

## **Virginia Brain Injury Council**

January 26, 2024, 1:00 – 4:00 p.m.

### **MINUTES**

This was an electronic meeting consistent with the Electronic Meeting Policy that became effective in December, 2022.

#### **MEMBERS IN ATTENDANCE:**

Mike Puglia, Chair

Patrik Sandas, Secretary

Maria Altonen

Gayl Brunk

David DeBiasi

Kristen Galles

Deborah Johnson

Amol Karmarkar

Kevin Koziol

Kelly Lang

Joani Latimer

Erika Lawhorn

Elizabeth Horn

Christiane Miller

Susan Moon

Steven Nape

Derek O'Neal

John Reynolds

Nicholas Rudisill

Maria Stransky

Amber Walter

George Worthington

Jason Young

#### **MEMBERS NOT IN ATTENDANCE:**

Kara Beatty, Vice Chair

Cara Meixner, Immediate Past Chair

Teri Morgan

Sandy Parker, Family Ombudsman

#### **DARS STAFF IN ATTENDANCE:**

Donna Cantrell, DARS, Staff to Council

Marcia DuBois, DARS, Deputy Commissioner, Division for Community Living

#### **OTHERS OBSERVING VIRTUALLY:**

Kathy Stumm, Family Caregiver

Rachel Evans, Executive Director, No Limits Eastern Shore

Kyle Fulk, No Limits Eastern Shore

Jodi Judge, Brain Injury Solutions  
Cara Kaufman, DARS' Policy and Legislative Services  
Jacole Thomas, DARS' Brain Injury Services Coordination Unit

## **Welcome and Attendance**

Council Chair, Mike Puglia, welcomed everyone and called the meeting to order at 1:03 p.m. Donna verified a quorum was present and took attendance by roll call.

Mike reminded members that they should avoid using acronyms when possible and to please allow space for all members to participate in the discussions. Members were asked to only use chat if they were having technical difficulties and to use the "raise hand" option if they wished to speak.

## **New Agenda Format**

In response to member feedback expressing a desire for more information on the agenda items, staff took proactive measures.

Traditionally, staff sends out an agenda before meetings. In addition to the standard agenda, a more detailed version was created. This enhanced agenda included:

- The purpose of each agenda topic,
- Guidance on how to prepare for each item in advance of the meeting, and
- Clearly outlined proposed actions for members, where relevant.

The response from members was positive. Many appreciated the additional detail, finding it valuable for better preparation. Moving forward, both simplified and detailed versions of the agenda will be provided before meetings. This flexibility allows members to choose the format that suits them best, aligning with their preferences and needs.

## **Review Proposed Agenda**

There were no changes to the proposed agenda, and it was approved by consensus.

## **Approve Previous Meeting Minutes**

There were no changes to the proposed October, 2023 Meeting Minutes, and they were approved by consensus and will be posted to the VBIC website (Attached).

## **Public Comment Period**

Mike reminded Council members and the public that public comment was limited to 3-minutes per individual. Council does not respond to public comment in real time but does use it to inform their thinking in future business.

Donna received one request for Public Comment. Kathy Stumm's Public Comment can be found as Attachment B.

Ms. Stumm raised concerns about the accessibility of materials posted on the public site, suggesting alternatives for easier access. She expressed frustration at the lack of feedback or contact from DARS three months after her October testimony, seeking clarification on the status of her suggestions. Additionally, she emphasized the importance of DARS supporting a study commissioned by the Joint Commission on Health Care, urging the Council to consider this in their Priorities Letter work. Jason Young echoed Ms. Stumm's concerns regarding DMAS having a representative on Council and about member's ability to discuss public comment at the time they occur in meetings. The Chair thanked Ms. Stumm for addressing the Council.

## **New Council Meeting Day/Time**

During the Retreat, concerns were raised about the difficulty of holding 3-hour Friday afternoon meetings, especially for members traveling long distances. In response, a survey was conducted to find alternative dates and times, and results suggested moving meetings to 12:00 p.m. to 3:00 p.m. on the 4th Wednesday of January, April, July, and October.

