
Virginia Disability Commission



Access to State-Funded Brain Injury Services in Virginia

Commission Briefing

October 16, 2007



JLARC

Study Mandate

- 2006 Appropriation Act directs review of access to brain injury services in Virginia
 - Effectiveness of current State-funded services to meet the needs of persons with traumatic brain injuries
 - Effectiveness of Department of Rehabilitative Services' oversight of State-funded brain injury services
 - Sufficiency of current resources to meet needs of those with brain injuries in Virginia
- Increases in State funding have raised interest regarding effectiveness of State-funded services

In This Presentation

- Background

- Access to Brain Injury Services Has Improved, But Remains Limited
- Brain-Injured Population Appears to Benefit from State-funded Services
- Identification of Brain Injury Survivors Needs Improvement
- Improving Access to Community-based Brain Injury Services



What Is Traumatic Brain Injury (TBI) and What Are Its Effects?

■ TBI is

- blunt or penetrating trauma or
- accelerating/decelerating forces
- resulting in altered consciousness

■ Problems resulting from TBI

- Physical disabilities
- Short-term memory loss, poor judgment
- Behavioral dysfunction, depression
- Walking or talking impaired

“Silent” Nature of TBI Limits Identification, But 150,000 Virginians May Have Lifelong Disability

- Brain injuries are not visible and public awareness is limited
- More than 82,200 Virginians reported to Virginia’s brain injury registry since FY 2002
 - Falls (46%)
 - Transportation-related accidents (22%)
- 150,000 Virginians may have a permanent TBI-related disability (CDC)

DRS Is Lead Agency for Brain Injury Services

Code of Virginia designates Department of Rehabilitative Services to coordinate rehabilitative services to persons with functional and central nervous system disabilities

