Access to State-Funded Brain Injury Services in Virginia

Commission Briefing

October 16, 2007
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

- General Fund Appropriation
- Registry
- BIDS
- CNI
- Estimates

Funding: $500,000, $1,500,000, $2,500,000, $3,500,000, $4,500,000, $5,500,000
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Number of Persons Accessing State-Funded Services Doubled Since FY 2002

- Case Management
- Clubhouse/Day Programs

Year: 2002 2003 2004 2005 2006 2007
- Case Management: 339, 148, 422, 501, 749, 229
- Clubhouse/Day Programs: 100, 200, 300, 400, 500, 600
Some Parts of Virginia Have Few State-Funded Services

Limited State-Funded Services
- Case Management (Community-Based)
- Case Management (DRS)
- Clubhouse/Day Program
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
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Case Management and Clubhouse/Day Programs Cost Less Than Other Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Annual Cost Per Person</th>
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</thead>
<tbody>
<tr>
<td>Case Management</td>
<td>$2,393</td>
</tr>
<tr>
<td>Clubhouses/Day Programs</td>
<td>$5,918</td>
</tr>
<tr>
<td>DRS Personal Assistance Services</td>
<td>$18,335</td>
</tr>
<tr>
<td>Nursing Facility TBI Unit</td>
<td>$46,684</td>
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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
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TBI s 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
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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.
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