

Virginia Brain Injury Council

October 27, 2023, 1:00 – 4:00 p.m.

AGENDA

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

Welcome and Roll Call Introductions of Members Present	Mike Puglia
Review Proposed Agenda <i>Proposed Action: Approve Proposed Agenda</i>	Mike Puglia
Review of Previous Meeting Minutes <i>Proposed Action: Adopt July, 2023 Minutes</i>	Mike Puglia
Public Comment Period	Donna Cantrell
Retreat Follow Up	Chris Miller
<ul style="list-style-type: none">• Council Member Impressions/Feedback• Results of Meeting time Survey• Planning for Next Steps	
Break	
Committee and Workgroup Reports	
<ul style="list-style-type: none">• Nominations and Elections Committee Report<ul style="list-style-type: none">○ Election of Officers○ Application Process for New Members	Chair (TBD)
<ul style="list-style-type: none">• Housing Workgroup Update	Kelly Lang
<ul style="list-style-type: none">• Priorities Committee Appointments	Mike Puglia
Updates from Director of Brain Injury Services	Chris Miller
<ul style="list-style-type: none">• Updates on Medicaid Targeted Case Management• State Funding History and Status	
2024 Virginia General Assembly Session, Legislative Updates	Jason Young David DeBiasi
New Business	Mike Puglia
Adjourn	

NEXT MEETING: Friday, January 26, 2024

For meeting materials, please visit: <https://www.vadars.org/vbic.htm#currentmeeting>

PUBLIC ACCESS: Meetings are open to the public. To watch the meeting live, please visit:

<https://dsa-virginia.zoomgov.com/j/1612882152>

Meeting ID: 161 288 2152

Passcode: 334722

PUBLIC COMMENT: All Public Comment is limited to 3 minutes per person.

Individuals wishing to make public comment during the meeting are asked to sign up upon entering the meeting room.

Individuals wishing to provide public comment but who are unable to attend the meeting may send their comments to Donna Cantrell using the contact information below. Comments must be received by close of business on Wednesday, October 25, 2023 to be read at the meeting.

Donna Cantrell's contact information: email (donna.cantrell@dars.virginia.gov) or phone (804-662-7069).

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 19th and 20th, 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 27, 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.

NEXT MEETING: Friday, January 26, 2024, Virtual

Virginia Brain Injury Council
July 28, 2023, 1:00 – 4:00 p.m.
Minutes

Approved

This was a virtual meeting, consistent with the electronic meeting policy adopted in December, 2022.

Welcome and Roll Call Introductions of Members

Mike Puglia called the meeting to order at 1:07 and welcomed everyone to the meeting. Mike reminded Council that they officially adopted an Electronic Meeting Policy in December of 2022, which allows for up to 2 meetings per year to be held virtually.

Mike asked Donna to take roll call and record attendance.

MEMBERS IN ATTENDANCE:

Mike Puglia, Chair
Kara Beatty, Vice Chair
Patrik Sandas, Secretary
Maria Altonen (Proxy – Camilla Herndon)
Gayl Brunk
Kristen Galles
Deborah Johnson
Amol Karmarkar
Kevin Koziol
Erika Lawhorn
Christiane Miller
Steven Nape
Derek O'Neal
Sandy Parker, Family Ombudsman
John Reynolds
Nicholas Rudisill
Maria Stransky
Amber Walter
Jason Young

MEMBERS NOT IN ATTENDANCE:

David DeBiasi
Elizabeth Horn
Kelly Lang
Joani Latimer
Cara Meixner, Immediate Past Chair
Teri Morgan
Susan Moon
Mark Murphy
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
Kathy Stumm
Jodi Judge, Executive Director, Brain Injury Solutions
Rachel Evans, Executive Director, No Limits Eastern Shore
David Corbin

Mike verified that a quorum was present and acknowledged that the public was able to access the meeting live.

Approve Proposed Agenda

Mike asked members to review the proposed agenda and indicate if changes needed to be made. Kristen Galles asked if a New Business item could be added to the end of the agenda to allow for additional topics to be discussed beyond the proposed agenda. Members present approved this change, with John Reynolds abstaining and Amber Walter voting Nay. The section was added to the agenda.

Approve Previous Meeting Minutes

Mike asked members to review the April 2023 Minutes and indicate if changes needed to be made. Kristen Galles asked that the spelling of her name be corrected and noting that she abstained from the vote to approve previous meeting minutes since she did not attend the January meeting. All members voted to approve the minutes with these changes.

Public Comment Period

No public comment was received.

Brain Injury Services Director Report

Chris Miller referenced the report sent to Council members prior to the meeting. She added a few updates:

The Department for Medical Assistance Services (DMAS) has released the Targeted Case Management Manual for Public Comment. Public Comment will be open for 30 days. The link to the draft manual is in the Director's report. Of note:

- The Qualified Brain Injury Services Professional (QBIS) and Certified Brain Injury Specialists (CBIS) certifications both remain as acceptable certifications to provide Targeted Case Management Services.
- DMAS revised the educational requirements making a bachelor's degree in any area a requirement.
- DMAS slightly revised the definition of brain injury.
- DMAS maintained the same language related to conflict of interest.