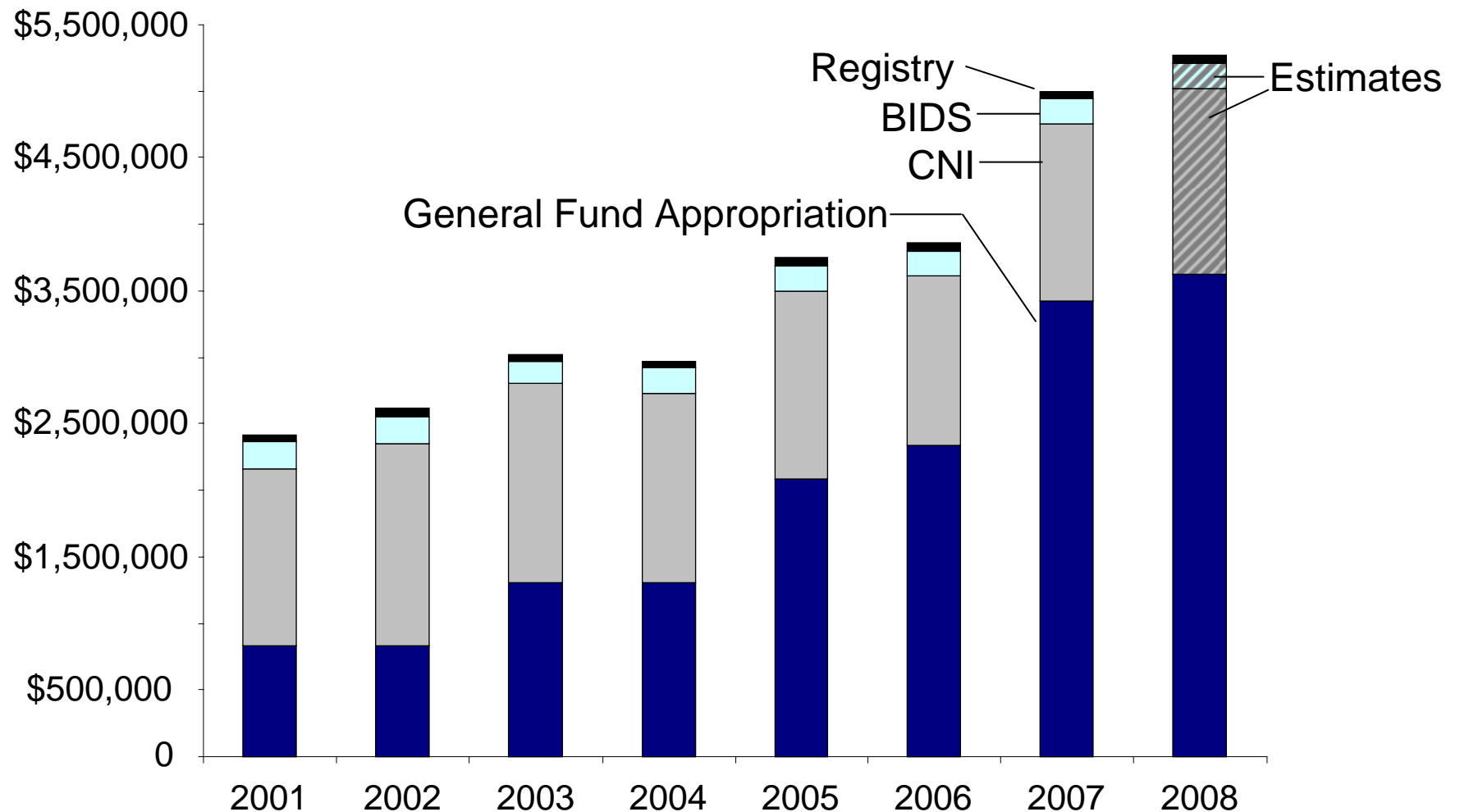
■ State Contracted Services

- Case Management
- Clubhouse/Day Programs
- Regional Resource Coordination
- Information and Referral for Brain Injury Registry

■ State Administered Services

- Brain Injury Registry
- Brain Injury Direct Services Fund (BIDS)
- Commonwealth Neurotrauma Initiative (CNI) Trust Fund
- Case Management
- Vocational Rehabilitation Program

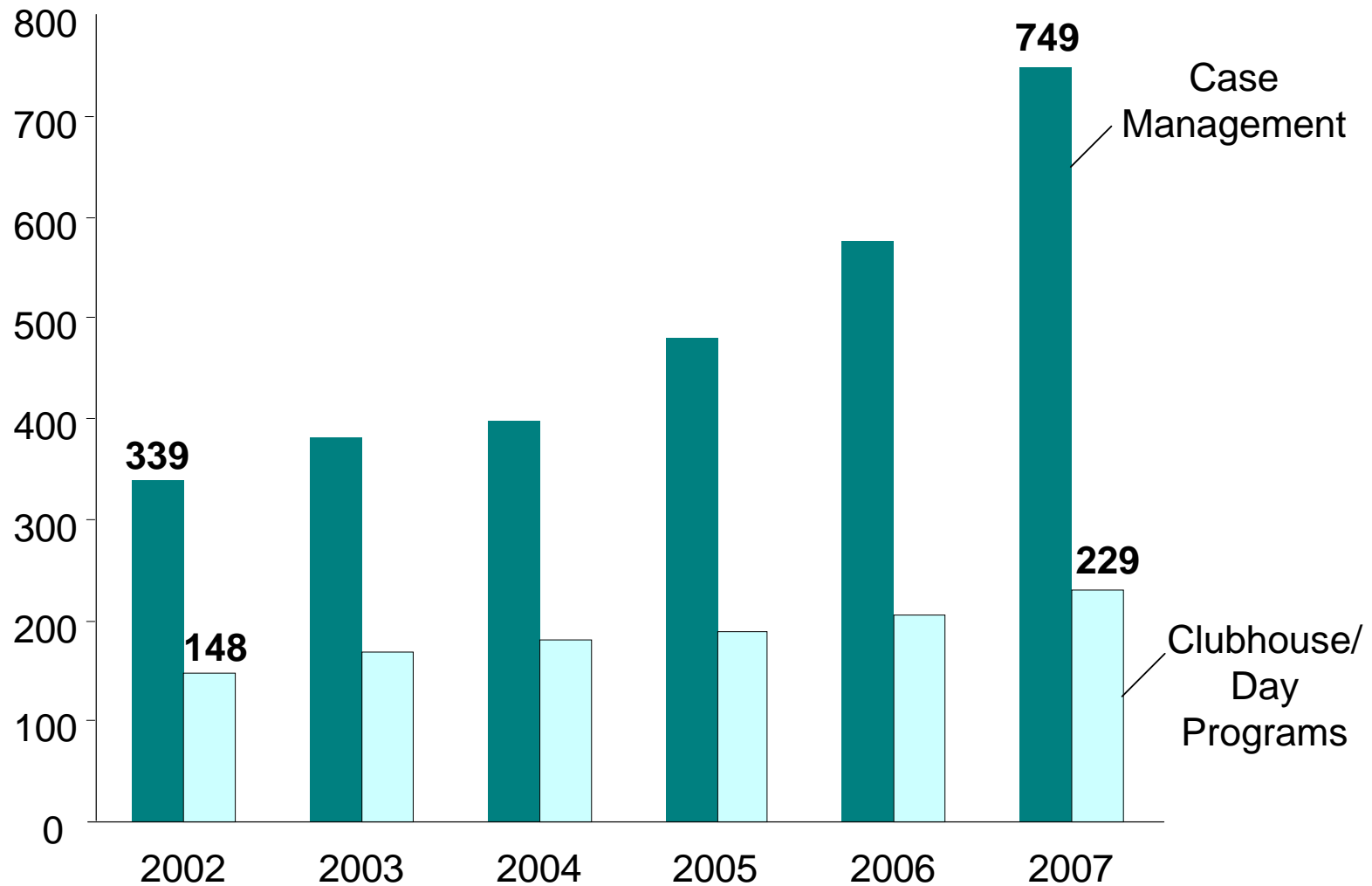
More than \$5 Million in State Funding for Brain Injury Services in FY 2007



