

VIRGINIA BRAIN INJURY COUNCIL MEETING

MINUTES

Friday, October 28, 2011 ♦ 12 - 3 p.m.

Woodrow Wilson Rehabilitation Center, Switzer Building

Members Present:

Jeffrey Barth, Ph.D.	University of Virginia School of Medicine
Gayl Brunk	Valley Associates for Independent Living
Jeff Carpenter	Survivor
Lynn Forsyth	Family Member
Melissa Fox, DPT	University of Virginia Health System
Aaron Goldmann	Survivor, Commissioner's Designee
Patricia Goodall	Virginia Department of Rehabilitative Services
Cynthia Millican	Family Member
Carole Norton, Ph.D.	Mary Buckley Foundation
Cynthia O'Donoghue, Ph.D.	James Madison University
Jodi Power, RN, JD	Virginia Nursing Board
Gerald Showalter, Psy.D.	Woodrow Wilson Rehabilitation Center
Mark Salisbury (Chair)	Family Member
Barbara Seymour	Virginia Department of Medical Assistance Services
Brian Shenal, Ph.D.	Salem Veterans Administration Medical Center
Kelli Williams Gary, Ph.D. (Vice Chair)	Survivor
Michelle Witt	Virginia Alliance of Brain Injury Service Providers

Members Absent:

Heather Board	Virginia Department of Health
Susan Elmore	Virginia Dept of Behavioral Health & Developmental Services
Katherine Lawson	Virginia Board for People with Disabilities
Anne McDonnell	Brain Injury Association of Virginia
Martha Mead	Virginia Wounded Warrior Program
Michelle Nichols, R.N.	Defense and Veterans Brain Injury Center
Debbie Pfeiffer, Ed.D.	Virginia Department of Education
Paul Sharpe, R.N.	Virginia Department of Health
Jeff Sherman	Virginia Department of Juvenile Justice
Julie Triplett	Virginia Office for Protection and Advocacy
Chuck Walsh	Middle Peninsula Community Services Board
Leigh Wion (Secretary)	Virginia NeuroCare

Others in Attendance:

Becky Bowers-Lanier	Brain Injury Association of Virginia
Karen Brown	Brain Injury Services, Inc.
Helen Butler, R.N.	Brain Injury Services of Southwest Virginia
Kristie Chamberlain (Staff)	Department of Rehabilitative Services
Marcia Dubois	Department of Rehabilitative Services
Catherine Harrison	Department of Rehabilitative Services
John Heath	Family Member
Mae Johnson	Brain Injury Services of Southwest Virginia
Kristy Joplin	Brain Injury Association of Virginia

Opening Protocol

The Virginia Brain Injury Council quarterly meeting was called to order at 12:07 p.m. at Woodrow Wilson Rehabilitation Center (Switzer Building), Fishersville, VA by Mark Salisbury, Chair. Members and guest introduced themselves.

Approval of July 22, 2011 Meeting Minutes

There were two minor errors in the meeting minutes:

- 1) Page 1, under "Members Present": Dr. Shenal is listed twice.
- 2) Page 2, under "Old Business": 2b. DRS should be moved in the sentence between the words "the" and "budget" versus at the beginning of the sentence after the word "respectfully."

Jodi Power made a motion to approve the minutes with the changes; Kelli Williams Gary seconded. The motion passed unanimously.

Approval of October 28, 2011 Meeting Agenda

Mark Salisbury indicated that the Commissioner would be arriving later in the agenda so we would push forward with action items until he arrived. **Jeff Barth made a motion to approve the agenda per Mark's notation; Jodi Power seconded. The motion passed unanimously.**

Public Comment Period

A public comment period was held; no one requested to speak.

New Business

Office of Community Integration: Catherine Harrison, DRS

Mark Salisbury welcomed Catherine Harrison, the new Director of the Office of Community Integration (OCI) at the Department of Rehabilitative Services. Ms. Harrison explained that the Office of Community Integration is charged with facilitating and implementing activities related to the Olmstead decision. In 1999, Olmstead directed states to provide individuals with a choice to live in the community and to assist individuals currently residing in institutional settings to transfer to community settings.

The Office of Community Integration has two committees: 1) "Community Integration Advisory Commission" (in the Code of Virginia), which has twenty-one members and makes recommendations to the Governor. Ms. Harrison noted that the Chair of the committee has a family member with a brain injury. 2) The second committee is the "Implementation Team" and is comprised of representation from both state agencies and statewide groups and is "the boots on the ground" group moving Virginia's Olmstead Plan forward. Meetings of both groups are open with public comment periods. They typically meet separately, but have met together at times. Next meeting dates are December 6, 2011 for the Implementation Team and December 8, 2011 for the Advisory Committee. Ms. Harrison took questions from the Council about funding for the Olmstead initiatives, indicating that the General Assembly provided nominal funding for some initiatives of Olmstead. For more information on the Office of Community Integration, please contact Catherine Harrison: 804.662.9968 or Catherine.harrison@drs.virginia.gov.