Members had questions about QBIS and CBIS and Chris provided some general information. She will provide members with further details following the meeting.

- Stephanie Peaco Arnold of Virginia Supportive Housing received an award from the Virginia Housing Alliance for her work supportive homeless individuals with brain injury.

- The Brain Injury Services Coordination Unit has been collaborating with the Ombudsman's office and community supports, including Brain Injury Solutions and Bay Aging, to help two individuals with brain injury services.

15-minute Break

Housing Workgroup Update

Marcia DuBois, Deputy Commissioner for the Division for Community Living and member of the Housing Workgroup gave an update on the Housing Workgroup's recent work:

- Exploring the existing Permanent Supportive Housing program that exists for individuals with developmental disabilities and mental illness and possibly make recommendations on how this might be replicated.
- Looking into what supportive services might be paired with housing options and what supportive services would be of most benefit to individuals living with brain injury.
- Investigating how impending Medicaid Waiver services might contribute to available housing options and resources for individuals living with brain injury.

The Workgroup will provide regular updates with a goal of providing recommendations for Council to consider by April, 2024.

Appoint Nominations and Elections Committee

Mike reviewed the responsibilities for this Committee, noting that they are responsible for:

- Proposing individuals to serve in vacant officer positions. Election happens at the October meeting, with the new officers taking on their new roles in January.
- Soliciting nominations to fill vacant positions on Council, and
- Developing a Slate of Nominees to be submitted to the Commissioner of DARS for her formal appointments.
- Making recommendations for how outreach into the community is done to reach as wide an audience as possible.
- Interviewing and vetting potential nominees.

Mike asked for volunteers to serve on this committee. Nick Rudisill volunteered to be on the Committee. Since several members were not present, staff will follow up to determine potential members and begin their work.

Priorities Committee Process Update

Mike reviewed responsibilities for this Committee, which results in a formal letter to the Commissioner of DARS from the Council that recommends what priorities Council would like DARS to pursue in the coming year. Staff have recommended, and the Council Executive Committee supports, appointing the Committee at the October meeting to allow them more time to do their work. This also would allow the Committee to get feedback from Council at their January meeting.

Members agreed that allowing that Committee more time to work is beneficial and they support this change. The Priorities Committee will be appointed in October, with a final recommendation made to Council by April of each year.

Retreat Update and Planning

Council has scheduled an in-person Retreat for the afternoon of September 19th and the morning of September 20th. The Retreat will be held at "The Place" located about 10 minutes away in the Innsbrook Office Park. Members traveling from over 60 miles away from the city will be reimbursed for travel expenses related to mileage, meals, and hotel. Donna will be sending individual members several forms to process those payments.

Members have asked for more information on authorizing language and history of Council, ahead of the orientation. Chris noted that the facilitators will be meeting with DARS and Council leadership. After those discussions information and other documents will be provided ahead of time, to inform discussions at the Retreat.

Members are also interested in learning more about how the facilitators are going to navigate the day (i.e. small groups, large discussions), noting that many members have challenges with processing and may need more time and would be better able to participate if they knew what to expect. They would like information on topics to be discussed and handouts as soon as possible to allow for the maximum amount of time possible for processing and consideration. Staff will share those recommendations with the Retreat facilitator.

New Business

- Kristen Galles asked the status of the State Plan Committee. Chris confirmed that there was State Plan Review Committee. The Committee's work was put on hold as the work around Medicaid funding for brain injury services began. Staff anticipate reconvening the Committee after the retreat.
- Kristen Galles expressed concern about how needs are assessed for individuals who are not on Medicaid and may not have severe brain injury. She asked if being a member of the State Plan Committee is the best place to address this concern.
- Chris asked if it would be beneficial at the October meeting to provide information about state funding and services. She also can review questions Council members may have about the Brain Injury Services Annual report which goes to the General Assembly in October. The Council Executive Committee will discuss this at their next meeting.

Adjourn

Derek O'Neal made a motion for the meeting to Adjourn. Amber Walter Seconded and Mike adjourned the meeting at 2:50 p.m.

NEXT MEETING: Friday, October 27, 2023
In Person at DARS Offices 8004 Franklin Farms Drive, Henrico VA

Retreat Follow-up

This is a draft summary of material collected from the small group reports during the 2023 VBIC Retreat. Use it to remind yourself of some of the discussion for your feedback at the upcoming Council meeting. We will be getting an official document back from The Spark Mill and will share that with all Council members.

DARS: THE DEPARTMENT FOR AGING & REHABILITATIVE SERVICES

The mission of DARS is to improve the employment, quality of life, security, and independence of older Virginians, Virginians with disabilities, and their families.