Kristen Galles motioned that the meeting be moved to noon to 3:00 pm the fourth Wednesday in January, April, July, and October effective April 2024. Nick Rudisill seconded.

After discussions, Kristen amended her motion to hold meetings from 12:30-3:30 p.m. on the 4<sup>th</sup> Wednesday of January, April, July, and October and to implement this change starting in October 2024. Patrik Sandas seconded, and the motion passed with the majority of members voting in favor; Derek O'Neal and Kelly Lang voted Nay. The motion passed.

## **Committee Reports**

Mike reminded members that most of the work of the Virginia Brain Injury Council occurs during committee meetings. Several committees held meetings during the past quarter.

### **Nominations and Elections Committee**

The Nominations and Elections Committee met 2 times last quarter. Members include: Nick Rudisill – Chair, Deborah Johnson, Teri Morgan, Kelly Lang, Cara Meixner, Chris Miller, Susan Moon, Steven Nape, and Donna Cantrell (staff).

The Committee addressed challenges in recruiting new members for the Council due to various ongoing factors:

1. Uncertainty in meeting dates and times, which was resolved during the last agenda item.
2. Ongoing redesign of Council's New Member Orientation program.

3. Consideration of shifting regular membership terms away from the current recruitment during the holidays and April start.
4. Ongoing revisions to marketing materials, timelines, and the recruitment process.

To address these issues, the Committee proposed extending membership terms scheduled to expire in March 2024 through March 2025. The Council discussed the need for bylaws amendments, the impact on increasing members with lived experience of brain injury and confirmed member-willingness to extend terms. Three out of four members agreed to extend their terms: Kelly Lang, Amber Walter, and Nick Rudisill, while one member, Sandy Parker, declined. The motion to extend the terms for three members through March 2025 was approved with Gayl Brunk and Kelly Lang voting against it

Council took a 10-minute break.

### **Orientation Planning Committee**

Orientation Committee Members include: Steven Nape (Chair), Donna Cantrell, Chris Miller, Maria Stransky, Amber Walter.

The Orientation Committee Report is Attachment C. Comments included a request for more detailed information on the funding DARS receives for brain injury services, including specific amounts and distribution. Members inquired about information on other agencies providing services to people with brain injury and their funding sources.

Overall, members expressed support for the content and the potential use of alternative content delivery methods. Steven mentioned the Committee's plan to develop an Orientation webpage for members to access information as needed. Donna informed the Council about collaboration with DARS' Webmasters. Members were encouraged to submit any additional comments or suggestions on the discussed topics.

The Committee will provide an update of their progress at the April meeting.

### **Housing Workgroup Report**

Kelly Lang, Chair, recognized the Workgroup members: Elizabeth Horn, Jason Young, Marcia DuBois, Sandy Parker, Susan Moon, David DeBiasi, Chris Miller, and Donna Cantrell (staff).

Kelly provided an update on the work the Housing Workgroup has been doing, noting that they've been reviewing various housing-services models from around the country and spending time processing what they've learned. The Workgroup will have draft recommendations to present to Council at the April Quarterly Council Meeting.

The Housing Workgroup asked the Priorities Committee to include housing as a priority when making recommendations to the Council in April.

## **State Plan Committee**

David DeBiasi updated Council on the work of the State Plan Committee. Members include: David DeBiasi, Chris Miller, Kelly Lang, George Worthington, Kristen Galles, Donna Cantrell (staff).

David reported that during its first meeting, the Committee agreed on the importance of conducting a comprehensive needs assessment before writing the 2024-2027 state plan. However, due to the early stages of the assessment, the Committee will develop a plan based on existing information, including current Administration for Community Living (ACL) grant goals and ongoing projects.

The Committee aims to use the needs assessment results when available to develop a more comprehensive plan for 2027 and beyond.

No immediate action is needed. The Comprehensive Needs Assessment is scheduled for years 4 and 5 of the Federal Grant (2024-2026).

## **Priorities Committee**

Members include: Jason Young (Chair), Chris Miller, Kristen Galles, Derek O'Neal, Amol Karmarkar, Patrik Sandas, and Donna Cantrell (staff).

Jason updated Council on the results of the Priorities Survey (Attachment D), noting that 4 and 5 were evenly-scored and opening up the discussion of adding Housing to the list.

