

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, 2025**



COMMONWEALTH OF VIRGINIA
DEPARTMENT FOR AGING AND REHABILITATIVE SERVICES

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September 1, 2025

MEMORANDUM

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

The Honorable Luke E. Torian
Chairman, House Appropriations Committee

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

SUBJECT: Brain Injury Services Annual Report SFY 2025

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 (SFY) 2025. Pursuant to the 2025 Appropriation Act Item 314 N 8, DARS submits this annual report "documenting the number of individuals served, services provided, and success in attracting non-state resources." The report also highlights DARS' implementation of the federal Traumatic Brain Injury Grant provided by the U.S. Department of Health and Human Services Administration on Community Living and the work of the Virginia Brain Injury Council.

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

Enclosure

EXECUTIVE SUMMARY

In accordance with Item 314 of the 2025 Appropriations Act, the Virginia Department for Aging and Rehabilitative Services (DARS) submits annually a report, “documenting the number of individuals served, services provided, and success in attracting non-state resources,” to the Chairmen of the Senate Finance and Appropriations and House Appropriations Committees.

In State Fiscal Year (SFY) 2025, DARS contracted with nine state-funded community-based organizations to provide four core services to brain injury survivors across the Commonwealth. Approximately 3,131 individuals received three core services, which is nearly a 16% increase from last SFY. In addition, the fourth core services, resource facilitation, was provided to approximately 1,185 individuals.

The Brain Injury Services Annual Report includes additional information on services provided, activities of the Virginia Brain Injury Council, and the focus of the most recent Federal Traumatic Brain Injury Grant. DARS, in partnership with the brain injury services providers, continues to make advances in outreach, education, and screening for brain injury among community service boards (CSBs) and housing/homelessness agencies. Using the resources of Virginia’s No Wrong Door program, more people with brain injuries and their families can now access online screening for brain injury and connect directly to local programs and services.

Program Background

The Code of Virginia (§ 51.5-119) designates 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 of Virginia (§ 51.5-119) 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 of services to such persons.”

Understanding Brain Injury

Acquired brain injury is the umbrella term for all types of brain injuries. Traumatic Brain Injury (TBI) is caused by an external force. TBIs may be caused by a variety of methods including but not limited to falls, car and sports accidents, assault (shaken/ abuse), gunshot, or military actions. Non traumatic brain injuries may be caused by internal factors like stroke/aneurysm, infection, seizure disorder, anoxia (loss of oxygen to the brain), and brain tumors.