The Code of Virginia (§51.5-119) designates the Department for Aging and Rehabilitative Services (DARS) "as the state agency for coordinating rehabilitative services to persons with significant physical or sensory disabilities." The definition of "physical or sensory disability" in §51.5-116 includes brain injury.

VIRGINIA BRAIN INJURY COUNCIL MISSION

The mission of the Council is to promote accessible, affordable, and appropriate services for Virginians with brain injury and their families by advising the Department for Aging and Rehabilitative Services (DARS).

VIRGINIA BRAIN INJURY COUNCIL RESPONSIBILITIES

- **Distribution of New Funds:** The 2006 General Assembly Senate budget amendment effective July 1, 2006: *"...requires the Department of Rehabilitative Services to consider the recommendations of the Virginia Brain Injury Council when allocating new funds for brain injury services."*
- **Council Priorities:** Annually the Brain Injury Council identifies its priorities related to brain injury. Once approved, they are shared with the DARS Commissioner. Developing priorities is not a requirement of the TBI grant or in any other regulation. This has been a valuable tradition of the Council for many years. This tool for identifying needs and communicating priorities can be a great mechanism for identifying future federal grant objectives and goals of Brain Injury State Plans.
- **TBI State Partnership Program Grant (i.e. Federal Grant):** All Federal Grantees are required to establish an Advisory Council within the lead state agency (DARS). The Council should ensure a variety of stakeholders, including a minimum of 50% individuals living with brain injury. The Council participates in determining the needs of individuals with TBI, their families, and support systems.
- **Brain Injury State Plan:** As a federal grantee, Virginia (DARS) is required to develop a state plan that will serve as a strategic plan for TBI efforts in the state. Federal Grantees are required to include the state Advisory Council in the development of this state plan.

What does it mean to “advise DARS?”

- Setting priorities and making recommendations
 - Actionable
 - Related to the needs of people living with brain injury
- Having accurate data/information to make informed decisions
- Understanding what DARS considers important
- Understanding how services, funding, and other processes work
- Using member expertise and experience (personal and professional)
- Developing collective voices
- Considering issues from different perspectives
- Calling on subject matter experts

What does “promoting accessible affordable and appropriate services” mean?

- Identifying gaps and the barriers to achieving them
- Defining/clarifying
 - Accessible, affordable, and appropriate
 - Who and to what end/purpose is the Council advising
- Educating members on the issues
- Understanding how services, funding, and other processes work
- Lifting the voices of people with lived experience to shape policy and programs

What does a “unified and collective voice” mean?

- The voice of many with distinct ideas willing to move forward with consensus for the greater good for individuals living with brain injury in Virginia
- We are on the same team
- Communication
 - Consistent and in keeping with the mission of the Council
 - It takes a lot of discussion to come to consensus
 - Respectful communication
 - Talking through differences
- Based on good information
- Willingness and ability to listen and work to get to a unified voice

What are we good at?

- Willing to engage in discussion
- Caring and Passionate
- People show up
- Diverse expertise and lived experience
- Innovative

Where do we struggle?

- Understanding how our advising is being used
- Listening to the voices of survivors
- Broadening our scope
- The right size for meaningful conversations
- Understanding mission and role
- Listening
- Action
- Too agreeable
- Breaking down complexity of issues
- Knowledge of barriers/bureaucracy
- Data-driven
- Reflection feedback

What do we need to do our jobs?

- Committee reports in advance that members can review
- More information on services in Virginia
- Up to date data (ex: prevalence/severity)
- Clearly defined expectations for members/committees
- Webpage for Council
 - Materials repository
 - Orientation and training videos
- Follow up/tracking – ex: Priorities letter
- Ways to keep continuity or connection between meetings
- Education
- Full participation – not always the same people talking
- Be a part of committees – that is where the work happens
- Be accessible/learn from people outside of Council
- Better on-boarding

Committee Work & Structure

Executive Committee (Consists of Chair, Past Chair, Vice Chair, Secretary, Family Ombudsman)

- Clarify its role
 - One role is in developing agenda
- Should Committee Chairs be a part of the Executive Committee? If yes, standing only or include ad hoc

Committees/Workgroups (Appointed by Council Chair)

- Where the real work occurs
- Every Committee has one individual with lived experience of brain injury