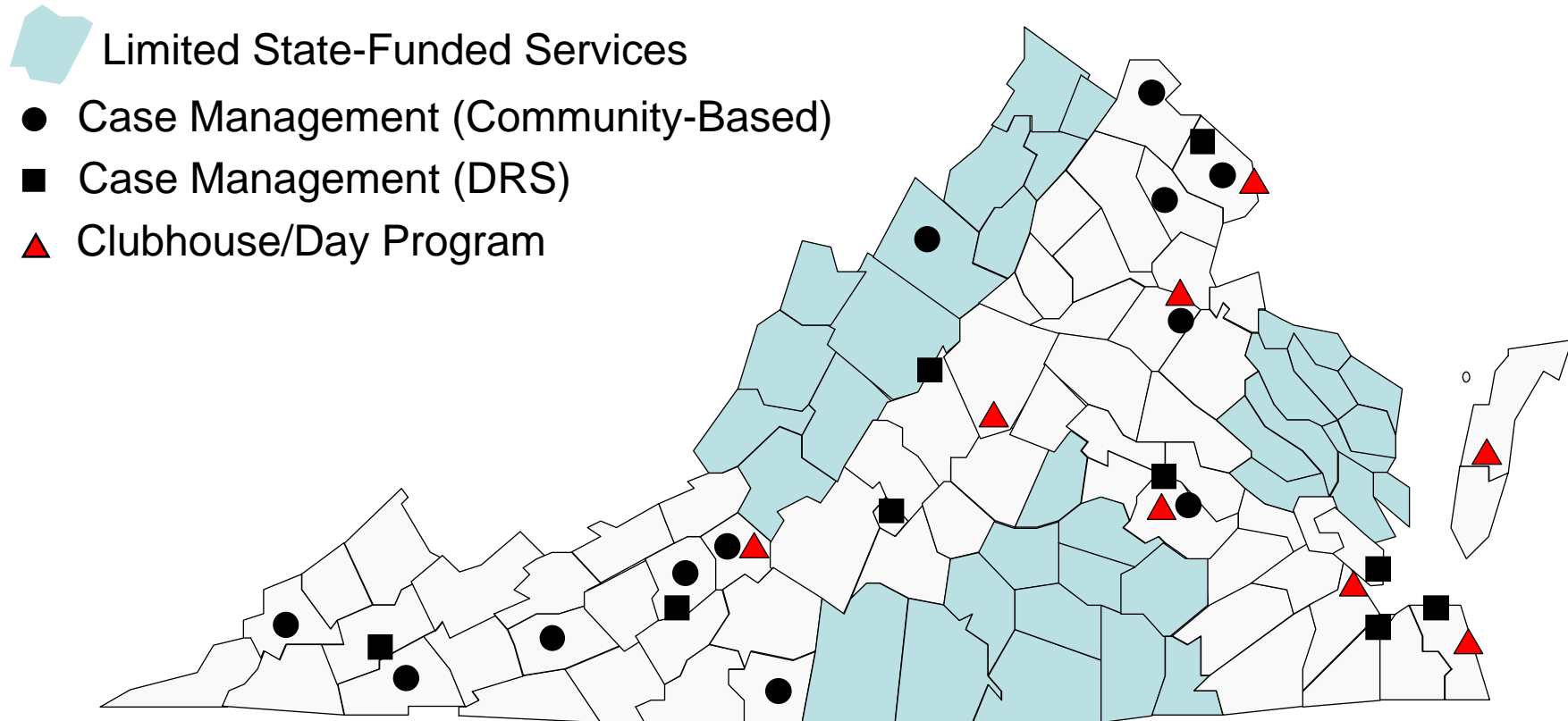
In This Presentation

- Background
- Access to Brain Injury Services Has Improved, But Remains Limited
- Brain-injured Appear to Benefit from State-funded Services
- Identification of Brain Injury Survivors Needs Improvement
- Improving Access to Community-based Brain Injury Services