CNI Grant on Crisis Intervention Services: Michelle Witt of Crossroads to Brain Injury Recovery

Michelle Witt, Executive Director of Crossroads to Brain Injury Recovery discussed the possibility of scheduling a workshop for state providers to look at brain injury specific crisis response in the Commonwealth. She reviewed Crossroads to Brain Injury Recovery's Commonwealth Neurotrauma Initiative (CNI) Trust Fund grant's purpose and briefly touched on the outcomes achieved through the grant regarding crisis response time for individuals with a brain injury in the greater Harrisonburg area (including Augusta and Rockingham counties). She also referenced Brain Injury Services, Inc. in Northern Virginia as having similar issues in regard to response time for those individuals with a brain injury who are in crisis. Ms. Witt asked for questions and suggestions on the idea of bringing together providers for a statewide forum to share lessons learned and encouraged Council members to contact her with further comments/ideas: michelle@c2bir.org, 540-568-8923.

Full Participation Guidelines for Council Members: Patti Goodall, DRS

Patti Goodall presented briefly to the Council on Full Participation Guidelines for survivors and family members as they relate to the DRS Traumatic Brain Injury Federal Grant and the Council. Full Participation Guidelines are values and principles of the grant to ensure survivors and family members are able to participate completely and comfortably on the Council, as well as in activities of the Federal Grant. She advised the Council that after reviewing the guidelines recently, she felt that the Council is doing well with including and accommodating survivors and family members in Federal Grant activities, though this can always be improved upon. In addition, Council has done a good job of recruiting and orienting survivors and family members, but could do better with developing an ongoing mentoring system. She cited an example of the Council developing a “written statement of purpose that addresses full participation guidelines.” Ms. Goodall also indicated that the Federal TBI Grant Family Ombudsmen (volunteer) position, once filled, would be charged with assuring that family members and survivors feel comfortable in meetings and are able to contribute equally and meaningfully. An example of this charge would be to ensure that material is presented in accessible formats (e.g., not to use acronyms). Lynn Forsyth, a family member of an individual with a brain injury, suggested that Council prepare an organization chart showing the purpose and relationship of the various organizations participating on Council. Mark Salisbury offered to assist with this project. Federal Grant staff will take this request back and begin working on this request in the near future. Ms. Goodall and the new Family Ombudsman will present a more in-depth presentation on the Full Participation Guidelines at the next Council meeting in January 2012.

Virginia Alliance of Brain Injury Service Providers: Michelle Witt, Chair

Michelle Witt, Chair of the Virginia Alliance of Brain Injury Service Providers, presented the Alliance’s legislative agenda for the upcoming General Assembly. Ms. Witt provided background on the Alliance: a network of providers in Virginia, most of them primarily state-funded organizations that provide case management (adult and pediatric), clubhouse/day programs, or regional resource coordination. State-funded services are provided through contracts managed by DRS. However, the Alliance does include other private and publicly funded (non-DRS) service providers. One of the goals of the Alliance is to work collaboratively with the Brain Injury Association of Virginia (BIAV) to secure funds for services in the Commonwealth by educating General Assembly members on the need of Virginians with brain injury. (BIAV is an Alliance member and is the statewide educational advocacy organization for brain injury.) Ms. Witt reviewed the Alliance’s 2012 Legislative Agenda:

- \$6.5 million Department of Rehabilitative Services budget appropriation to:
 - Address waiting lists & add core services of adult & pediatric case management, clubhouses/day programs, and regional resource coordination in underserved areas
 - Strengthen infrastructure and workforce of existing programs
 - Streamline and modernize case management service delivery of state funded brain injury programs (this is speaking to the database not to delivery of services)
 - Conduct brain injury surveillance, outreach & consultation services
 - Enhance brain injury Personal Assistance Services program and expand the Brain Injury Direct Services Fund.
 - Create a discharge assistance fund for transfer from institutional to community based settings.
 - Develop a publicly funded, in-state neurobehavioral treatment option.
- Seek budget language that would require DMAS to:
 - Complete the brain injury waiver application
 - Amend an increase to the payment rate to nursing facilities serving individuals with brain injury
 - Develop a rate methodology that would allow them to provide funding for neurobehavioral treatment.

Ms. Witt reminded those in attendance that they could lobby and write letters to their legislators to support this legislative agenda as citizens of the Commonwealth; however, they cannot “lobby” as members of, or on behalf

of, the Virginia Brain Injury Council (this was confirmed and emphasized by Kristie Chamberlain, staff to the Council). She encouraged them to send letters by the close of November 4, 2011 so that it has a greater chance of having an impact on the Governor's proposed budget. Ms. Witt provided two handouts (attached to these meeting minutes). Ms. Witt will also send an e-mail of a template of a "citizen letter" to Council members.

Kristy Joplin of Brain Injury Association of Virginia (BIAV) introduced Becky Bowers-Lanier who will be assisting the Brain Injury Association of Virginia this year with legislative lobbying efforts specifically for the Brain Injury Association of Virginia. Ms. Joplin indicated that BIAV offers information on its website to assist those writing letters to the General Assembly, the Governor or their legislators. Mark Salisbury also reminded members that they can also encourage family members and other colleagues to lobby for brain injury funding.