1. Expand mental health services for people living with brain injury
2. Increased Cognitive Rehabilitation Services for people living with brain injury services
3. Increased Neurobehavioral Services and/or Medicaid Waiver Funding for brain injury services
4. Increased focus on children/adolescent brain injuries
5. Collect and disseminate more and better information about services including medical, rehab, Neuropsych, mental health, case management by region

Jason sought feedback from Council members ahead of the next Committee meeting. Discussion included a request for more detailed information on how the weighted averages were calculated and an acknowledgment that all listed items were important. There was a consensus to formally add Housing to the priority list, and a suggestion was made to administer a follow-up survey to refine the results.

Kelly inquired about the scope and purpose of the Priorities Letter. Jason clarified that the Council writes the letter to the Commissioner of DARS, providing recommendations that DARS may consider in decision-making.

The Committee plans to present their recommendations for Council approval at the April 2024 Quarterly meeting. No immediate action is required at this time.

Council took a 10 minute break.

## **Director's Report**

Chris Miller, Director of the Brain Injury Services Coordination Unit, provided a written brief update about Virginia activities related to brain injury services in Virginia (Attachment E) prior to the meeting.

David DeBiasi invited Council members to join advocates at Brain Injury Awareness Day at the Virginia General Assembly Tuesday January 30th. Jason Young provided information on the Legislative Priorities for the Alliance of Brain Injury Services Providers and the Brain Injury Association of Virginia.

## **Process for Handling New Business**

Mike Puglia announced a procedural update for the submission of new business items. Staff had requested that council members submit new business items in advance of the quarterly meeting. The executive committee thought the change would enable staff to gather information and to better prepare help with council discussion. Going forward, staff would inform council members of the date by which they should submit new business. Kristen noted that the council had already voted to allow council members to raise new business at council meetings. She expressed concern that the new procedure would impact that decision. She noted the need to discuss new or missed items at the end of council meetings. Chris Miller assured the Council that the change was merely intended to enable members to have a more informed discussion and would not prevent council members from raising new business.

With no further business, a motion to adjourn the meeting was made by Derek O'Neal and seconded by Nick Rudisill, concluding the VBIC Quarterly Meeting.

**Next Meeting is Friday, April 26, 2024, at DARS' Central Office.**

Attachment A – Previous Meeting Minutes

**Virginia Brain Injury Council**

October 27, 2023, 1:00 – 4:00 p.m.

**Minutes**

Department for Aging and Rehabilitative Services, Central Office  
8004 Franklin Farms Drive Henrico, VA 23229

Council Chair, Mike Puglia, welcome everyone and called the meeting to order at 1:04 p.m. Donna verified a quorum was physically present at the meeting location. There were no objections to the participation of members attending electronically.

**MEMBERS IN ATTENDANCE:**

Mike Puglia, Chair  
Kara Beatty, Vice Chair  
Patrik Sandas, Secretary  
Maria Altonen (Proxy – Camilla Herndon)  
David DeBiasi  
Kristen Galles  
Deborah Johnson  
Amol Karmarkar  
Kevin Koziol  
Kelly Lang (participating electronically from home, medical reason)  
Erika Lawhorn (Proxy – Ben Shaw)  
Elizabeth Horn (participating electronically from home, caregiving reason)  
Christiane Miller  
Susan Moon (participating electronically from home, caregiving reason)  
Steven Nape  
Derek O’Neal  
John Reynolds (participating electronically from home, personal reason)  
Nicholas Rudisill  
Maria Stransky  
Amber Walter  
Jason Young

**MEMBERS NOT IN ATTENDANCE:**

Gayl Brunk  
Joani Latimer  
Cara Meixner, Immediate Past Chair  
Teri Morgan  
Sandy Parker, Family Ombudsman  
George Worthington

**OTHERS PRESENT:**

Donna Cantrell, DARS, Staff to Council

Marcia DuBois, DARS, Deputy Commissioner, Division for Community Living  
Carolyn Turner, DARS, Director, Office for Disability Programs

**OTHERS OBSERVING VIRTUALLY:**

Kathy Stumm  
Rachel Evans, Executive Director, No Limits Eastern Shore  
Kyle Fulk, No Limits Eastern Shore

**Review Proposed Agenda**

There were no changes to the proposed agenda, and it was approved by consensus.

