensville, Lancaster, Richmond, Middlesex, Cumberland, Nottoway, and Prince Edward counties.

The map below shows the geographic areas served by each of the state-funded brain injury programs. Areas in white do not have state funded brain injury services.



Service Definitions

Case Management (adults and children): Determine individual / family needs, develop individualized service plans with personal goals, and identify supports and resources. Community Brain Injury Services, The BridgeLine, Eggleston Brain Injury Services, No Limits Eastern Shore, and Virginia Supportive Housing provide case management to adults living with brain injury. Three (3) organizations provide case management to children and adults: Brain Injury Services, Brain Injury Connections of the Shenandoah Valley, and Brain Injury Solutions.

ClubHouse/Day Program: Work-related and socialization activities in a supportive, therapeutic environment. These programs provide a venue for survivors to participate meaningfully while benefiting from an educational, vocational, and therapeutic social environment. There are five (5) ClubHouse programs in Virginia located in Alexandria, Charlottesville, Newport News, Richmond, and Virginia Beach. Day programs are located on the Eastern Shore and in Fredericksburg.

Resource Coordination: Outreach to Virginians hospitalized due to brain injury; information and referral; education / training; public awareness; and consultation/technical assistance for survivors, family members / caregivers, and professionals. DARS contracts with the Brain Injury Association of Virginia to provide this service statewide.

In SFY 2023 one hundred twenty-four (124) family members of people living with brain injury participated in on-line support groups. Seven hundred fifty-six (756) people living with brain injury participated in some type of online training or support groups. (Note: This includes duplicate numbers of individuals attending more than one session.)

In SFY 2023, 2474 unduplicated individuals received brain injury services.

Service	Number Served
Case Management	1228
ClubHouse and Day Support	298
Resource Coordination	1056

In the 2022 General Assembly special session, legislators approved "... \$570,000 each year from the general fund to expand brain injury case management to unserved areas of the Commonwealth." In response to a competitive Request for Applications two (2) current state-funded brain injury providers were awarded contracts and one provider contract was amended to expand outreach to an unserved area. They include:

- Community Brain Injury Services (CBIS) was awarded \$190,000 annually to serve Prince George, Dinwiddie, Surry, Gloucester, Mathews, King and Queen, and King William counties. CBIS also received \$45,000 in one-time funds for startup costs related to the expanded service area.
- Brain Injury Solutions (formerly Brain Injury Services of Southwest Virginia) was awarded \$132,000 annually to serve Lunenburg, Mecklenburg, and Brunswick counties. They received \$38,457 in one-time funds for start-up costs.
- Brain Injury Connections of the Shenandoah Valley (BICSV) was awarded \$30,000 to expand their existing contract to include Rappahannock County.

Funding & Resources

State funded providers contributed twenty six percent (26%) of total funding for community-based brain injury services. In SFY 2023 state general funds paid to the nine (9) state-funded brain injury providers totaled \$7,479,852. Providers secured an additional \$2,151,163 through fundraising, donations, and other sources.

Brain injury service providers also used volunteers as a program resource. In SFY 2023 the state funded brain injury providers used 8460 volunteer hours valued at \$270,800. They also helped to

develop the next generation of brain injury professional by hosting 22 interns for a total of 5291 hours. These interns are pursuing advanced degrees in areas including social work, physical therapy, and occupational therapy.

Virginia Brain Injury Council

The Virginia Brain Injury Council (VBIC) was established in 1986. The purpose of the Council is to promote accessible, affordable, and appropriate services for Virginians with brain injury and their families by advising DARS, the state agency for brain injury in Virginia.

The VBIC has four primary responsibilities:

- **Distribution of Funds:** The 2023 Appropriations Act Item 330 requires DARS to “*consider recommendations of the Virginia Brain Injury Council*” when allocating new funds for brain injury services.
- **TBI State Partnership Program Grant (i.e. Federal Grant):** All Federal Grantees are required to establish an Advisory Council within the designated state agency (DARS). Per 42 U.S. Code § 300d–52 (State grants for projects regarding traumatic brain injury) the Advisory Council “*shall advise and make recommendations to the State...on ways to improve services coordination regarding traumatic brain injury.*”

Council membership should be comprised of 50% of people with Traumatic Brain Injury (TBI), family member(s) of people with TBI, and representatives of Centers for Independent Living/State Independent Living Council, Aging and Disability Resource Centers, Protection & Advocacy agencies, Long-term care ombudsman, and TBI Model System Center (currently based at Virginia Commonwealth University). The Council should represent the demographic and geographic diversity of the state and should include individuals from culturally and linguistically diverse populations.