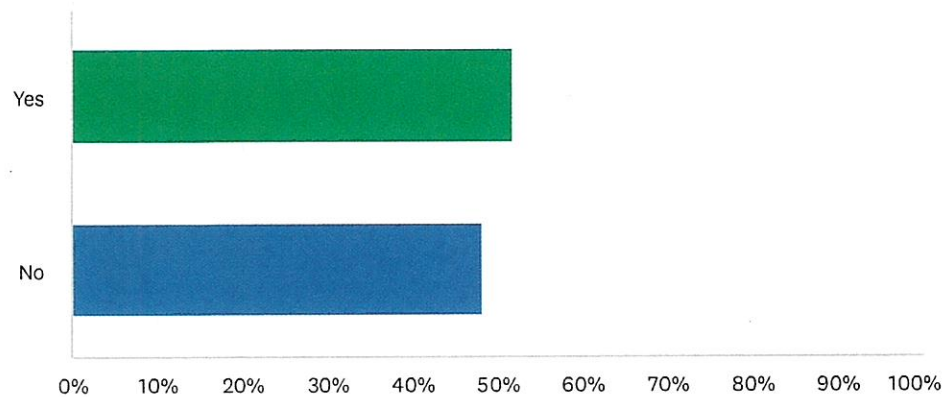
- Need to have clearly defined and understandable purpose that relates to the mission of the Council and DARS
- Report out at each meeting when active
- Make appointments at beginning of year then provide Council members with purpose and membership
- Should every Council member be required to or encouraged to serve on a Committee?
- How/if Committees/Workgroups communicate with the Executive Committee
- What's the difference between standing and ad hoc committees?

Structure

- Connections with BIAV and Alliance
- Does the structure support the ability of DARS to bring Council recommendations to other agencies
- How to balance structure of agenda (what work has to be done) vs. general discussion? Review this balance in light of the role of the Committees?
- Report on other relevant activities – ex: NASHIA
- The role of agency reps – if liaison should they have time to share updates?

Q1 Do you like the current Council meeting time - 4th Friday from 1-3 pm.
(Don't worry, even if you say yes, you'll still get to vote on other times.)

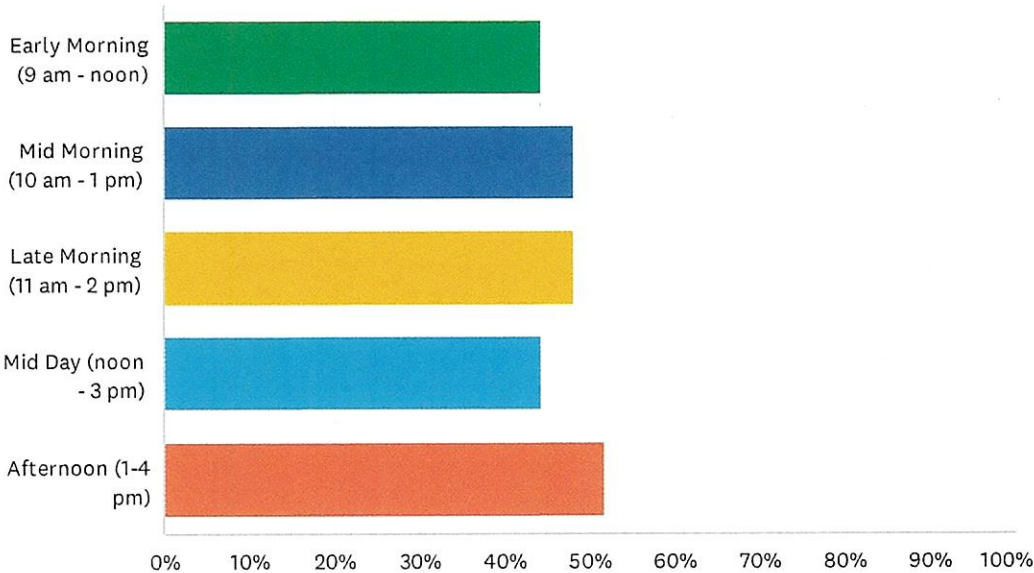
Answered: 27 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	51.85%	14
No	48.15%	13
TOTAL		27

Q2 Which of these times of day would be best for you? (Check all that apply)