Old Business

Nominations & Elections: Cynthia O'Donoghue, Chair

Dr. O'Donoghue presented the Slate of Officers on behalf of the Nominations and Elections Committee: Brian Shenal, Ph.D. for the two-year officer position of Vice-Chair, and Leigh Wion for the one-year officer position of Secretary, both effective January 27, 2012. **Dr. O'Donoghue requested that the Council accept the Slate of Officers presented to the Virginia Brain Injury Council. Mark Salisbury, Chair, called for a vote on the Slate. Kristie Chamberlain indicated three electronic votes in favor of the Slate were received prior to the meeting by members eligible to vote. The new Slate of Officers was adopted unanimously.**

Federal TBI Grant Update: Patti Goodall, DRS & Kristy Joplin, BIAV

DRS: Patti Goodall from the Department of Rehabilitative Services gave an update to the Council on the Federal Traumatic Brain Injury (TBI) Grant. Ms. Goodall reviewed the history and background of the Federal TBI Grant, pointing out the Council's role as the "advisory body" to the Federal Grant. She discussed the two subcontractors DRS uses to assist in carrying out the grant goals: 1) Brain Injury Association of Virginia which provides outreach deliverables for the Federal Grant, and 2) Virginia Commonwealth University, which is working with the Department of Juvenile Justice via a three year Commonwealth Neurotrauma Initiative Trust Fund grant (totaling \$421,362) to develop, implement, and evaluate a screening instrument for youth entering the DJJ system. VCU staff also train DJJ staff on how to use the tool and will develop strategies for treatment and intervention. The CNI Trust Fund is comprised of state general dollars and serves as Virginia's cash match for DRS' Federal Grant.

Ms. Goodall shared some highlights: the Federal grant just submitted its Performance Report (i.e., a progress report) to the Federal office; DRS is working with the Brain Injury Association of Virginia to fill the role of Family Ombudsmen (as discussed earlier in the meeting); Dena Schall, DRS Federal Grant Program Specialist designed and purchased a retractable banner/exhibit for conferences and other events; DRS and BIAV are in discussion regarding Year 3 and Year 4 use of carryover funds; and DRS finished the 2009-2013 Brain Injury State Action Plan, including a Full Report and one and two-page Executive Summary. The Action Plan is available in bound form from Dena Schall (dena.schall@drs.virginia.gov), and can also be downloaded from the DRS website. Finally Ms. Goodall shared that DRS and the Brain Injury Association of Virginia will be meeting with VCU's Survey & Evaluation Research Laboratory (SERL) in November to discuss Year Four of the Federal Grant goal to conduct a statewide assessment of brain injury needs and resources. She encouraged members to read the written report that is in their meeting packets for more details on the Federal Grant DRS deliverables.

VCU: Ms. Goodall noted that a written quarterly report from subcontractor Virginia Commonwealth University is included in the Council members' meeting packets (and is included in these meeting minutes).

BIAV: Kristy Joplin, the Federal Grant Coordinator from the Brain Injury Association of Virginia (BIAV) updated members on its recent activities. She referred members to BIAV's Year Two Report since they did not provide a report at the July meeting as they normally would. Ms. Joplin highlighted Year Three / Second Quarter progress, focusing on data collection numbers, outreach, and education efforts. She discussed the Sports

Concussion Workshops held by the Virginia Department of Health, in partnership with the Brain Injury Association of Virginia and DRS' Federal Grant. The workshops featured Chris Nowinski, founder of the Sports Legacy Institute, as well as local athletic trainers. Patti Goodall & Dena Schall attended the Inova Hospital workshop in Fairfax, along with invited guest, Federal Grant Officer Rebecca Desrocher. Ms. Joplin encouraged Council members to read the printed reports in their packets for more details and to let her know if they had questions (kristy@biav.net).

Commissioner Rothrock's Remarks:

- The Brain Injury Report Out Day held July 22, 2011 at the Cultural Arts Center of Glen Allen was a success, impacting many agencies. Over 80 individuals attended including many agency heads. Largely due to that meeting, the Virginia Department of Health Commissioner, Dr. Karen Remley, is now serving on the Virginia Wounded Warrior Program's Executive Committee, working closely to highlight the needs of veterans with brain injury and post traumatic stress disorder in her education efforts to physicians during the month of November. DRS plans to work with Dr. Remley to do a collaborative mailing during March, Brain Injury Awareness Month.
- The Commissioner commented on the Council's "Priorities Letter" for brain injury funding sent to the Commissioner, agreeing that there are critical needs in the brain injury community that must be met. He thanked Barbara Seymour of the Department of Medical Assistance Services (DMAS) for her help with communications and efforts related to a Brain Injury Medicaid Waiver, shared with the Council that Terry Smith of DMAS presented to the Disability Commission some weeks ago to get support for a Brain Injury Medicaid Waiver. Unfortunately, though Ms. Smith did a fantastic job in presenting, she was somewhat stymied by questioning from Delegate Bobby Orrock, who brought up that in these times the Commonwealth should move away from "boutique programs" and focus on a universal approach to Waivers. Terry Smith and DMAS are still putting forth effort toward a BI Waiver, but funding remains tenuous. Commissioner Rothrock also referenced the Affordable Care Act and how that may help open some opportunities for services for eligible individuals with brain injury that were not previously in place.
- The Commissioner shared that Woodrow Wilson Rehabilitation Center (WWRC) has been in discussions with Dominion Virginia Power about the receipt of a small contribution in the amount of \$25,000 to allow Woodrow to focus on vocational evaluation of veterans with brain injury and spinal cord injury working in partnership with Dr. Barth at the University of Virginia. Dr. Barth and Dr. Gerald Showalter both followed up with comments that they hope it will happen soon, but no "check is in hand" at the present time.
- The Commonwealth Neurotrauma Initiative (CNI) Trust Fund hoped to issue an RFP for a neurobehavioral pilot program, recognizing the great need in the Commonwealth for those services; however, the Fund is seeing a consistent decline in monthly revenue so this is being tabled for the time being. The main focus of the CNI Fund's governor-appointed Advisory Board has been to assure that the Fund is able to meet current grantee expenditures on a monthly basis.
- The Commonwealth has shown economic growth the past 18 out of 19 months, but Virginia still has a budget crisis ahead. Agency heads have been asked to prepare 2-4-6% budget cut projections and there is also a possibility of state layoffs. Governor McDonnell is contemplating a "small rainy day fund" if the Federal Government cannot continue to do its work. The Secretary of Health and Human Resources recognizes there is a downside to cutting programs; however, all state-funded programs and agencies in state government are vulnerable.
- DRS is implementing a short survey for the agency's community partners' Boards of Directors in an effort to proactively deter potential mismanagement of funds. This survey will be sent to all Centers for Independent Living (CILs) as well as to the Brain Injury Services Programs that receive state funds. The idea is to ensure that DRS is being a good steward of state funds by assuring proper governance and use of those funds by contracted partners.