**Review of July, 2023 Meeting Minutes**

There were no changes to the proposed minutes which were approved by consensus.

**Public Comment Period**

Jason Young proposed that the Public Comment Period be moved at the request of the speaker to accommodate her participation. The Council agreed to move the Public Comment Period to after the Retreat Discussion.

**Retreat Follow Up**

A Council-member retreat was held on September 19<sup>th</sup> and 20<sup>th</sup>, in Richmond, Virginia. 22 Council members and 3 individuals from DARS' Administration attended the program that discussed various operating protocols, began a discussion clarifying both member and Council roles, responsibilities and mission, and identified some next steps for improving Council's effectiveness as an advisory body to the Department for Aging and Rehabilitative Services. A brief summary document is provided as an attachment to these minutes.

Members offered their feedback on the Retreat. Many members expressed that they felt "heard," and the in-person time was well spent and that the most valuable aspects of the Retreat was the networking and getting to know and understand other members and their interests and expertise better. Several noted that while there was a lot of important information that came out of those 2 days, the follow-up is going to be critical in putting it all together and using that information to drive the mission focus and progress that came out of it. Others agreed that the small group work was good, but that the amount and speed of the activities was a bit overwhelming.

Chris read feedback from a member unable to attend the meeting who felt that while it was very good networking time, it did not meet the purpose they expected. They had hoped to receive more information on the history and activities of Council through the years, and it would have been helpful to receive information on the funding structures that support both DARS and the Council, ahead of time.

Kelly Lang works with the Health Services and Research Institute (HSRI) on several projects related to survivor engagement on advisory boards and is currently working with several states to develop recommendations for best practices. She shared that she and her project partner have learned that it all comes down to "on-boarding." An Orientation Planning Committee has been appointed and will meet in November to evaluate the current program and propose modifications.

Specific ideas from the Retreat that Council members would like to discuss further include:

- How youth and sports related brain injuries are represented on Council.
- How Council can address the needs of individuals with less than "severe brain injuries."
- Needs and Resources Assessments: A Needs and Resources Assessment is part of years 4 and 5 of the federal grant and will be done through a contract with researchers at James Madison University.
- What is the Executive Committee's role related to committees (i.e. should committee chairs be represented on the Executive Committee).
- Education on current brain injury programs and what DARS' role is related to brain injury services across the State.
- Assure that Council members have updated information about implementation of Brain Injury Targeted Case Management and development of a waiver and links to related resources.
- Information on how a Bill becomes a Law and where the advocacy points are in that process. DARS staff will ask the policy unit about training for Council.
- Developing two-way communication between DARS and VBIC.

The facilitators of the Retreat will debrief with the Executive Committee. A plan for next steps will be developed for Council to review.

Council took a 10 minute break.

#### Consideration of New Meeting Time

At the retreat many Council members expressed that Friday afternoon meetings are problematic for a variety of reasons. Council reviewed the results of the survey about potential meeting times.

- Thursday, mid-day appears to be the day that most, but not all, members favor.
- Federal funds are not to be used to provided lunches; therefore, meetings may not include lunch.
- More information is needed to move forward. A more specific survey will be sent to Council members.

The January meeting will be held virtually at the previously scheduled time: January 26, 2024 at 1:00 p.m. until 4:00 p.m.

## Public Comment Period

Kathy Stumm submitted written comment and spoke to the Council electronically. Ms. Stumm's written public comment is provided as an attachment to these minutes.

Following Ms. Stumm's public comment, Jason Young asked if a representative of the Department for Medical Assistance Services (DMAS) would be appointed to the Council given activities related to Medicaid in the State of Virginia. Chris explained that when the membership committee was active, she focused on increasing the membership to 50% of individuals with lived experience and did not focus on filling other representatives identified by the federal grant and the Administration for Community Living (ACL). DARS Leadership is reviewing ACL requirements and will share a proposal for membership that includes both 50% of individuals with brain injury and the agencies/organizations required by the federal grant. Members supported having a new DMAS representative as a member of Council.

