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Virginia Disability Commission



**Access to State-Funded  
Brain Injury Services in Virginia**

Commission Briefing

October 16, 2007



JLARC

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## 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

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# 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

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# 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



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## **“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

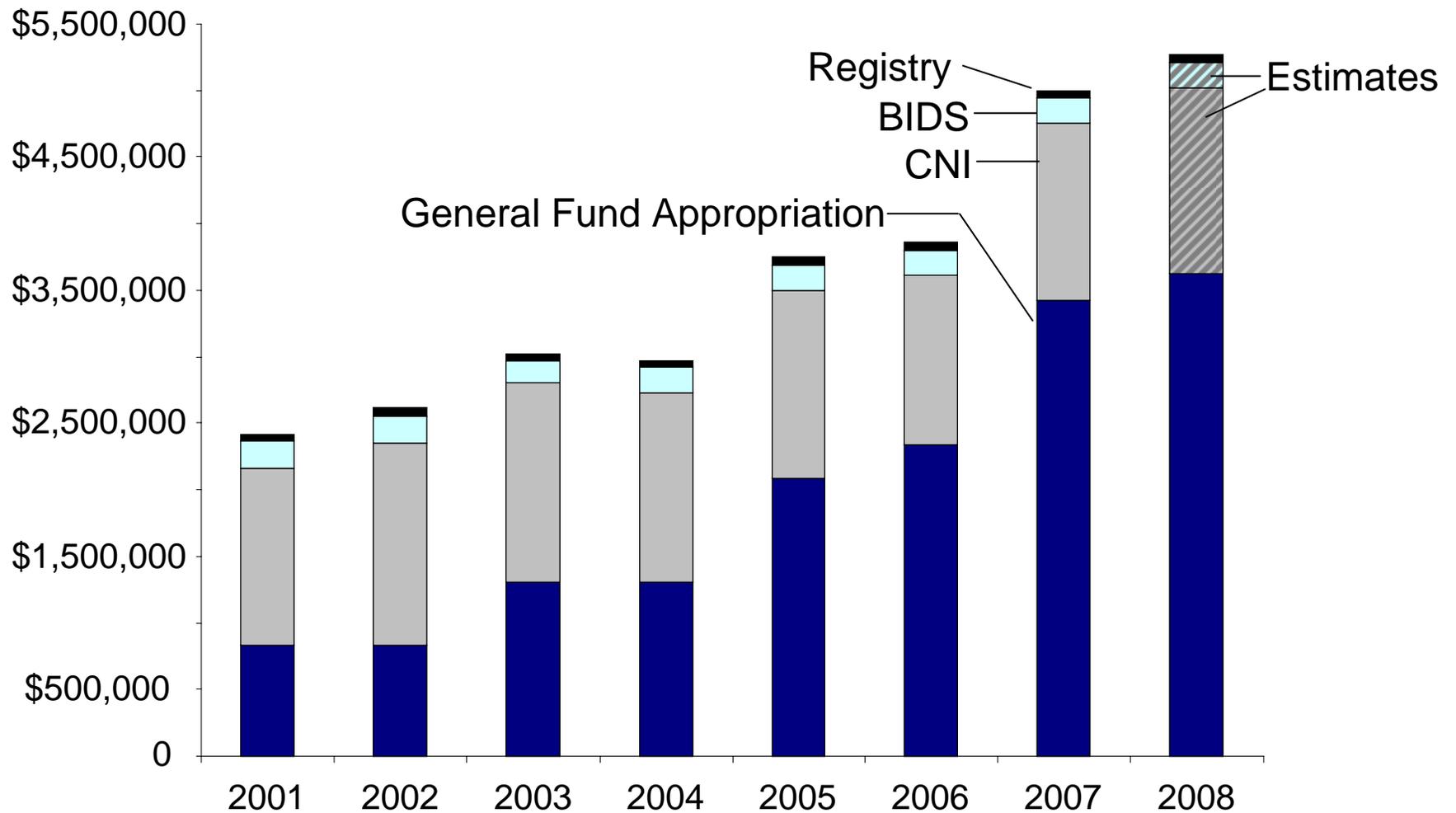