Number of Persons Accessing State-Funded Services Doubled Since FY 2002



Some Parts of Virginia Have Few State-Funded Services



Wait Lists Limit Service Access

- Case management
 - Northern Virginia – 70 people
 - Roanoke – 9 people
- Clubhouses
 - Richmond – 21 people
 - Newport News – 25 people
- Wait times of nine to 12 months

State Funding Not Allocated for High Cost Services

- High cost services include
 - Neuropsychological examinations (\$700 to \$1,200)
 - Residential treatment programs (\$250 to \$650/day)

Lack of Services Can Lead to Problems for Survivor and Caregiver

- For the survivor, lack of services can result in
 - Social isolation
 - More severe problems
 - Loss of previously relearned skills
- For caregiver, lack of services can result in
 - Responsibility for care
 - Limited ability to work outside home
 - Health issues, such as clinical depression

Need for Intensive Neurobehavioral Treatment Is Great, But Only 20 Beds Available

- Panel of neuropsychologists in Virginia estimates that thousands of individuals may have neurobehavioral problems resulting from acquired brain injuries
- Resulting behavior may lead some of these individuals to detention or incarceration in local hospital, skilled nursing home, or correctional facility, without adequate treatment
- Cost of beds is about \$470 per day per person

Brain Injury Survivors in Long-Term Care Facilities May Not Receive Brain Injury Services

- About 450 TBI survivors in long-term care facilities (FY 2004-2006)
 - Median daily rate was \$102 per day (paid by Medicaid)
- Little outreach by State-funded service providers
- Not typically equipped or staffed to meet the needs of TBI survivors

Limited Access to Other Services

- Cognitive rehabilitation therapies address impairments in memory, planning, and organization
- Supportive housing and transportation assist with staying in community

Private Health Insurance Coverage Is Limited by Policy Purchased and Level of Improvement

- Acute medical care for brain injuries appears to be covered
- Nationally, length of stay in rehabilitation facilities has been reduced by six days for acute care and ten for post-acute
- Problems associated with brain injury are cognitive and emotional, and may result in a lifelong need for services
- Most covered services are subject to benefit plan limits and medical necessity criteria
 - Needed service must be included in policy
 - Individual must demonstrate improvement

TBI Is Considered Signature Wound of Afghanistan and Iraq Conflicts

- Service members are surviving blasts in greater numbers than previous wars
- Estimates of TBI incidence vary
 - Department of Veterans Affairs – 1,800
 - Commission on Care for Wounded Warriors – 2,700
- Active and retired service members receive care in several federal settings
- National Guard members serving in Afghanistan or Iraq are eligible for care under the federal system

Service Members with TBI May Access Virginia's Community-Based Services

- Virginia Brain Injury Council members expressed concern regarding potential impact of returning veterans
- Federal legislation would require Veterans Affairs to contract with community-based providers when no federal facility is accessible