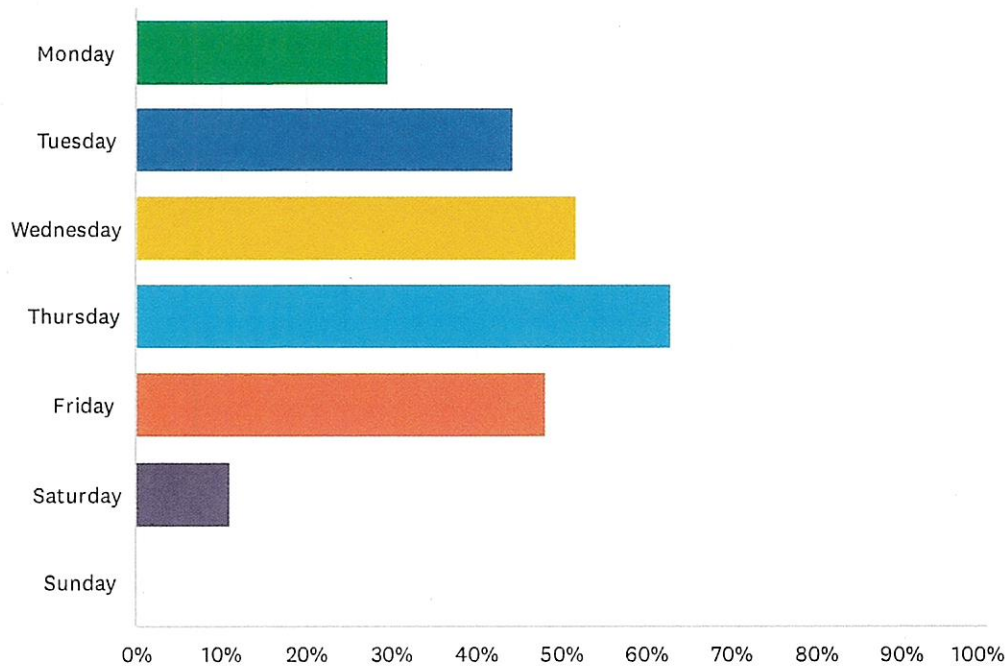
Answered: 27 Skipped: 0



ANSWER CHOICES	RESPONSES	
Early Morning (9 am - noon)	44.44%	12
Mid Morning (10 am - 1 pm)	48.15%	13
Late Morning (11 am - 2 pm)	48.15%	13
Mid Day (noon - 3 pm)	44.44%	12
Afternoon (1-4 pm)	51.85%	14
Total Respondents: 27		

Q3 What day of the week do you prefer meetings are scheduled on? (Check all that apply)

Answered: 27 Skipped: 0

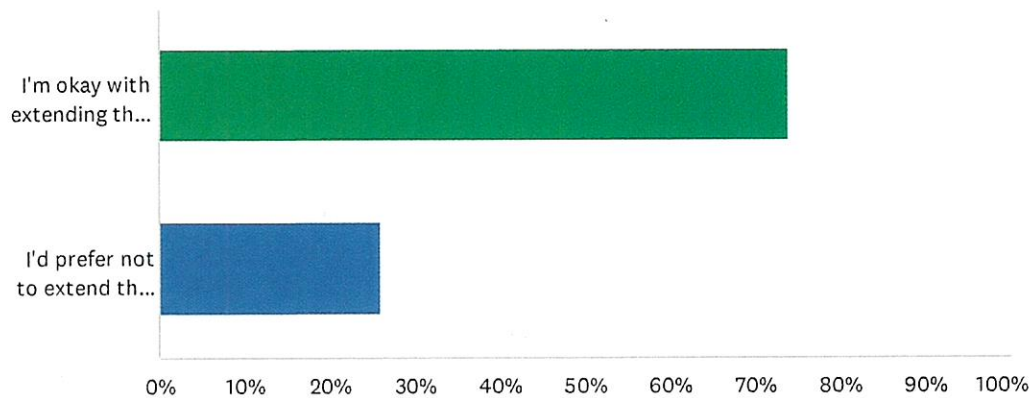
**ANSWER CHOICES****RESPONSES**

Monday	29.63%	8
Tuesday	44.44%	12
Wednesday	51.85%	14
Thursday	62.96%	17
Friday	48.15%	13
Saturday	11.11%	3
Sunday	0.00%	0

Total Respondents: 27

Q4 If meetings are scheduled over lunch time (noon), how would you feel about extending them by 30 minutes to add a lunch break. When meetings are in person, DARS would provide lunch to those on site.

Answered: 27 Skipped: 0



ANSWER CHOICES	RESPONSES	
I'm okay with extending the meeting by 30 minutes for a lunch break	74.07%	20
I'd prefer not to extend the meeting by 30 minutes for a lunch break. Let's take our regular breaks and work through lunch. When on site, lunch would be provided by DARS.	25.93%	7
TOTAL		27

Q5 What are the absolute worst times for Council meetings for you.