## ■ State Contracted Services

- 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

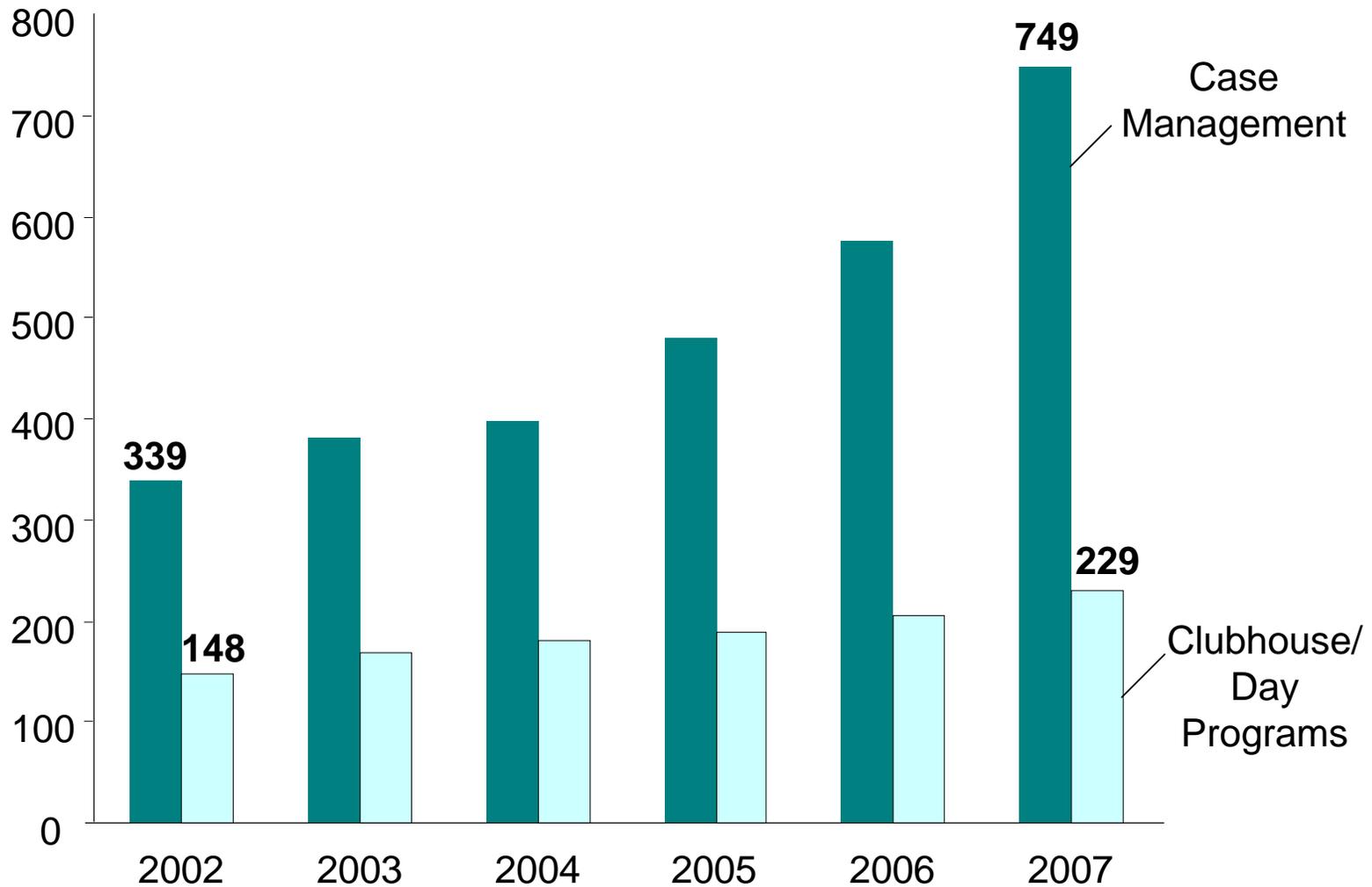


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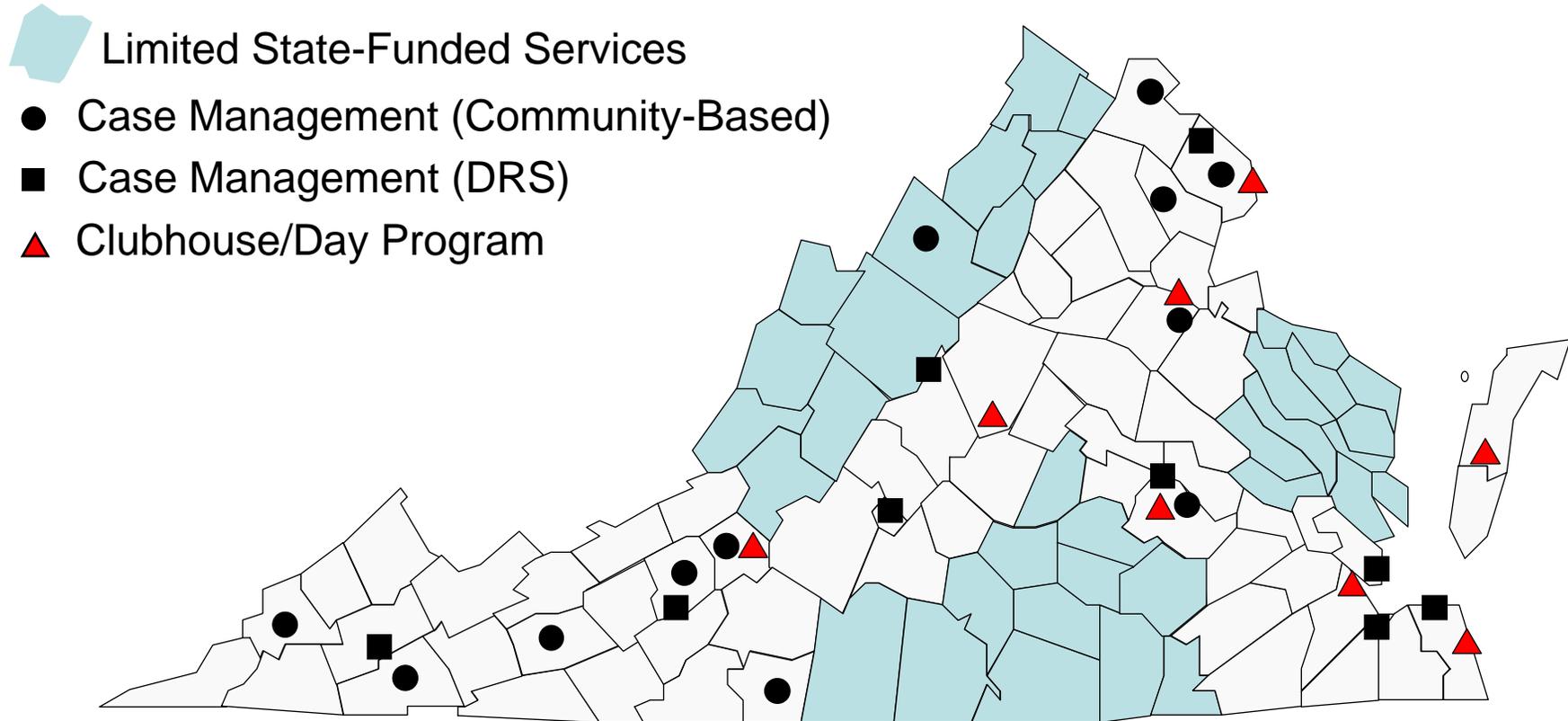
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# Number of Persons Accessing State-Funded Services Doubled Since FY 2002



# Some Parts of Virginia Have Few State-Funded Services



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# 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

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## 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)

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## 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

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## 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

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## 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

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## Limited Access to Other Services

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

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## 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

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## 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

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## 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