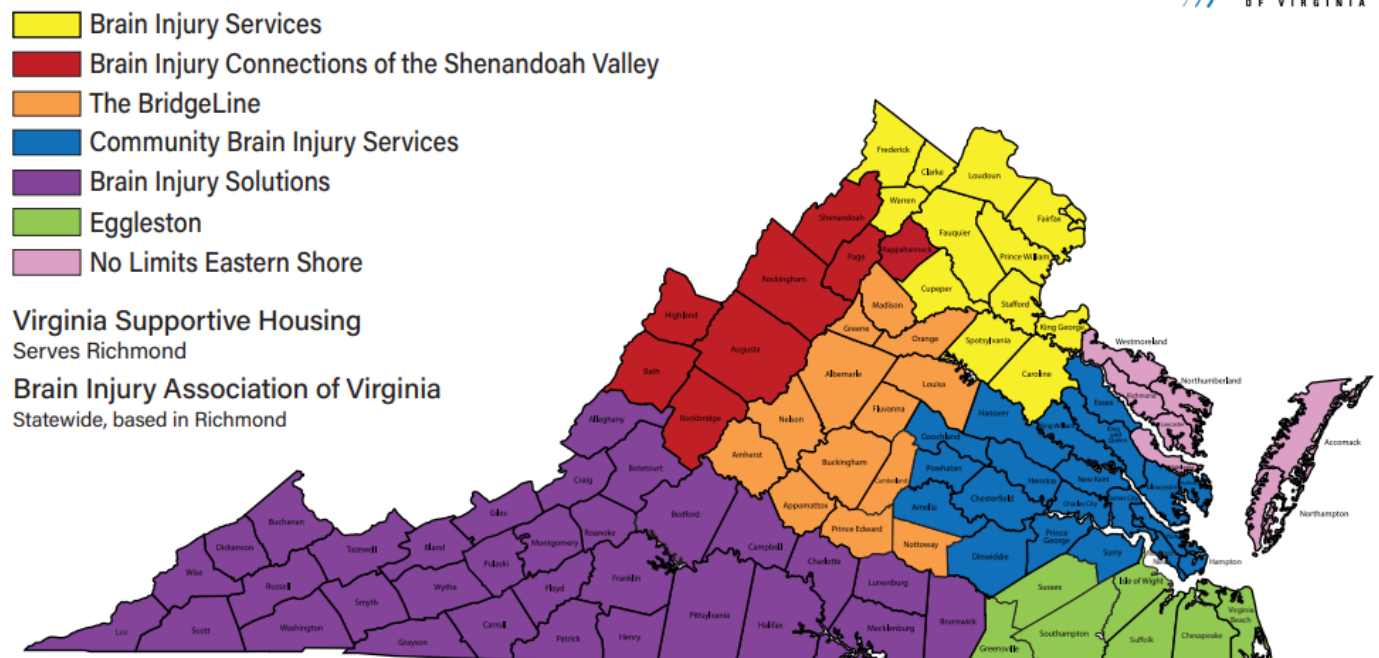
Many people consider a brain injury to be the incident which causes harm to the brain. In reality, this is considered the primary injury. There is often a secondary injury, which could include anoxia, metabolic abnormalities, hemorrhage or swelling, and can extend for longer periods of time after the

primary injury (BIAA). The primary and secondary injuries lead to brain injuries being considered a chronic condition that has long-lasting impact on the life of the survivor and their family. Brain injuries often present as an “invisible disability;” often brain injury survivors appear “normal.” According to the Center for Disease Control and Prevention (CDC), in 2017, there were approximately 224,000 TBI related hospitalizations nationwide. The leading causes for these hospitalizations were unintentional falls, motor vehicle accidents, unintentionally being struck by or against an object, intentional self-harm, and then assaults (CDC, 2021). According to the Virginia Department of Health (VDH), in 2023, unintentional falls accounted for approximately 55% of the injury hospitalizations in Virginia and TBI was the leading cause of injury deaths (VDH, 2024).

Brain Injury Services in Virginia

DARS administers state funding to a network of nine brain injury services providers across Virginia. The providers offer one or a combination of four core services: case management, resource coordination, clubhouse, and day program. As of July 1, 2024, Virginia achieved statewide coverage for brain injury services. The map below shows the geographic areas served by each of the state-funded brain injury providers.

Virginia State Funded Brain Injury Organizations and Their Service Areas



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

In SFY 2025, a total of 3,131 individuals received brain injury services. Below is a chart that shows the unique number of individuals served by three of the four core services.

Service	Number Served
Case Management	1,720
Day Support	55
Club House	236

Service Definitions

Case Management (Adults and Children)

Case management provides one-on-one services to adults and children 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 supports with personal goals. The Case Manager identifies supports, services, and resources in the community to meet those needs and helps facilitate those connections.

Adult case management supports are available statewide. Case management supports for children are provided in Northern Virginia (Brain Injury Services), the Shenandoah Valley (Brain Injury Connections of the Shenandoah Valley), and Southwest Virginia (Brain Injury Solutions).

Case Management continues to be a highly requested and needed service across the Commonwealth. There are 83 on the waiting list for this service statewide, which is an 18% decrease from last fiscal year (102).

Day Program

Day Programs or "Day Support" provide services to multiple individuals in a physical building located in a community-based setting with support from more than one staff person. Day Support is designed to support the survivors of brain injury to improve skills in areas of self-advocacy, community integration, and career planning. Day Support should also provide opportunities for peer interactions and enhancement of social networks.