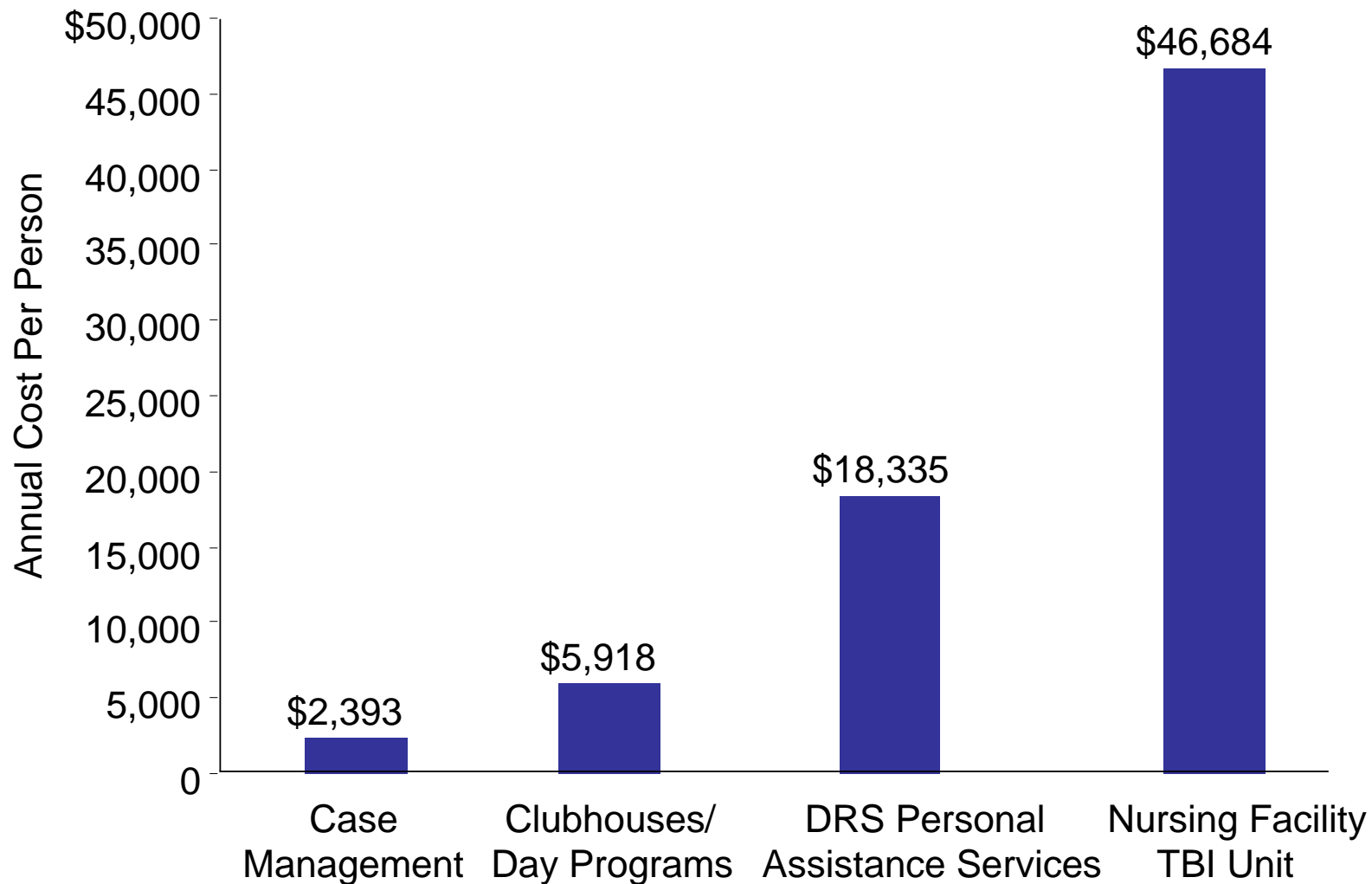
Recommendation

- Virginia agencies that could have responsibility for providing care to the State's returning military service members should develop a plan by July 1, 2008, to address coordination and access to brain injury services by active and retired military personnel

In This Presentation

- Background
- Access to Brain Injury Services Has Improved, But Remains Limited
- Brain-Injured Population Appears to Benefit from State-Funded Services
- Identification of Brain Injury Survivors Needs Improvement
- Improving Access to Community-based Brain Injury Services

Case Management and Clubhouse/ Day Programs Cost Less Than Other Services



Case Management Appears to Help Brain Injury Survivors Remain in the Community

- State-contracted case managers assist more than 700 persons with brain injury
- Academic research notes value assisting survivors and caregivers navigate federal and state service bureaucracies
- Interviews with brain injury survivors and their caregivers indicate benefit

Clubhouse/Day Programs Meet Some Needs

- Teach appropriate interpersonal skills and behavioral controls, promote involvement in the community, and provide respite for caregiver
- Provide alternative for those unable to participate in vocational rehabilitation
- Nine of 12 case managers rate clubhouses as effective

Effectiveness of Regional Resource Coordination Is Uncertain

- Coordinators are in Virginia Beach, Warsaw, Staunton, Roanoke
 - Responsible for
 - Building public awareness of TBI
 - Assessing unmet community needs
 - Building community service capacity
 - Funded through federal and state dollars, and have received almost \$1 million since 2002
- Few new resources have begun operations in areas where coordinators have had longest presence
- Lack of public awareness of brain injury is still cited as a major issue, especially among medical staff