Answered: 27 Skipped: 0

#	RESPONSES	DATE
1	Late afternoon in general; Tuesday mornings and Thursdays in particular	10/11/2023 4:28 PM
2	Mon-Wed	10/11/2023 11:31 AM
3	Mondays/Tuesdays	10/11/2023 11:26 AM
4	Thank you	10/5/2023 6:13 PM
5	Friday afternoon and Monday morning	10/5/2023 2:50 PM
6	M 3-4, T 10-11, Th 2-4, Fridays	10/5/2023 10:37 AM
7	Mondays and Tuesdays	10/5/2023 10:15 AM
8	Attending Council meetings is a part of my job, so I will be there when they are scheduled. I will defer to caregivers, survivors, and others who have to travel distances for the times that work best for them.	10/3/2023 3:48 PM
9	Monday mornings	10/3/2023 10:00 AM
10	Monday Wednesday Friday Sunday	10/3/2023 6:52 AM
11	Mondays, Thursday mornings; Wednesday afternoons, Friday early mornings, Saturday afternoons, Sundays	10/2/2023 3:03 PM
12	Monday morning	10/2/2023 1:39 PM
13	Friday afternoons. The realities of driving to Richmond and back on that day/time can sap my enthusiasm.	10/2/2023 1:35 PM
14	It depends. I have a number of reoccurring meetings that I would need to take into account. Fridays generally work well.	10/2/2023 1:27 PM
15	late in the day	9/29/2023 12:01 PM
16	Monday and Tuesday's anytime.	9/29/2023 7:21 AM
17	I can accommodate most meetings with notice.	9/28/2023 5:42 PM
18	N/A. If I have enough notice, I can make most things work.	9/28/2023 4:26 PM
19	Since I travel to Richmond, Mondays and Fridays are best for me because my wife can take off easier. There really is no worst time for me as long as I have enough time to plan for a ride.	9/28/2023 2:20 PM
20	WORST: Due to a 2-3 hour commute, Friday afternoons are harrowing travel times due to the many oversized vehicles, road ragers, and tractor trailers on I-81 and I-64. I almost always need to ask for the virtual accommodation. Unfortunately my teaching schedule (over which I have little control) will preclude me from Monday afternoons and all-day Wednesday in the fall, and then all-day Tuesday and Wednesday in the spring.	9/28/2023 2:16 PM
21	Tuesdays and Thursdays	9/28/2023 2:14 PM
22	Friday afternoons	9/28/2023 2:10 PM
23	Friday afternoons	9/28/2023 2:01 PM
24	Please consider travel time when you schedule in person meetings. It takes me at least 2 hours and often 3 hours to get to/from Richmond in traffic from Northern Virginia. Therefore, morning meets are NOT good for in person meetings. I prefer early afternoon meetings for virtual meetings. That's when my brain works best. Members are more likely to be tired and participate less in Friday afternoon meetings. I would prefer a time in which more people feel like they can engage.	9/28/2023 2:01 PM

25	After 4	9/28/2023 1:59 PM
26	early in the morning due to travel time to Richmond and making sure my children have rides to school. The in person meetings are 3 times per year currently which is a great reminder to those who complain. We all knew the day/time when we joined.	9/28/2023 1:56 PM
27	Mondays	9/28/2023 1:54 PM

Summary of worst times:

Monday the worst day overall (5 not available at all, 5 not available in the am; 2 not available in the afternoon).

Friday the worst afternoon (5 not available) and Monday the worst morning (5 not available). Tuesday afternoon also not available for 4 people.

Day/Times for Consideration:

Thursday 10 am - 1:30 pm (including break for lunch)

Thursday 11 am - 2:30 pm (including break for lunch)

Thursday noon - 3:00 pm (no lunch break)

Meeting room is available 1st Friday's of Jan, April, July, October

Materials submitted as public comment for VBIC meeting on October 27, 2023 by Kathy Stumm (kastumm@msn.com, 720-273-7139) (Pages 1-7 – numbered at center bottom)

- 1. Letter to VBIC members**
- 2. Copy of email sent to Joint Commission on Health Care (JCHC)**
- 3. Issue paper sent to JCHC for their meeting on October 18, 2023**
- 4. Study Topic Adopted by the JCHC at their Meeting on October 18, 2024**

1. Letter to VBIC members

Dear Members of the Virginia Brain Injury Council,

Thank you for the opportunity to provide public comment at your meeting today. It is my hope that after you read the materials I have provided you will take action with both the DARS leadership and the Secretary of Health and Human Services (HHS), John Littel. Secretary Littel oversees twelve state agencies that provide services to individuals with disabilities, the aging community, caregivers and the provider network among others. Relevant to your work, Secretary Littel oversees the Department of Aging and Rehabilitative Services (DARS). He also supervises The Department of Medical Assistance Services (DMAS), the Virginia Department of Social Services (DSS), the Virginia Department of Health (VDH) and the Virginia Department of Behavioral Health and Developmental Services (DBHDS). **As a practical matter as you all know, for the 300,000 plus individuals with a brain injury estimated to reside in Virginia, it often takes coordination among all of these state agencies for a brain injured survivor and their caregivers to actually receive and maintain services.**

I had the opportunity to speak with one of Secretary Littel's Deputy Secretaries, Mr. James Williams, at the October 18th JCHC meeting. I believe he would be very interested in receiving your input.

The Joint Commission on Health Care (JCHC) has adopted an important study topic for 2024 directly related to your Vision, Mission and Purpose as set forth in the VBIC Bylaws.

2024 Study Topic for JCHC

Services for individuals with traumatic brain injury in long-term care facilities

Study issues

Challenges, barriers, and gaps to accessing TBI services and resources in long-term care facilities

Options to improve access to services and resources for individuals with TBI living in long-term care facilities

I view this Study Topic as a unique and amazing opportunity for the VBIC to truly impact the future range and delivery of services to brain injured

survivors and their families. It is my sincere hope that you will take action to encourage Secretary Hayfield to discuss these important issues with Secretary Littel or Deputy Secretary Williams.

I have a number of suggestions that that I submit for your consideration:

1. Advise Commissioner Hayfield to meet with Secretary Littel or his designee to raise awareness of the issues identified.