Closing Protocol

Mark Salisbury reminded Council members of the upcoming Council meeting and locations.

2012: *All meetings 1-4 p.m. unless otherwise noted.*

- January 27, 2012 (new officer positions will take effect)
- April 27, 2012 (new voting member positions take effect, new member orientation 11-12:30)
- July 27, 2012
- October 26, 2012 (at Woodrow Wilson Rehabilitation Center)

Mark Salisbury adjourned the meeting at 2:30 p.m.

Department of Rehabilitative Services (DRS)
Federal Traumatic Brain Injury Grant Report: “Closing the Gap”
Virginia Brain Injury Council (VBIC)
Friday October 28, 2011

QUARTERLY HIGHLIGHTS:

- DRS’ Federal Grant *Performance Report* – a mandatory “progress report” to the Federal Office – was submitted August 2011 (prior to deadline).
- A series of *Sports Concussion Workshops* were held by the Virginia Department of Health, in partnership with the Brain Injury Association of Virginia (BIAV) and DRS’ Federal Grant. The workshops featured Chris Nowinski, founder of the Sports Legacy Institute, as well as local athletic trainers. Patti Goodall and Dena Schall attended the workshop at Inova Hospital in Fairfax on August 7th. Federal Grant staff invited Rebecca Desrocher, HRSA’s Director of the Federal TBI Grant Program, who was complimentary about the program.
- **Conference Attendance:**
 - DRS Federal Grant subcontractor BIAV sent two staff to the *National Association of State Head Injury Administrators (NASHIA) Conference in Kansas City, MO on October 3-6, 2-11*. Kristy Joplin, BIAV’s Federal Grant Liaison attended, as well as Mary Wallace.
 - Dena Schall, DRS Federal Grant Program Specialist, attended the *Springfield Inova Conference for Medical Professionals on October 7, 2011*.
- **Virginia Statewide Trauma Registry (VSTR)** - Dena Schall is now trained to retrieve and prepare mailing labels through the VDH site on a monthly basis (BIAV does outreach mailing to individuals hospitalized for treatment of a BI). Next step is for DRS to identify what information is available through VSTR for possible data analysis and reporting.
- **Volunteer Family Ombudsman Position:** Interview on 10/18/11 with a candidate last week.
- **DRS Grant Products:** DRS designed and purchased a Federal Grant retractable *Banner/Exhibit* for exhibiting at conferences and other events (banner set up for Council members to view at the meeting). Virginia’s *Brain Injury State Action Plan 2009-2013 documents* have been printed (copies made available to Council members). Documents include a bound “Full Report” which will be disseminated to a select group (e.g., agency heads), as well as copies of one page Executive Summary, and a two-page Summary. Resource materials and other helpful websites will soon be posted on the DRS website.

ONGOING:

- **BIAV/Federal Grant Military Brochure:** BIAV is lead on the development of a “referral” brochure for Virginia veterans. Information on how to access resources through DRS, BIAV, Virginia Wounded Warrior Program, and Defense Veterans and Brain Injury Center will be included.
- **Virginia’s Needs and Resources Assessment:** DRS and BIAV will be meeting with Virginia Commonwealth University Survey Evaluation & Research Laboratory (SERL) in November 2011 to discuss Year 4 Federal Grant goal to conduct a statewide assessment of brain injury needs / resources.
Virginia Department of Health Professions: Discussions between DRS and BIAV to determine best use of approved \$5,000 for mailing lists of selected professionals. Ideas include a mailing of DRS and BIAV information, as well as information on educational opportunities.
- **Nursing Home Intervention Project and Juvenile Justice Policy Summit:** Federal Grant Office approved these two activities as part of carryover request (i.e., funds that remained after Year 1). Discussions continue. Next advisory meeting of the VCU / DJJ Advisory Committee is November 20, 2011, further discussion of the summit will be held then. Virginia has been invited to participate in a Federal TBI Grant sponsored webinar in December to address issues of brain injury among juvenile offenders.