All council members are appointed by the DARS Commissioner.

- **Brain Injury State Plan:** As a federal grantee, Virginia (DARS) is required to develop a state plan that will serve as a strategic plan for TBI efforts in the state. Federal Grantees are required to include the state advisory Council in the development of this state plan. A committee of the Virginia Brain Injury Council is working on development of a new Brain Injury State Plan for Virginia.
- **Council Priorities:** Annually the Brain Injury Council identifies its priorities related to brain injury. Once approved, they are shared with the DARS Commissioner. Developing priorities is not a requirement of the TBI grant or in any other regulation. This has been a valuable tradition of the council for many years. This tool for identifying needs and communicating priorities creates a mechanism for future planning by DARS, developing federal grant objectives, and the development of Brain Injury State Plans.

In 2023 the Council acknowledged that the brain injury service system in Virginia and the Virginia Brain Injury Council itself, are in the midst of significant change given the implementation of Medicaid Targeted Case Management for brain injury and the Council's efforts to increase the representation of individuals with lived experience of brain injury. The Council informed the DARS Commissioner of their interest in education to understand these changes and their impact, and to develop a shared understanding of member roles, responsibilities, and overall mission.

The Council also noted its interest in continuing the work of its Housing Workgroup. The Council established a Housing Workgroup in the Fall of 2021, focusing on the needs of Virginians living with brain injury and the lack of availability of appropriate housing options in the community. Noting the importance of housing in overall health and independence, the Workgroup will continue exploring the complex network of housing and supportive services that are critical for individuals living with brain injury throughout Virginia and report findings to Council at the April, 2024 meeting.

The Council is staffed by one of the three positions within the Brain Injury Services Coordination Unit which is part of the DARS Division for Community Living.

Council meetings are held quarterly on the fourth Friday of the month (January, April, July, October) and are open to the public.

Administration on Community Living TBI State Partnership Grant (2021 – 2026)

The Department for Aging and Rehabilitative Services (DARS) received initial federal funding under the national Traumatic Brain Injury (TBI) Act when the State Grant Program was established in 1998. DARS has since received five subsequent federal grants, most recently for the period August 2021 through July 2026.

The goal of the most recent grant is that Virginia achieves *A Comprehensive Coordinated Entry to Services and Supports* (ACCESS) for individuals with TBI and their caregivers through innovative practices and partnerships.

Primary objectives include individuals with TBI will: 1) receive appropriate behavioral health treatment; 2) have a more direct route to person centered services and resources; 3) provide input into the direction of Virginia's brain injury services as the leading voices of the Virginia Brain Injury Council; 4) caregivers will have access to an expanded system of supports and; 5) service development will be driven by accurate data and progress measured through data-based evaluation.

In implementing this grant DARS will partner with Virginia No Wrong Door, the Department of Behavioral Health and Developmental Services, the Virginia Association of Community Services Boards, the Brain Injury Association of Virginia, and James Madison University.

Outcomes of the grant include:

- Pilot screening for brain injury in at least one Community Services Board and one DBHDS mental health facility.
- Increase Brain Injury Council members to at least 50% individuals living with brain injury.

- Increase resources related to brain injury for survivors and their families through Virginia No Wrong Door including screening for risk of brain injury with links to brain injury resources for those who screen positive.
- Pilot a peer mentor program for caregivers of individuals living with a brain injury.
- Conduct a comprehensive needs and resources assessment to provide input into a state plan for brain injury and the next federal grant application.

Federal grant funding is \$200,179 annually which is matched by DARS funding of \$130,000 for a total of \$330,179 per year and a total of \$1,650,895 over the five-year period.

Service Development

With the support of the Virginia General Assembly, the Commonwealth is expanding services to individuals with brain injury focusing on unserved and underserved areas throughout the Commonwealth and adding Case Management for people with severe traumatic brain injury to the Medicaid State Plan. The state funded brain injury providers have continued their efforts to enhance and expand services.

DARS continues to collaborate with state agencies and community-based organizations that are realizing the prevalence of individuals with brain injury among their clientele, linking them with screening tools and training. Staff have, and will continue to, identify supports to assist the state-funded providers in their transition to Medicaid providers and to address the need for additional brain injury providers across the entire state.