- 2 Include the JCHC 2024 Study Topic among your 2024 priority recommendations to Secretary Hayfield.

3. Create an Ad Hoc committee (as permitted in your Bylaws, Article IX (B)) specifically to study and report back to the VBIC and DARS leadership regarding possible changes to the Auxiliary Grant program that would benefit brain injury survivors who live or want to live in an Assisted Living Facility (ALF). See specifically Solution #3 in Issue Paper submitted to JCHC (attached below). I can tell you that there is an example of this kind of public/private partnership in payment for Skilled Nursing Facilities (SNF). Many of Virginia's SNF's will bill Medicaid for an individuals cost of care and allow the individual's family to pay the difference between the Medicaid rate and the private pay rate.

4. Send a letter of support to JCHC members a 2024 study process.

I will be attending your meeting on October 27th electronically. **I continue to be dismayed that the DARS public comment policy (per the DARS leadership interpretation) does not provide any opportunity for interaction between individuals such as myself and Council Members. From a quick review of your bylaws, I did not see any provision that would prohibit interaction between council members and individuals providing public comment, at least on a case-by-case basis.** I would love to receive your questions. If that is not possible in the context of providing public comment, please feel reach out to my outside of this meeting process.

Thank you so much for your time, energy and especially for your service.

Kathy Stumm

kastumm@msn.com

720-273-7139

2. Email sent to JCHC members for their meeting on October 18, 2023.

I am writing you on behalf of my brother Tom Stumm who suffered a traumatic brain injury (TBI) in 1982 while a senior attending college at the University of Virginia in Charlottesville. He is one of the most severely injured students from the "infamous" 1982 U-Haul accident. He lived after being in a coma for three months at a time when most TBI victims died and has survived now over 40 years. He is of course, an inspiration to our family but also to all in the TBI community, the people in his church, in the greater Richmond community, and perhaps most importantly to those in his home of choice, an Assisted Living Facility (ALF). This ALF allows Tom to live a life of purpose and dignity with as much independence as possible.

The current DMAS and DARS policies would require us to move Tom to a skilled nursing facility (SNF). According to DMAS and DARS we need to make this move in order to obtain any financial relief from the \$7600 a month we currently pay for Tom's care at his ALF and in order for Tom to receive additional services. This would be a much more restrictive environment for Tom and would severely diminish his quality of life.

I have attached a brief issue paper to summarize the problem, the consequences and possible solutions. I write to ask for your support by selecting these issues regarding ALF's as a JCHC study topic for 2024.

Tom and I will be present at your hearing on Wednesday, Oct. 18th and we look forward to hearing your discussion. Should you have any questions I would be happy to answer them in advance or at the hearing.

Thank you for taking time to consider this on our behalf and on behalf of all brain injury survivors in Virginia.

Kathy Stumm
Kastumm@msn.com
720-273-7139

3. Issue Paper Submitted by Kathryn A. Stumm to JCHC for their October 18, 2023 meeting

Problem: There is a huge gap in residential and other services available to brain injury survivors who live or want to live in an Assisted Living Facility (ALF)

Virginia DMAS and DARS do NOT provide any financial support nor any services to persons like my brother Tom Stumm (who suffered a traumatic brain injury (TBI) in 1982) **SOLELY** because he lives in an Assisted Living Facility (ALF)

DMAS staff tell me this is because Virginia ALF's do not meet the federal standards for residential facilities because they are licensed by Virginia DSS and not Virginia VDH or DBHDS. They refuse to put this in writing to me.

DARS staff tell me this is because the particular ALF where Tom lives does not participate in the Auxiliary Grant program. They refuse to put this in writing to me.

Tom has been evaluated and determined eligible for both the Medicaid CCC+ waiver and the DD waiver, both administered by DMAS. However he is unable to receive any services from these waiver programs (such as an aide, non-medical transportation to attend church or visit his 94 year old Dad, or an aide to attend a clubhouse program, or an art class in the community) **SOLELY** because he lives in an ALF. Nor does he receive any reimbursement for the costs of his residence in an ALF.

Although DMAS is working on the development of a Medicaid Brain Injury Waiver DMAS has decided to exclude persons living in an ALF from any services including residential cost reimbursement.

Consequences:

Our family pays \$7600 a month to Tom's ALF to provide a home and community for Tom that provides the maximum amount of independence and dignity as possible given his physical and cognitive disabilities. We have always paid the cost of his residences since his accident in 1982.