Subcontractors Brain Injury Association of Virginia and Virginia Commonwealth University will present updates on their Federal TBI Grant activities in separate reports

Virginia Department of Rehabilitative Services (DRS)
Federal Traumatic Brain Injury Act Implementation Partnership Grant

History

The Traumatic Brain Injury (TBI) Act Implementation Partnership Grant is a Federal program (*Department of Health & Human Services, Health Resources & Services Administration or DHHS/HRSA*) in which funding is awarded to states that meet a specific eligibility criteria and have submit approved proposals. Funds are awarded to the “lead brain injury agency” in the state. In Virginia, DRS is designated in the Code of Virginia as the “lead agency” for the coordination of services to individuals with physical and sensory disabilities, including acquired brain injury. DRS administers the Federal TBI Act grant funds as outlined in its proposal submitted for the four-year award period 2009-2013. The overall goal of the Federal grant program is to assist states in developing an extensive program of advocacy and service system coordination.

There are certain requirements that must be in place before a state can receive funding:

- a **statewide advisory board / council** (in Virginia, that is the Virginia Brain Injury Council/Advisory Council to the Commissioner);
- a **Statewide Needs & Resources Assessment** (we conducted our initial one in 1998-2000 when we received our first TBI Act Planning Grant; an updated assessment will be conducted through a subcontract with VCU’s Survey, Evaluation, & Research Laboratory in the fourth year of our current grant, 2013);
- a **Statewide TBI Action Plan** (originally developed during Planning Grant 1998-2000, recently updated for 2009-2013). The Virginia Brain Injury Council participates in and approves Virginia’s Brain Injury State Action Plan;
- Family / caregiver representative(s) to serve as **Family Ombudsman/en** to the state’s TBI Act Grant Program (in Virginia, our “unpaid” ombudsman/consultant is currently vacant, and Christine Baggini of Brain Injury Association of Virginia is our “paid” ombudsman/information & referral specialist).

DRS TBI Grant Updates and In-kind Forms:

- Quarterly Update: DRS Federal Grant staff and its subcontractors (VCU and BIAV) provide the Virginia Brain Injury Council with quarterly written updates for every meeting and one annual verbal update to keep the council informed and involved in the activities and deliverables of the Federal Grant.
- Since the Virginia Brain Injury Council is Virginia’s “statewide advisory body / council” for the DRS Federal Grant, it is important that we collect information on how much “in kind” donation we receive from VBIC members through their participation on the Council (this excludes those who are participating as a state agency or business partnership). In-kind refers to those who are participating and not getting paid for it (ex. survivors, family members, or those using their own annual time). We periodically will ask the VBIC members to fill out in-kind forms. We are then able to report an estimated cash value of your contribution to the Federal Grant – something that the Federal officers like to see! Thanks to those who have submitted – and please let Dena Schall know if you have questions about filling out the form.

DRS has two subcontractors to assist in carrying out its Federal TBI Grant goals:

1. **Virginia Commonwealth University:** VCU’s Traumatic Brain Injury (TBI) Model Systems Program (located within the VCU Department of Physical Medicine & Rehabilitation) is working with the Department of Juvenile Justice via a \$150,000 CNI Trust Fund grant (three years, ending in 2012) on a major Federal grant deliverable to develop, implement, and evaluate a screening instrument for youth entering the DJJ system. VCU staff will also train DJJ staff on how to use the tool and develop programmatic strategies for effective treatment and intervention of those juveniles identified with an acquired brain injury. This CNI Trust Fund is state dollars and serves as Virginia’s cash match to the Federal Grant. The primary contact person for this subcontract is Dr. Jeffrey Kreutzer and Project Coordinator, Lindsay Farrar.
2. **Brain Injury Association of Virginia:** BIAV provides multiple outreach deliverables for the Federal Grant. A detailed written update of these deliverables are provided at each VBIC Meetings by Anne McDonnell, Executive Director and Kristy Joplin, Federal Grant Coordinator for BIAV.

CNI Best Practices for Incarcerated Youth with Brain Injury Project

A partnership between the Virginia Department of Juvenile Justice, the Brain Injury Association of Virginia, and VCU's Department of Physical Medicine and Rehabilitation

Primary Investigator: Jeffrey S. Kreutzer, Ph. D.

Co-Primary Investigator: Juan Carlos Arango-Lasprilla, Ph.D.

Project Coordinator: Lindsay F. Farrar, M.S., CRC

Project Goals:

- ❖ To improve the ability of the Department of Juvenile Justice (DJJ) to identify and meet the needs of incarcerated juveniles with brain injury within their service system.
- ❖ To develop an effective brain injury screening tool for all juveniles entering the DJJ system
- ❖ To develop education and training materials to guide DJJ personnel in screening evaluating, and providing treatment to incarcerated juveniles with brain injury.
- ❖ To provide training to DJJ staff using a "train the trainer" model.
- ❖ To disseminate information on prevalence, screening, evaluation, and intervention protocols with incarcerated juveniles with brain injury.
- ❖ To prepare a final report with recommendations to brain injury service providers, educators, researchers, policymakers, relevant State agencies, and other key stakeholders for screening and working effectively with incarcerated juvenile offenders with brain injury.

