

Good afternoon Mr. Chair, and members and staff of the subcommittee. I appreciate the opportunity to speak before you today. My name is Anne McDonnell, and I am the Executive Director of the Brain Injury Association of Virginia.

My comments will be structured to explain 4 budget amendments the brain injury community requests for your consideration.

1. The first is **Item 325 #3s and #9s**. This restores a budget reduction to brain injury services in the FY15 budget. In response to the Governor's directive for budget reduction strategies, DARS included cuts to brain injury services of \$427,000. Gov McAuliffe's proposed budget restored the funding for FY16, and for that we are very grateful. We are seeking restoration of the funding in FY15 and asking you to leave the full funding in FY16 intact. This cut constitutes a more than 10% reduction to the total brain injury allocation and comes on the heels of 7 plus years of near level funding. If enacted, these cuts will take total funding to pre-2008 levels and result in the loss of jobs and critical services in our already underfunded safety net system.
2. The second is **Item 307 #3s**. This requires DBHDS to include individuals with brain injury, regardless of the age of injury, in its Medicaid waiver redesign.

There is no brain injury waiver, and a creating a new diagnostic specific waiver is not a reality. After the DOJ findings were announced and discussions about creating a universal waiver began, we thought it might happen for us. However, what has happened is merely a redesign of the existing ID and DD waivers that does not expand access to services for those who sustain a brain injury after the age of 22. It seems absurd to me that a 22 year old could have an accident at 11:59 pm that ultimately resulted in eligibility for services, but be unable to access them because the rescue squad got there at 12:01 am. According to a report by the Joint Commission on Health Care, in September 2014 nearly 500 individuals with brain injury were institutionalized in state facilities and nursing homes, some needlessly. The state clearly remains out of compliance with Olmstead, and vulnerable to further legal action unless a plan that enables people with brain injury to transition from institutions to communities is created. This amendment would allow eligible individuals with brain injury be added to existing wait lists. The timing of this effort is critical; DBHDS's plan involves legislative actions in this session, with submission to CMS by the end of March 2015. A change like this will be difficult to implement once the applications for new or amended waivers have been submitted.

3. The third is **Item 308 #6s**. It allows individuals with brain injury to access services for substance use disorders, community crisis intervention services and drop-off centers. The fourth is **Item 307 #2s**. This requires DBHDS to annually report the numbers, types and costs of services for individuals with brain injury treated in state facilities and/or community services boards.

For many years, the brain injury community's relationship with DBHDS has been unclear. Brain injury is a risk factor for psychiatric illness; yet individuals with brain injury and a co-occurring behavioral health disorder have difficulty accessing public safety net services administered through DBHDS. Community based brain injury providers have experienced many instances in which someone with a brain injury was denied services because of their brain injury. While stakeholders from the brain injury community were included in 2 of the workgroups of the Governor's Mental Health Reform Task Force, our request to participate in the DBHDS Mental Health Transformation Teams has been essentially denied. We understand the process is an iterative one, but we know our issues are important and relevant enough to warrant our inclusion from the outset. We want to enhance the communication between DBHDS and stakeholders from the brain injury community, capture accurate data, understand service needs, and develop solutions that create better access to services. That can only happen when brain injury is recognized by DBHDS as the stakeholder it is.

I have just one more thing. We nearly had another Senate budget amendment, but somehow that didn't happen. It was a \$2.25 million request for additional money in FY16 for critical brain injury safety net services. Del Cox is carrying it in the House; it's **325 #5h**. More than 28,000 Virginians are estimated to sustain a brain injury each year, and more than 7,000 are admitted to hospitals throughout the Commonwealth. More than 260,000 are disabled by traumatic brain injury or stroke and living in the community, yet only 9 organizations throughout the state are dedicated to serving the needs of these vulnerable individuals. Since 2009 there has been a 43% increase in numbers served, and more than 200 people are on waiting lists, which in some areas exceed 3 years.

In 2012, the average amount spent per person for an individual on one existing waiver was \$31,000; on another, it was \$96,000. Spending per person on community supports for those with brain injury was \$14.90. So if you're feeling generous and you've got a little extra money to spend, we sure wouldn't turn it down.



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