## Committee and Workgroup Reports

- Nominations and Elections Committee Report
  - *Election of Committee Chair* – Committee Chair Nick Rudisill asked Susan Moon to give the report at this meeting.
  - *Election of Officers* – Two officer positions are open during this cycle: Secretary and Family Ombudsman.
  - Patrik Sandas is eligible to serve another term as Secretary and the Committee proposed that he be re-elected to serve.
  - Sandy Parker is the current Family Ombudsman; she is not seeking re-election. There is not currently someone on Council who can fill this role who is not already serving in another capacity; therefore, the Committee suggests that this position remain vacant for the next year, to allow time to develop a formal "role-description" and to recruit for an individual to serve in that role.
  - The proposed slate of officers is Patrik Sandas as Secretary. Kara Beatty motioned and Deborah Johnson seconded to accept the Slate.
  - The motion was approved unanimously with Patrik Sandas abstaining.
- *Application Process for New Members* – This election-cycle, Council needs to fill 6 positions: 3 survivors, 2 family members, and 1 individual who is a licensed/certified healthcare provider.
- Staff is developing a fillable application and a recruitment/marketing flyer and will be asking members to work within their networks to recruit applicants to fill these positions.
- Council is committed to increasing diversity to include representatives from around the State, emphasizing the need to recruit from the Eastern and Southwest regions of the State. Members are encouraged to expand their searches to include racial and ethnic minorities and individuals representing older and/or youth populations.

- Last year, the Committee implemented a vetting process with prospective applicants, and this year, they are considering how effective that was and if adjustments need to be made.
- VBIC members are encouraged to reach out to their networks and recruitment materials are sent to the State funded programs, Centers for Independent Living, Area Agencies on Aging, and other disability organizations to try to reach a diverse audience. The Committee is open to any suggestions members have for recruiting and reaching a wider audience.
- Once applications are reviewed and candidates selected, a Slate of Candidates will be proposed and voted on at the January meeting.
- VBIC will submit an approved Slate to the Commissioner of DARS and she will make her formal appointments at that time. New members will assume their roles at the April, 2024 meeting.

- Housing Workgroup Update
  - Kelly Lang, Housing Workgroup Chair, presented.
  - Members of this Committee include: David DeBaisi, Chris Miller, Susan Moon, Sandy Parker, Marcia DuBois, Jason Young, and Elizabeth Horn.
  - The Housing Workgroup is meeting every other week through the end of the year to gather information on existing housing opportunities for individuals living with brain injury in Virginia.
  - During this quarter, the Workgroup heard from Ann Bevin at the Department for Medical Assistance Services and Stephanie Peaco from Virginia Supportive Housing about how their programs work and how similar services might serve to support individuals living with brain injury.
  - It is the workgroup's intention to develop recommendations to present to Council in early 2024.
- Priorities Committee Appointments
  - The Priorities Committee is responsible for developing the Council's Annual Priorities which are shared with the DARS. The Priorities identify areas or efforts related to brain injury that Council wants to see the agency and the Commissioner focus on for the coming year. The Priorities Committee may consider information from a variety of sources including surveys, reports, research and/or information from the Alliance of Brain Injury Services Providers or the Brain Injury Association of Virginia in developing its priorities.
  - Members appointed: Kristen Galles, Derek O'Neal, Amol Karmarkar, Jason Young, Patrik Sandas. A Chair will be appointed at the first meeting.

#### Updates from Director of Brain Injury Services

Chris Miller provided an update on the development of Medicaid Targeted Case Management services, brain injury waivers and a history and status of State Funding for brain injury services in Virginia. Attachments are provided with these minutes.

## Virginia General Assembly Session, Legislative Updates

Jason Young, Chair of the Virginia Alliance of Brain Injury Services Providers, and David DeBiasi, Executive Director of the Brain Injury Association of Virginia, gave updates on their organizations' legislative priorities for the 2024 General Assembly Session. They have 3 primary requests this session.