Day programs are located on the Eastern Shore (No Limits Eastern Shore) and in Fredericksburg (Brain Injury Services).

Clubhouse

Clubhouses provide services to multiple individuals in a physical building located in a community-based setting with support from more than one staff person. Clubhouse programs operate five days per week and provide educational information, job skills, and therapeutic social environments for survivors of brain injury. Clubhouses operate according to the standards established by the International Brain Injury Clubhouse Association (IBICA) and members of the clubhouse participate

in a ‘work-ordered day’, meaning members and staff work side-by-side as colleagues to perform the necessary work that keeps the clubhouse functioning.

There are five Clubhouse programs in Virginia located in Alexandria (Brain Injury Services), Charlottesville (The Bridgeline), Newport News and Richmond (Community Brain Injury Services), and Virginia Beach (Eggleston).

Clubhouse services continue to be popular due to the member-led focus, social connectivity, and skill building activities. With 178 new referrals for this service in SFY 2025 (36% increase from SFY 2024), clubhouses also saw an increase in the waiting list for this service, from 22 in SFY 2024 to 34 in SFY 2025.

Resource Coordination

Resource Coordination provides outreach to people treated for brain injury and who have been reported to the Virginia Statewide Trauma Registry. This includes providing information, referrals, consultation/technical assistance, education and training, and public awareness activities throughout the Commonwealth of Virginia for individuals with brain injuries, their families/caregivers, and professionals. In SFY 2025, a total of 1,185 individuals received brain injury resource coordination services.

DARS contracts with the Brain Injury Association of Virginia (BIAV) to provide this service statewide.

In collaboration with the Virginia Department of Health (VDH) and BIAV, DARS implements a one-time outreach to an individual who has received a brain or spinal cord injury from the Virginia Statewide Trauma Registry (Code of Virginia § 32.1-111.3). As part of the one-time outreach, DARS and BIAV provides the individual with access to supports and the individual can also ‘self-refer’ for additional resource coordination assistance through BIAV. In SFY 2025, this outreach was made to 7,629 individuals.

Other Community Outreach

Brain injury providers are encouraged to complete additional outreach activities in areas such as education, information and referral, public awareness, and advocacy.

In SFY 2025, brain injury services providers held 222 support groups statewide, either in person or virtually, and 1,321 individuals participated in those support groups (580 caregivers and 741 individuals with brain injuries¹). Brain injury service providers offered 52 education/training opportunities to caregivers, individuals with brain injuries, and professionals working in various capacities of human services, reaching a total of 768 people. Lastly, the providers also offered information and referral regarding available services for a total 2,293 times during the SFY.

¹ This includes duplicate numbers of individuals attending more than one session.

The brain injury service providers continue to focus on building community connections with local agencies for public awareness and advocacy, such as disability resource fairs, related community day events, in rehabilitative settings and hospitals, and local college programs. As a result of outreach efforts, there were 818 new referrals in SFY 2025 for Case Management services, and 217 new referrals for Clubhouse and Day Support combined.

Funding & Resources

State-funded providers contributed twenty six percent (26%) of the total funding used for community-based brain injury services in Virginia. In SFY 2025, State General Funds paid to the nine (9) state-funded brain injury providers totaled \$10,016,625. Providers secured an additional \$1,753,654 through fundraising, donations, and other sources. The Brain Injury Direct Services fund (BIDS) made 413 purchases providing short-term, specialized equipment, technology, and goods to help individuals with an acquired brain injury live more independently. The DARS Brain Injury Unit has collaborated with the Lifespan Respite Program since 2020 and has supported respite services for the caregivers of 229 individuals diagnosed with a stroke and 84 individuals diagnosed with a TBI.

Brain injury service providers also used volunteers as a program resource. In SFY 2025, the state-funded brain injury providers also helped to develop the next generation of brain injury professionals by hosting 19 interns for a total of 3,453 hours. These interns are pursuing advanced degrees in areas including social work, physical therapy, and occupational therapy.