Project Accomplishments:

- ❖ During the most recent quarter (July – September 2011), approval was obtained from VCU's IRB to analyze the data. The application to DJJ's IRB to obtain data was also approved.
- ❖ VCU staff received the DJJ database in Microsoft Excel format. Content was reviewed, database was imported into SPSS format, and performing statistical analyses began, as outlined in the IRB application. VCU staff continues to have regular meetings to discuss the outcomes of the aforementioned analyses.
- ❖ VCU staff continues to write a second paper, more focused on data. Comprehensive literature searches were performed, and several sections of the manuscript are in the final stages (including the Introduction and Methods sections).
- ❖ An advisory board meeting has been scheduled for Tuesday, November 29th at VCU. Agenda items are currently being compiled and will include an update on project accomplishments, discussion of educational materials, and staff changes.

BIAV “Closing the Gap” Federal Grant

Year 2 Report

Overview

In year 2 of the “Closing the Gap” grant, BIAV made considerable advances toward reaching our goals, particularly in the areas of collaboration and network building. We became active participants on many workgroups strengthening the infrastructure of services available to Virginians living with brain injuries. Valuable time has been spent on data collection, literature reviews, research, and education which has enabled us to surpass many of our deliverables including the development of new materials and outreach to professionals.

Targeted Group #1: Incarcerated Youth

BIAV attended regular meetings of the Advisory Council and provided input and updates on project activities. We also provided project information to many audiences during presentations and other outreach opportunities.

Education

BIAV conferred with other states on training mechanisms and reviewed several modules. After discussion with DJJ staff members, the Training Center was identified as being the most logical mechanism for training DJJ professionals on brain injury as it would reach all staff and be cost effective. However, upon further research, utilization of the existing training system proved to be an inaccessible option. BIAV is working to develop and provide educational materials through different mechanisms.

Outreach

The original outreach plan was modified to accommodate changes at DJJ and changes to anticipated grant deliverables. BIAV held a meeting with Jeff Sherman, VBIC member and staff at Richmond Court Services Unit, to discuss options for developing and moving forward with the new plan.

Targeted Group #2: Virginians with brain injury and their families with low socioeconomic resources

Systems Change

A subcommittee of the VBIC drafted a response to the neurobehavioral white paper that was submitted by the Neurobehavioral Workgroup. Recommendations were made to the VBIC members and the Commissioner for DRS.

Representatives of the VBIC attended meetings of the DMAS TBI Workgroup which collaborates in addressing needs of Virginians with brain injury. Workgroup activities to date have focused on collecting data from various agencies on the numbers of individuals with brain injury being served, the cost to serve those individuals, and identifying additional individuals who are at risk of receiving inappropriate or inadequate services.

Data Collection & Analysis

BIAV received 1,138 calls to its Information & Referral program: 906 calls from survivors and caregivers and 232 calls from professionals. Of the 305 individuals who reported on their race, 69 indicated they belonged to a minority population. As needs were discussed, barriers indicating “low socioeconomic status” were mentioned 616 times. Attached are the appendices further clarifying these numbers as well as a list of services requested by individuals contacting our program.

Education

Annual Conference: BIAV held its Annual Conference *Opening Doors* on Saturday, March 12 with 149 individuals in attendance: 60 survivors/caregivers; 76 professionals; and 13 students. The availability of scholarships was widely marketed, and potential recipients were encouraged to complete an application. One

application was received and approved. (Further demographical information can be found on the attached Conference Feedback Summary).

The Conference Planning Committee held regular meetings and kept minutes of agenda items discussed. The Committee was comprised of 5 members including one of the Family Ombudsmen and a minority population representative. (Committee meeting minutes available upon request from BIAV)

VSTR: DRS gained access to the Virginia Statewide Trauma Registry (VSTR) data which is housed at VDH. This new process eliminates the problems associated with having to navigate multiple state agencies' processes and allows for more timely distribution of information to individuals reported to the registry. DRS and BIAV determined that data will be extracted on a monthly basis. Information on TBI was mailed to 3,569 individuals reported to VSTR, and BIAV received responses from 162 individuals for a response rate of 4.7%. If the 262 mailings returned for invalid addresses are taken into account, the rate of response is 4.9%. *Note: Included in the total number of individuals who received the outreach mailing were 570 individuals who received materials that were mailed on March 31, 2010, year one of the grant. Inclusion of this number was important in accurately calculating the response rate as the responses to the mailing came in year 2.*

Qualitative data by the BIAV I&R Specialists show a lack of TBI awareness as the most common issue raised by respondents to the VSTR mailings. As trauma patients, individuals often experience multiple injuries, and their brain injury may be the primary focus of care. After discharge, patients may experience unexplained issues such as memory loss, confusion, or fatigue and express relief upon receiving information of brain injury as it provides an explanation for the symptoms they are experiencing. Also, non-registry callers appear to have at least a rudimentary understanding of TBI and, depending on the length of time since injury, are connected to more services than registry respondents who often need a broader range of more preliminary services. The individuals responding to the VSTR outreach may be those who did not receive the proper guidance or were unable to follow through with accessing financial, vocational or medical services. Registry outreach respondents often need more guidance to access primary care, medical evaluation of their brain injury and an introduction to, or guidance through possible social and vocational services.