For Persons with TBI Who Can Work, Employment Rates Are Low

- Few academic studies have documented long-term employment rates and earnings of TBI survivors
- A study reported employment rates increase as time passes from the injury, but after 3 years only 42% of participants were employed
- DRS vocational rehabilitation programs result in successful employment about half the time

DRS Needs to Improve Program Oversight

- Program evaluations of at least two service providers should be conducted annually
- DRS should require service providers to submit copies of annual independent financial audits

In This Presentation

- Background
- Access to Brain Injury Services Has Improved, But Remains Limited
- Brain-Injured Population Appears to Benefit from State-funded Services
- Identification of Brain Injury Survivors Needs Improvement
- Improving Access to Community-based Brain Injury Services

TBIs Must Be Reported to Brain Injury Registry Since 1984

- DRS defined types of head injuries that must be reported
- Hospitals must report name, age, place of residence, cause of injury within 30 days

Not All TBIs Are Reported to Registry

- TBI may be misdiagnosed or overlooked
 - Because problems involve thinking and behavior, brain injuries are not always visible
 - Symptoms may not be apparent until after initial care
- Data compatibility problems have prevented at least two Level I Trauma hospitals from reporting

Use of Brain Injury Information Is Limited

- Fewer than 2% of outreach mailers result in direct contact for additional information
- DRS does not obtain brain injury information collected by Statewide trauma registry
- DRS does not use registry information for planning purposes because of accuracy concerns

Recommendations

- General Assembly may wish to consider requiring hospitals to report brain injury information to the Statewide trauma registry and VDH to provide such information to DRS
- General Assembly may wish to eliminate hospital reporting to the brain injury registry
- Work group consisting of staff from DRS, VDH, and brain and spinal cord injury stakeholders should be established to identify data that should be reported
- DRS should integrate the collected brain injury information into the department's program, policy, and fiscal planning

In This Presentation

- Background
- Access to Brain Injury Services Has Improved, But Remains Limited
- Brain-Injured Population Appears to Benefit from State-funded Services
- Identification of Brain Injury Survivors Needs Improvement
- Improving Access to Community-Based Brain Injury Services

Extent to Which Virginia Provides Brain Injury Services Is A Policy Choice

- Funding increases have resulted in significantly more people accessing services
- Unmet needs still exist across Virginia
- Without access to services, State may bear the cost of care in a skilled nursing facility or of incarceration
- If additional resources are available, State may wish to consider first addressing the needs of individuals with most severe impairments

Services for Persons with Severe Neurobehavioral Issues Are Needed

- Use annual proceeds deposited in the Commonwealth Neurotrauma Initiative Grant fund
 - Fund produces about \$1.4 million in revenues annually
 - Virginia Brain Injury Council estimates cost of treatment to be about \$172,000 per person per year
 - Could serve 8 persons for one year
- Contract with residential facility offering intensive neurobehavioral treatment
 - Facilities already licensed by DMHMRSAS
 - New facility not needed and hospital beds available to the general public would not be eliminated

Potential Improvements to Virginia's Brain Injury Program

- Address existing service needs
 - Increase number of case managers and reduce wait lists
 - Fund additional clubhouse/day programs around the State
 - Provide supportive or transitional housing and/or transportation opportunities
 - Fund cognitive therapy services
- Enable severely disabled persons to remain in their communities
 - Increase funding for personal assistance care
 - Fund respite care for family and caregivers

Funding Options Exist to Address Unmet Needs

- Provide additional State resources to Virginia's brain injury program
- Fund a Medicaid brain injury waiver
 - Can provide services to selected population
 - Can provide behavioral intervention and transitional and supported living
 - 24 other states operate specific TBI waivers
 - 50-50 State-federal funding match
- Increase funding and expand services offered under existing waiver
 - Target segment of population with brain injury
 - Develop list of brain injury services to address certain needs
 - Drawdown equal amount of federal matching funds

Key Findings

- Increases in State funding have led to more brain-injured individuals accessing community-based services
- Unmet needs still exist throughout the State and waiting lists limit access to services
- Hospitals should be required to provide brain injury information to the statewide trauma registry and the current information and referral process should be eliminated
- Significant numbers of persons with brain injury may develop severe neurobehavioral disorders but only 20 beds are available for the costly and intensive treatment that some may need
- If additional resources are available, the State may want to first address needs of those with most severe impairments

JLARC Staff for This Report

Hal E. Greer, Division Chief

Eric H. Messick, Team Leader

Jamie S. Bitz

Pinki Shah

For More Information

<http://jlarc.state.va.us> (804) 786-1258

Copies of these slides are available on our website
and on the table by the door.