### **Top Priority: Workforce Retention:**

State contracted brain injury programs are seeking a 10% cost of living increase to recruit and retain a qualified workforce. Brain injury programs report high attrition and difficulty filling open positions because of non-competitive salaries and less than robust benefits. With this funding, service providers would be able to raise staff salaries to levels at which they could fairly compete for qualified staff and retain them.

### **Strengthen Safety Net Community Based Service System:**

This funding would facilitate the hiring of an additional staff within our state funded safety net brain injury services system, including additional case managers, mental health counselors and supports, assistive technology specialists, and employment and community support specialists to meet the growing demands for services across the state.

### **Cost of Living Adjustment**

Add state funded brain injury programs to the Central Appropriations language: Full-time employees of *state funded brain injury programs*, Community Services Boards, Centers for Independent Living, secure detention centers supported by Juvenile Block Grants, juvenile delinquency prevention and local court service units, local social services boards, local pretrial services act and Comprehensive Community Corrections Act employees, and local health departments where a memorandum of understanding exists with the Virginia Department of Health.

## New Business

Kristen asked about the status of the State Brain Injury Plan. This Committee will begin its work in January, 2024

Mike thanked members for their participation in today's meeting and reminded them that the next meeting will be held virtually on Friday, January 26, 2024.

Mike called for a motion and a second to adjourn the meeting. Amber Walter made the motion and Nick Rudisill Seconded. Mike adjourned the meeting at 3:50.

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**NEXT MEETING: Friday, January 26, 2024, Virtual**

## Attachment B – Public Comment

### PUBLIC COMMENT TO VBIC FOR MEETING JANUARY 26, 2024 SUBMITTED BY Kathy Stumm

#### 1. PUBLIC COMMENT POLICY

On the DARS, VBIC website it says my comments from the last meeting are attached to the minutes, but they actually are not on the website. If “public comment” is truly public, why are my comments not online as an attachment to the minutes (as they say). Shouldn’t all public comment be included in the materials provided on the website? What is the DARS position on this issue?

#### 2. COUNCIL VACANCY FROM DMAS

Does the Director plan to fill the vacancy on the Council for a person from DMAS which has been vacant since October 2022?

#### 3. 2024 LEGISLATION

Could the Director provide more detail regarding the two pieces of legislation mentioned in the Director’s Report: HB 593 and HB1064? What would be the impact of these pieces of legislation on the brain injury community?

#### 4. DARS AUXILIARY GRANT PROGRAM

Is the Director willing to consider modifications to the Auxiliary Grant program to allow individuals in Assisted Living Facilities and their families to receive some financial relief since Medicaid will not pay anything on behalf of those individuals under current Virginia licensing provisions? Several ideas have been provided by me to move in that direction and keep the facilities from losing a single dollar.

#### 5. COUNCIL AD HOC COMMITTEE

Has the Council considered my proposal (See my public comment from 10/27/2023 Meeting) to create an advocacy committee (as permitted by your bylaws, Art. IX(B)) to study and report back to DARS possible changes to the Auxiliary Grant Program that would benefit TBI survivors who currently live in Assisted Living Facilities or who want to live in such a facility? There is an existing example of the kind of public/private partnership I proposed for ALF’s in Virginia with existing skilled nursing facilities and families.

## Attachment C – Orientation Planning Committee Report

Committee met 3 times during the last quarter and communicated via email between meetings. Committee members shared ideas about how to re-envision new member orientation. The Committee intends to synchronize their development schedule with the onboarding of new members. They covered a wide range of topics:

- **from** ... specific material to present during orientation
- **to**... the use of video and other alternate delivery methods
- **to** ... the pros/cons of using a mentor program for new members
- **to** ... the over-arching goals of an orientation program

As homework, committee members independently reviewed the existing orientation program and materials and offered thoughts.