Outreach

In consultation with domestic violence service providers, BIAV redesigned the domestic violence/TBI tip card making it smaller and more inconspicuous and, therefore, more useful for individuals involved in domestic violence situations. We mailed 25 tip cards to each of the 41 domestic violence programs in Virginia (1,025 copies); included 10 copies of the pediatric TBI information sheet (250 copies).

A "Professional's Guide" was developed in collaboration with DSS and other human service professionals to identify common deficits and strategies for working with someone with a brain injury. Five hundred eighty-five copies were mailed to local DSS offices statewide along with 4,121 copies of various information sheets (BIAV brochures, pediatric TBI sheets, mild TBI sheets, and domestic violence/TBI sheets).

Three documents (mild TBI sheet, pediatric TBI sheet, and TBI/domestic violence card) were translated into Spanish and made available to professionals serving individuals with brain injury.

Targeted Area: Infrastructure Expansion

Systems Change

BIAV has been actively participating in the Virginia Department of Education's TBI Workgroup to develop initiatives to better identify and serve children with brain injuries in the public school system. The workgroup has been investigating various models of TBI "teams" to provide technical assistance to school personnel working with students with TBI. A training program will be developed and implemented in the coming year. The workgroup also participated in an initiative to have a "head injury/concussion" check box added to the school entrance exam.

Education

Thirty-two professionals (teachers, speech therapists, psychologists, etc.) from the Virginia Department of Education received ACBIS training; 27 received certification.

BIAV staff provided specialized training to several professional groups:

- Statewide Conference for Social Service Professionals – Intersection of Domestic Violence and TBI (20 attendees);
- I-CAN! Accessibility Board – Intersection of Domestic Violence and TBI – (30 attendees);
- Shelter for help in Emergency - Intersection of Domestic Violence and TBI – (20 attendees);
- Crisis Intervention Team (CIT) training event – (50 attendees);
- Community Futures Foundation – (12 attendees);
- Choice Group – (40 attendees);
- Students in the Master’s of Social Work program at VCU – (20 attendees);

BIAV provided resources and information to persons with brain injury, family members/caregivers, and professionals.

Exhibits and distribution of literature:

- 112 pieces at the TBI Conference in Williamsburg;
- 75 pieces to a minister’s domestic violence prevention/response conference;
- 252 pieces at the sports medicine conference;
- 369 pieces at the Community Services Board Conference.

Newsletter: 4,665 copies mailed

E-Newsletter: 121 opened

Facebook: 450 fans; 45 posts

Website: 19,444 Total visitors; 15,390 unique visitors

Outreach

Two Family Ombudsmen have been actively engaged and attending team meetings as appropriate; one attended Federal Grantee Meeting in Bethesda in March. In addition to taking calls from survivors and family members and serving on the Conference Planning Committee, the Ombudsmen represent the voice of survivors and family caregivers on the Virginia Brain Injury Council and advocate for equal access at all meetings.

BIAV continues to be active participants on the Virginia Injury Community Planning Group and at state and local Advisory Board meetings of the Wounded Warrior Program.

As an activity of a subcommittee of the DOE workgroup, BIAV emailed letters and brochures to the 53 Parent Resource Centers in Virginia (BIAV brochure and pediatric TBI sheet).

Brain Injury Association of Virginia
DRS TBI Federal Grant: Year Three/Second Quarter Report

Target Group #1: Juveniles with brain injury committed to the Virginia Department of Juvenile Justice

Data Collection

- Project application approved by VCU, DRS, and DJJ's IRBs.

Education

- Submitted draft Professional's Guide to VCU and DJJ staff for review.

Targeted Group #2: Persons with Low Socioeconomic Resources

Systems Change

- Attended monthly meetings of the DMAS/TBI workgroup to discuss discharge waiver options, data collection and analysis, and policy initiatives to address neurobehavioral issues.
- Attended DOE/TBI workgroup meeting to continue work toward providing education, outreach, and technical assistance to educators, parents, students, and TBI Teams in each public school district.
- Attended Disability Commission meeting and workgroups to highlight needs of the brain injury community.

Data Collection

- Provided I&R to 225 individuals (185 survivors/family; 40 professionals); barriers indicative of LSES were reported 75 times; 51 reported being a member of a minority population.
- Exploring options for further data-mining of VSTR information.

Education

- VSTR mailing sent to 287 individuals; received response from 13 individuals. Post office is inconsistently delivering business reply cards. Following up with Consumer Affairs Dept to determine cause and solution.

Outreach

- Mailed packet of resources to 114 local health departments (mtbi, ptbi, dv/tbi, BIAV, Prof's Guide) (570 copies); mailed 623 more copies as requested to 4 health departments.
- Provided 100 brochures to Augusta County Special Ed Advisory Council for formation of new Parent Resource Center (50 BIAV brochures, 25 ped TBI sheets, 25 concussion sheets).

Targeted Area: Infrastructure Expansion

Systems Change

- Ad-hoc sub-committee made recommendations of funding priorities to the VBIC and the DRS Commissioner.