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## Recommendation

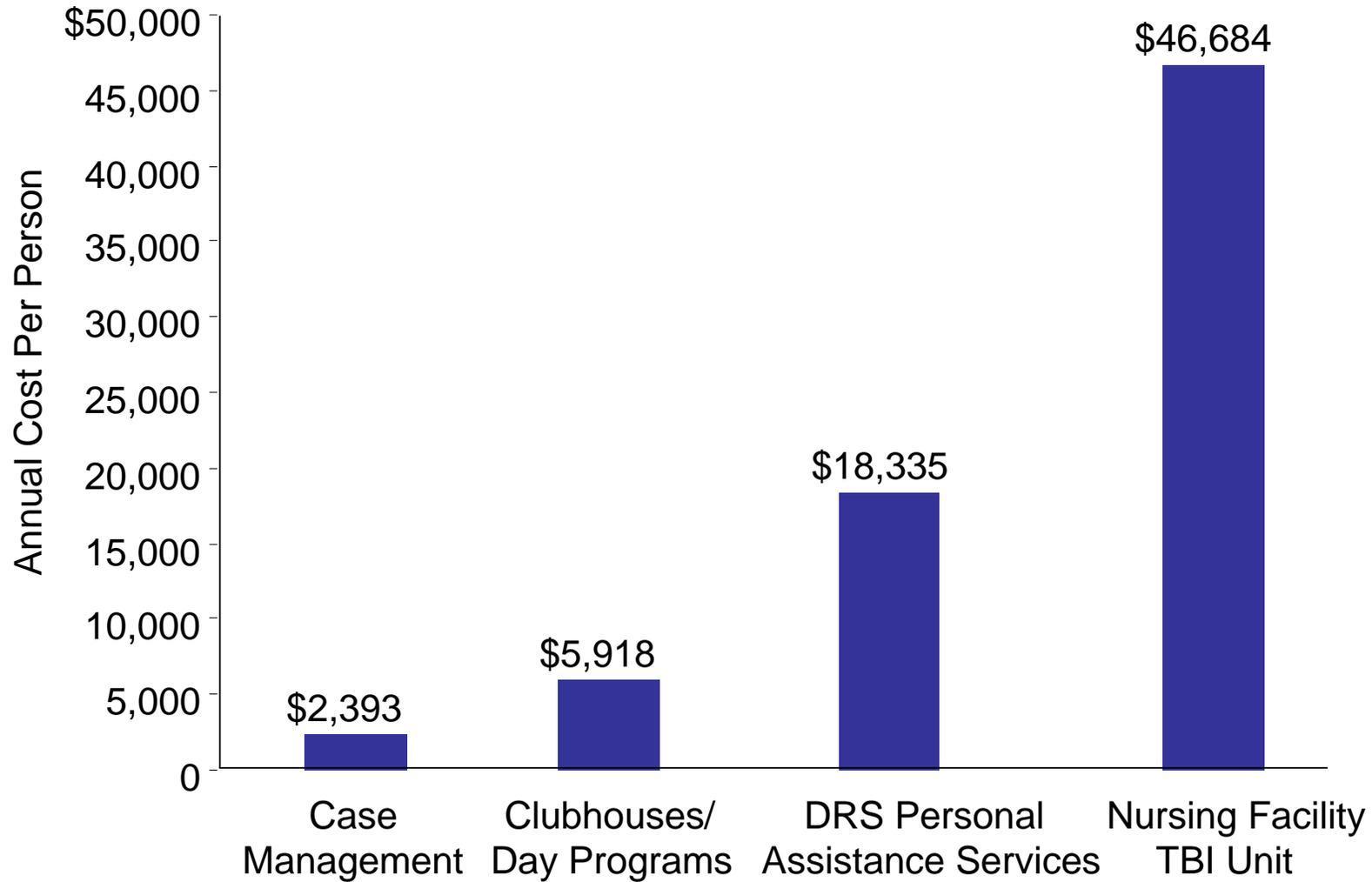
- Virginia agencies that could have responsibility for providing care to the State's returning military service members should develop a plan by July 1, 2008, to address coordination and access to brain injury services by active and retired military personnel

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



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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

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## 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

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## 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

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## 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

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## 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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## 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

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# 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

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## 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

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## 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

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## 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

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# 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

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## 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

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## 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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## **For More Information**

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