In 2023, with the support of the General Assembly, the Department of Medical Assistant Services (DMAS) added Targeted Case Management (TCM) services for those affected by severe traumatic brain injuries. This has been an additional resource for individuals who are eligible and provides additional funding options for brain injury service providers.

Federal Grant Funding

Virginia is a current recipient of a federal Administration of Community Living (ACL) Traumatic Brain Injury State Partnership Program Grant from 2021-2026. Primary objectives of the grant are as follows:

- Individuals with TBI will receive appropriate behavioral health treatment.
- Individuals will have a more direct route to person-centered services and resources.
- Individuals with brain injuries will provide input into the direction of Virginia's brain injury services as the leading voices of the Virginia Brain Injury Council.
- Caregivers will have access to an expanded system of support.
- Virginia's service development will be driven by accurate data and progress will be measured through data-based evaluation.

DARS Brain Injury Services Unit is actively collaborating with many local, state, and private providers to successfully implement the ACL TBI Federal Grant objectives.

Virginia Brain Injury Council

The Virginia Brain Injury Council (Council) was first 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 lead state agency for brain injury in Virginia.

To ensure that those with brain injuries provide recommendations on services and meet the requirements of the ACL TBI Federal Grant objective, the Council has increased membership of those living with a brain injury from 6 positions to 14. By the end of SFY 2025, 9 of the 14 positions were filled, bringing the representation of those with lived experience to 41% of the voting membership.

The Council engages in the following activities:

- **Make Recommendations on the Distribution of New Funds:** The 2025 Appropriations Act Item 314 N7 requires DARS to “*consider recommendations of the Virginia Brain Injury Council*” when allocating new funds for brain injury services.
- **Advise on the TBI State Partnership Program Grant (i.e. Federal Grant):** All Federal Grantees are required to establish an Advisory Council within the designated state agency (e.g., 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 a substantial number of people with 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 makeup of the state. All Council members are appointed by the DARS Commissioner.

- **Provide Input on DARS’ Brain Injury State Plan:** As a Federal Grantee, Virginia (i.e., 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’s Advisory Council in the development of this state plan. A committee of the Council provided insight and recommendations on DARS’ development of this plan.
- **Identify and Share Council Priorities with the DARS Commissioner:** Annually the 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 statutory authority, however, 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 state plan.

The Council is staffed by a position within the DARS Brain Injury Services Unit with funding provided through the Federal Grant.

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

Virginia Commonwealth Neurotrauma Initiative (CNI)

Virginia established the Commonwealth Neurotrauma Trust Fund in 1997 with the Commonwealth Neurotrauma Initiative Advisory Board as the administrator of the funds (Code of Virginia § 51.5-179). DARS provides staff support for the seven-member Governor Appointed Board (Code of Virginia § 51.5-180). The CNI Board ensures that 95% of the Trust funds support “grants for Virginia-based organizations, institutions, and researchers” focused on prevention of spinal cord and brain injuries and improving the care and treatment for those with spinal cord and brain injuries.

The CNI Trust Fund Program currently funds seven ongoing projects. Two projects are based in Virginia institutions of higher education, one project is based in a Virginia hospital, and four projects are based in community organizations.

Board meetings are held quarterly on the fourth Friday of the respective month (March, June, September, December) and are open to the public.

Service Development

With the support of the Virginia General Assembly, state-funded brain injury services continued to expand with a focus on underserved areas throughout the Commonwealth in SFY 2025. With increased outreach efforts, this expansion becomes evident by the growth each year in individuals with brain injury and their caregivers who are linked to supports and services.

DARS continues to collaborate with state and local government agencies, community-based organizations, and institutions of higher education, many of which are realizing the prevalence of individuals with brain injury in their networks. DARS links these entities with screening tools and provides education and training opportunities on ways to better meet the needs of the ever-growing disability population. DARS staff have, and will continue to, identify ways to support the state-funded brain injury service providers in their transition to becoming Medicaid providers and to address the need for additional brain injury supports and services across the entire Commonwealth.

References

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