After reviewing the existing Orientation program materials and considering content that other organizations typically use to on-board, the following list was developed and distributed in advance of this meeting:

### **Potential Orientation Topics**

- Overview & Goals of Orientation
- Mission Statement
- Charge of the Board
- History of the Board
- Staff Organization Chart
- Board Roles & Responsibilities
- List of Current Board Membership
- List of Committees & Committee Membership
- Strategic Plan
- Funding Sources
- By-laws
- Past Quarterly Meeting Minutes
- Agenda for First Meeting
- Upcoming Meetings
- Introduction to Brain Injury
- Recent VBIC Accomplishments & Highlights
- Events/Activities/Current Topics of Interest
- How Do We Work? Robert's Rules of Order
- Mentorship Program
- Frequently Used Acronyms & Terms
- Miscellany
- FAQs

## **2024 Brain Injury Council Priorities Survey Summary of Results**

1. Expand mental health services for people living with brain injury
2. Increased Cognitive Rehabilitation Services for people living with brain injury services
3. Increased Neurobehavioral Services and/or Medicaid Waiver Funding for brain injury services

Tied – Same Score

4. Increased focus on children/adolescent brain injuries
5. Collect and disseminate more and better information about services including medical, rehab, Neuropsych, mental health, case management by region

### **Comments for Top 5 priority areas (no matter what they were rated)**

1. Expand mental health services for people living with brain injury
  - Brain injury often impacts mental health and is vastly misunderstood in the MH arena with an inability to know how to appropriately serve.
  - Need more money to provide more help
  - Mental health is often looked at as separate from brain injury and I would like to see these two fields integrated.
  - Brain injuries and mental health concerns are pre-morbid and co-morbid yet often lost in discussion. Tied to efforts to ensure screening in CSBs (and other mental health areas), this is an important area to prioritize.
  - It is widely known that brain injury is a chronic condition and has co-occurring mental health issues. These need to be covered services.
2. Increased Cognitive Rehabilitation Services for people living with brain injury services
  - My top choice is to increase cognitive rehab services. I assume this would cover all age groups and injury-severity levels. To me, regaining as much function as possible to live a better life, return to work, save marriages, function within a family setting, etc. is about as good as it gets right now. I don't know the cost/benefit of this, but in terms of direct impact for survivors, this one is top on my list.
  - Cognitive functioning and the ability to learn ways to compensate for deficits is critical to all areas of life - school, work, relationships, managing personal responses to situations (behavior management), advocating for self, engaging in community / recreation activities, etc. You could say it is foundational to success.

- Southwest needs more services.
- Very few TBI survivors get cognitive rehab. They either struggle for life or end up on disability. With the right cog rehab, these people could improve and regain dignity and productivity. Cog rehab can get people back to work or back to independence. I have seen how people's lives change when they learn about and receive this kind of help. It is transformational.
- Too few SLPs and OTs know enough about brain injury and those who do often do not tailor the rehab to the condition, skills, and education of the patient. It is time to STOP dismissing the needs of people who test "OK" after brain injury, but who test far below what their pre brain injury lives required. Without help, they lose their jobs, their dignity, their lives. Lots of tragedy and mental health crises ensue. Provide support and rehab, and there will be more lives saved and turned around.

3. Increased Neurobehavioral Services and/or Medicaid Waiver Funding for brain injury services

- All of the priorities are important and it was very difficult to rank them. I picked the #1 priority because I think there is a possibility of success.
- For over a decade, we've invested considerable efforts in scoping, studying, and presenting solutions to the neurobehavioral situation confronting many persons with brain injury. Now is the time to ensure that work, which presents an opportunity for Medicaid-funded neurobehavioral care, is actualized (and not lost amidst other budget needs).
- Increased services that improve individuals lives and increase independence is what I hear families and individuals want the most.
- Learning to manage personal responses to difficult, challenging and or emotional situations is critical to being able to engage in your chosen community and to develop support systems.
- Neurobehavioral treatment is part of the path to success. It is also critical to a survivor's family learning to support the individual who has experienced a BI. Neurobehavioral services need to be available in Virginia and funded through Medicaid.

4. Increased focus on children/adolescent brain injuries

- I think this is a great priority because it has received increased focus right now and that helps in making headway. I honestly do not know what specific area or issue to focus on though.
- So much more needs to be done to improve the overall trajectory of those suffering from brain injury while very young. Especially the under 5 group.
- I know from personal experience and anecdotal evidence that younger people with injuries are often considered complainers, lazy. etc. Also, it seems that research indicates that younger people have a greater chance at recovery than older survivors.

