



COMMONWEALTH OF VIRGINIA
DEPARTMENT FOR AGING AND REHABILITATIVE SERVICES

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MEMORANDUM

TO: The Honorable Louise Lucas
Chairwoman, Senate Finance and Appropriations Committee

The Honorable Luke Torian
Chairman, House Appropriations Committee

Michael Maul
Director, Department of Planning and Budget

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

SUBJECT: Brain Injury Services Annual Report SFY 2024

As Commissioner of the Virginia Department for Aging and Rehabilitative Services (DARS), I am pleased to submit the Brain Injury Services Annual Report for state fiscal year 2024, as required by Item 314 in the 2024 Appropriations Act. 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.

KAH

Enclosure



Brain Injury Services

Report to

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

**Virginia Department for Aging
and Rehabilitative Services**

**Commonwealth of Virginia
Richmond
September 1, 2024**

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 314 of the 2024 Appropriations Act documenting *“the number of individuals served, services provided, and success in attracting non-state resources.”*

In state fiscal year (SFY) 2024 nine state-funded community-based organizations provided support to 2,581 individuals living with brain injury. This is a four percent (4%) increase over the previous fiscal year. The number of new referrals increased by 19% (115 individuals). One hundred and two people were waiting for Case Management at the end of SFY 24 and twenty-two (22) were on a waiting list for Clubhouse or Day Support programs.

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. TBIs may be caused by falls, car and sports accidents, assault (shaken/abuse), gunshot, stabbing, military actions or through other trauma. 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 between 300,000 and 350,000 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. At the end of SFY 2022, twenty-four Virginia counties/cities did not have any brain injury services at all. In SFY 2023, funding to expand brain injury case management to unserved areas of the Commonwealth resulted in an expansion to eleven (11) additional counties.

At the end of SFY 23, the twenty-four Virginia counties without brain injury services had been reduced to thirteen (13). These localities include Westmorland, Essex, Northumberland, Southampton, Isle of Wight, Greensville, Lancaster, Richmond, Middlesex, Cumberland, Sussex, Nottoway, and Prince Edward counties.

During SFY 2024, two (2) additional contracts were awarded to current state-funded brain injury providers to expand case management services to unserved counties. By the end of SFY 24, the number of unserved counties had been reduced to eight (8). These localities include Southampton, Isle of Wight, Greensville, Sussex, Cumberland, Nottoway, Prince Edward and Rappahannock County. The additional funding appropriated in the 2024 General Assembly Session will ensure that brain injury services are available to every service area in the Commonwealth effective July 1, 2024.

The map on the following page shows the geographic areas served by each of the state-funded brain injury programs as of July 1, 2024.