Education

- Partnered with VDH, Safe Kids of Virginia, and Children's Hospital of Richmond to offer a concussion clinic to an audience of 80 school and athletic personnel.
- Website: Total visits 5,222; Unique visits 4,477; Page Views 9,961; Docs downloaded 1,352.
- Newsletter: 1,094 mailed
- E-Newsletter: 147 e-mailed; 40% view rate.

Outreach

- DRS held TBI Report Out Day in July for 80 attendees.
- Created job description, advertised, and reviewed candidates interested in open Ombudsman position.
- Provided 100 brochures to Augusta County Special Ed Advisory Council for formation of new Parent Resource Center (50 BIAV brochures, 25 ped TBI sheets, 25 concussion sheets).

- Created draft copy of new military brochure to describe services available to military personnel in Virginia.



VIRGINIA ALLIANCE OF BRAIN INJURY SERVICES PROVIDERS

2012 LEGISLATIVE AGENDA

1. \$6.5 million Department of Rehabilitative Services budget appropriation to:

- Address waiting lists and add core services of adult and pediatric case management, clubhouses/day programs, and regional resource coordination in underserved areas
- Strengthen infrastructure and workforce of existing programs
- Streamline and modernize case management database system for state funded brain injury programs
- Conduct brain injury surveillance, outreach and consultation services
- Enhance Brain Injury Personal Assistance Services program and expand the Brain Injury Direct Services Fund
- Create a discharge assistance fund for transfer from institutional to community based settings
- Develop a publicly funded, in-state neurobehavioral treatment option

2. Seek budget language that would require DMAS to:

- Complete the Brain Injury waiver application
- Amend an increase to the payment rate to nursing facilities serving individuals with brain injury
- Develop a rate methodology that would allow them to provide funding for neurobehavioral treatment

Regardless of a settlement with the Department of Justice, the Administration is committed to moving forward to ensure that individuals with disabilities, who want the opportunity to live in the community, have the supports and services to do so.

From presentation by Keith Hare, to the Disability Commission, September 20, 2011



VIRGINIA ALLIANCE OF BRAIN INJURY SERVICES PROVIDERS **LEGISLATIVE AGENDA IMPACT STATEMENT**

1. Address waiting lists and add core services of adult and pediatric case management, clubhouses/day programs, and regional resource coordination in underserved areas *(\$1.7 million)*
 - a. More than 200 people on wait lists for services
 - b. Wait lists exceed 2 years in some areas
 - c. No area of Virginia has all core services
2. Stabilize infrastructure and workforce of existing programs *(\$275,000)*
 - a. Some programs are funded at levels below minimums established by the General Assembly.
 - b. Base program funding has not increased in the face of rising costs.
 - c. Opportunities for community living are limited without an available and qualified work force; lack of sufficient funds for salaries and benefits negatively impact support and service options.
3. Streamline and modernize case management database system for state funded brain injury programs *(\$125,000)*
 - a. Current system is antiquated and ineffective
 - b. Development of a computerized documentation system would have to meet accessibility standards and is necessary to meet state reporting requirements
 - c. Would enhance DRS oversight of programs, cited as an area for improvement in 2007 Joint Legislative and Audit Review Commission (JLARC) study (Senate Document #15).
4. Conduct brain injury surveillance, outreach and consultation services *(\$125,000)*
 - a. CDC estimates 28,000 Virginians are injured each year, not including veterans (who are counted through other surveillance mechanisms)
 - b. Very little data exists on individuals who need services; monitoring and responding to injury trends and providing technical assistance will ensure deliberative and informed policy responses.
 - c. Patients are being discharged quicker and sicker from hospital settings with little or no follow up or education on their injuries or how to access services and supports, and are being relegated to a lifetime of poverty and disability
5. Enhance Brain Injury Personal Assistance Services (PAS) program and expand the Brain Injury Direct Services (BIDS) Fund *(\$275,000)*
 - a. Even in the face of incomplete data, we know more people need to be served
 - b. BI PAS truly prevents institutionalization
 - c. BIDS is fund of last resort for those who have no other option to purchase critical services and technology to maximize independence and community integration
6. Create a discharge assistance fund for transfer from institutional to community based settings *(\$2,000,000)*
 - a. Currently, there are over 500 Virginians living in nursing facilities, jails, and state mental institutions that cannot be discharged due to lack of funding
 - b. Because Virginia does not have a brain injury waiver, there have been few successes accessing Money Follows the Person, and the community is denied equal access to programs and services available to other populations
 - c. Cost savings to deinstitutionalize 200 persons under a waiver are estimated to be \$6.5-\$7.2 million per year. The last quote the BI community heard for a 200 person waiver was \$7 million; current estimates of annual nursing facility costs are between \$67,500 and \$71,000 per person, for a cost of \$13.5-\$14.2 million per year
7. Develop a publicly funded, in-state neurobehavioral treatment option *(\$2,000,000)*
 - a. 10 people are currently being served out of state at a cost of \$380/day. The average length of stay is 18 months, which costs Virginia \$208,050 per person (or \$2 million total) in direct care costs alone; indirect costs include loss of Virginia jobs, as well as tax revenue from businesses and employees
 - b. Need for in-state publicly funded neurobehavioral treatment options was a key finding from the 2007 JLARC report

- c. The current DOJ finding relative to Virginia's failure to discharge individuals in a timely fashion from institutions is entirely applicable to those with brain injury.