- Young people with injuries/rehab/recovery can be better advocates as they move into decision making roles as they enter adulthood.
- Youth should be regularly screened for brain injuries (not just sports injuries). Youth with undiagnosed brain injuries may fail in school, have behavioral problems, not graduate, not get a job, and end up in the mental health or criminal justice system. More help is needed to identify these kids so that they can get medical and educational support to help them lead productive lives.
- Kids with such injuries are at a crucial fork in the road of their lives. Society will win if we intervene and support these kids. Big bang for buck population.
- I don't think we have a lot of info on children and adolescent brain injury here in Virginia and I think if we had some this would really draw people's attention to the broader impacts of brain injury.

4. Collect and disseminate more and better information about services including medical, rehab, Neuropsych, mental health, case management by region

- I believe the first priority should be educating people on what is available currently.
- Access to usable and accurate information is a systemic issue that is being acknowledged and there is an opportunity for improvement.
- More disseminated information is important and should be the basis for ensuring that can be enhanced by medical, rehab, Neuropsych, metal health, and case management by region.
- Waivers are crucial for community integration
- Individuals and families need to know what is available so they know how to access services.

**Virginia Brain Injury Council  
Brain Injury Services Unit Director's Report – January 2024**

**1. Priorities Survey**

The 2024 Priorities survey has been sent to all Council members. If you do not see it in your email, please check your spam folder. If it is not there, let Chris Miller know and she will send you a link. The survey closes on Friday, January 19<sup>th</sup> to allow the Priorities Committee time to review and prepare to discuss as needed at the January 26<sup>th</sup> Council meeting. The Priorities Committee will make their final recommendations to the Council at the April 2024 meeting.

**2. Medicaid**

Targeted Case Management for people with severe Traumatic Brain Injury began officially January 1, 2024. We expect start up to be gradual as providers are still putting processes in place. DARS Brain Injury Services Coordination Unit is assisting them with training of the required assessment device (MPAI4 – Mayo Portland Adaptability Inventory.)

**3. 2024 General Assembly Session**

The 2024 General Assembly session started on January 10, 2024.

While a Brain Injury Waiver did not make it into the Governor's budget, two bills have been submitted as of mid-day January 12<sup>th</sup>. They are almost identical in language.

HB 593 (<https://lis.virginia.gov/cgi-bin/legp604.exe?241+sum+HB593>) says DMAS will amend the state plan.

HB 1064 (<https://lis.virginia.gov/cgi-bin/legp604.exe?241+sum+HB1064>) says DMAS will seek authority through the state plan.

Please remember that you **cannot advocate** for legislation as a representative of the Virginia Brain Injury Council. You **can advocate** as an individual. And we encourage you to stay connected with the Brain Injury Association of Virginia (BIAV) (<https://www.biav.net/about-us/advocacy/>) regarding advocacy for all bills related to brain injury.

If you are interested in pending legislation related to disability in general the disAbility Law Center is a good place to follow. (<https://www.dlcv.org/legislative-highlights-2>) Their newsletter is always interesting and informative.

If you are interested in advocacy related to the behavioral health, substance use disorder, and intellectual or developmental disabilities, the Virginia Association of Community Services Boards (<https://vacsb.org/advocacy-public-policy/>) maintains a list of the bills they follow on their website.

One bill they are tracking relates access to the mental health crisis system for individuals with cognitive and neurocognitive disorders (including brain injury): <https://lis.virginia.gov/cgi-bin/legp604.exe?241+sum+SB176>.

#### **4. Brain Injury Services in Unserved Counties**

We are in the process of finalizing details related to expanding brain injury Case Management in several new counties. As soon as the award has been finalized, I will share that information with you.

#### **5. New Leadership in Two State Funded Brain Injury Programs**

Brain Injury Connections of the Shenandoah Valley hired new Executive Director, Anne Taetzsch Fitzgerald in August, 2023. Ms. Fitzgerald has experience in nonprofit leadership, marketing, and fundraising.

January 2024, Donna Meltzer joined Brain Injury Services, Inc. as their new Executive Director. Ms. Meltzer has worked for several organizations leading public policy change and organizational change, including the Epilepsy Foundation. Most recently, she was CEO of the National Association of Councils on Developmental Disabilities.