Virginia State Funded Brain Injury Organizations and Their Service Areas



Brain Injury Services

Brain Injury Connections of the Shenandoah Valley

The BridgeLine

Community Brain Injury Services

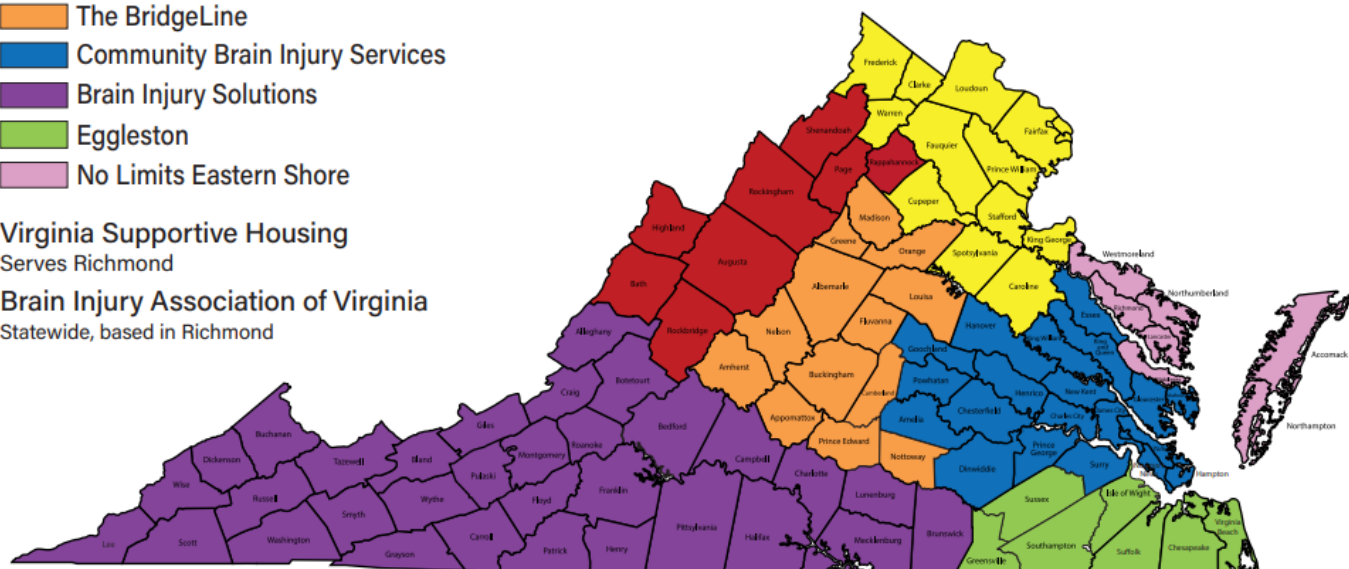
Brain Injury Solutions

Eggleston

No Limits Eastern Shore

Virginia Supportive Housing
Serves Richmond

Brain Injury Association of Virginia
Statewide, based in Richmond



This project is supported [in part] through state general funds (Contract #16-002A) administered by the Virginia Department for Aging and Rehabilitative Services (DARS).

Service Definitions

Case Management (adults and children):

The provision of one-to-one services provided to adults, children/youth, and families affected by brain injury. A Case Manager identifies an individual's needs and desires and works collaboratively with them to develop an individualized plan of services with personal goals. The Case Manager identifies supports, services, and resources in the community to meet those needs.

Club House Program: The provision of services by more than one staff person, to multiple individuals in a physical building located in a community-based setting. Programs operate five days a week and provide educational, vocation, and therapeutic social environments for survivors of brain injury. Clubhouses are "stand alone" programs located in community settings that offer meaningful work-related and social activities in a supportive environment. Clubhouse Programs are operated according to the standards established by the International Brain Injury Clubhouse Association (IBICA). Clubhouse members participate in a work-ordered day to run the program on a day-to-day basis.

Day Program: The provision of services by more than one staff person, to multiple individuals in a physical building located in a community-based setting. Programs operate five days a week and provide educational, vocation, and therapeutic social environments for survivors of brain injury. Day Programs are typically more educational and social in nature than a Clubhouse Program and may also offer volunteering and other community participation activities.

Resource Coordination: (Statewide): Statewide Resource Coordination consists of outreach to people treated for brain injury and reported to the Virginia Statewide Trauma Registry; information and referral and consultation/technical assistance services; education, training, and public

awareness activities; and systems change advocacy to enhance services for Virginians with brain injury. The primary functions of Resource Coordination are to offer education on brain injury; provide consultation and technical assistance services to persons with brain injury, family caregivers and professionals; offer a point of entry to available supports and services; and develop partnerships with individuals and organizations across the state through consultation and technical assistance.

In SFY 2024, 2581 individuals received brain injury services.

Service	Number Served
Case Management	1265
Clubhouse and Day Support	280
Resource Coordination	1036

Funding & Resources

State funded providers contributed twenty-four percent ((24%) of total funding for community-based brain injury services. In SFY 2024 state general funds paid to the nine (9) state-funded brain injury providers totaled \$7,746,719. Providers secured an additional \$1,821,105 through fundraising, donations, and other sources.

Brain injury service providers also used volunteers as a program resource. In SFY 2024 the state funded brain injury providers used 12,781 volunteer hours valued at \$270,431. They also helped to develop the next generation of brain injury professionals by hosting 21 interns for a total of 6,621 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 2024 Appropriations Act Item 314 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 new Brain Injury State Plan for Virginia is in development.
- **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 the Brain Injury State Plan.

In 2024 the council informed the DARS Commissioner of their five (5) top priorities and recommendations. They include the following:

1. Increase Council understanding of the availability of behavioral health services for people living with brain injury.
2. Bring awareness to the benefits of and barriers to Cognitive Rehabilitation for people living with brain injury.
3. Learn more about the needs and current services for youth living with brain injuries.
4. Increased Neurobehavioral Services and/or Medicaid Waiver funding for services for people living with brain injury.
5. Support the Housing Workgroup Recommendations.

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 typically held quarterly on the fourth Wednesday 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 achieve *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; 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.