If our family would agree to move Tom to a more restrictive environment like a skilled nursing facility (SNF), the costs of his residential placement would be covered by DMAS/Medicaid and he would be able to receive the other services mentioned above. The exact amount that it would cost Medicaid is unknown to me but since the Virginia pays \$0 now it will definitely be an increase in costs to the State. It will also be a personal loss to Tom who will lose his independence.

his community, his circle of friends at his facility and his dignity long before he needs to do so. **There is something truly WRONG about a public policy that encourages a family to place their loved one in a more restrictive setting to avoid financial hardship.**

Possible Solutions:

1. Study the issue of how ALF's are licensed in the State of Virginia. If they were licensed by either VDH or DBHDS they would likely bring ALF's up to the standard required to receive approval for Medicaid reimbursement. As Option 8 in this Commission's ALF study of 2022 indicated, there are 34 states that have figured out how to use ALF's as approved Medicaid home and community based settings for people like Tom.
2. Study the issue of allowing ALF's to qualify on an individual basis for Medicaid reimbursement.
3. Study the issue of allowing ALF's to designate a certain number of beds for the Auxiliary Grant Program, and for those beds, allow residents or their families to make up the financial difference between the Auxiliary Grant reimbursement amount and the private pay amount. This would be a huge savings to families like ours and ALF's would not be impacted financially.

4. Language adopted by JCHC as a 2024 Study Topic at their October 18, 2023 Meeting (Copied from slide adopted by JCHC)

Services for individuals with traumatic brain injury in long-term care facilities

Study issues:

Challenges, barriers, and gaps to accessing TBI services and resources in long-term care facilities

Options to improve access to services and resources for individuals with TBI living in long-term care facilities

NOMINATIONS AND ELECTIONS COMMITTEE

Virginia Brain Injury Council

2024 OFFICER SLATE

"Nominations for Officer positions are solicited from among current Council members. Election of Officers requires a two-thirds majority vote of all Council members eligible to vote. The Nominations and Elections Committee shall submit to Council members a slate of candidates at least ten (10) days in advance of a Council vote to be conducted the October meeting, or at least ten (10) days prior to the first Council meeting of the calendar year.

- Election of Officers will be conducted at the October meeting, or at least ten (10) days prior to the first Council meeting of the calendar year, whichever comes first. Voting may take place at a meeting, or may be conducted via any verbal, written, or electronic means necessary (phone, fax, e-mail, U.S. Mail, etc.). If a vote is not conducted at a meeting, it is the responsibility of the Council member submitting a vote to confirm that the Secretary or designee has received the vote.
 - Officer positions shall be effective at the end of the January meeting, or at the first Council meeting of the calendar year..."
-

Secretary: 1 year term, 2024-2025, effective at the end of the January, 2024 quarterly meeting; this position is eligible for 1 consecutive term.

Patrik Sandas, PhD, Individual Living with Brain Injury. This would be Sandas' second term and he is willing to serve, if nominated.

Family Ombudsman: 3-year term, 2024-2027, effective at the end of the January, 2024 quarterly meeting; this position is eligible for 1 consecutive term.

Vacant

Virginia Brain Injury Council

BISCU Director Report – October 2023

1. Medicaid Implementation

Implementation of Medicaid Targeted Case Management has been delayed. It was supposed to begin October 1st 2023. No new implementation date has been set, but this does not mean there is any risk to the program. In the meantime state funded case management programs continue to work on their enrollment with DMAS and contracting with the Managed Care Organizations.

The final draft of the Medicaid Manual for TBI Case Management is now available using this link: <https://vamedicaid.dmas.virginia.gov/sites/default/files/2023-08/BIS%20Case%20Management%20Supplement%20%28updated%208.28.23%29%20Final.pdf>

In the final draft of this manual:

- Certification of Case Managers by allowing them to obtain the Qualified Brain Injury Services Professional certification (QBISP) or the Certified Brain Injury Support Provider certification (CBIS). (NOTE: DARS has scheduled a QBISP training for 25 Case Managers on November 6th and 7th.)
- Changed the degree requirements for Case Managers to a bachelor's degree in any field or be licensed by the Commonwealth as a registered nurse. There are knowledge, skills, and abilities that all TBI Case Managers must possess in addition to the certification and degree requirements. These can be found in the manual.
- Conflict of Interest. The Centers for Medicaid and Medicare (CMS) requires that the Case Manager of an individual should not also work for the agency providing other services for the individual to assure that Case Manager can act in a neutral manner. How this rule is interpreted was frequently cited as an area of concern.
- To be eligible to receive brain injury case management services, the individual must reside in the community or be planning for discharge from a facility within 180 days.

Individuals shall have a physician documented diagnosis of traumatic brain injury (TBI) defined as brain damage due to a blunt blow to the head; a penetrating head injury; injury resulting in compression to the brain; severe whiplash causing internal damage to the brain; or head injury secondary to an explosion. Exclusions: Brain damage secondary to other neurological insults (e.g., infection of the brain, stroke, anoxia, brain tumor, Alzheimer's disease and other conditions causing dementia, and other neurodegenerative diseases) is not considered to be a TBI.

The TBI is severe as indicated by a T-score of 60 or above on the Mayo Portland Adaptive Inventory (MPAI-4), or a T-score of 50 to 59 with pairings of scores across defined areas (more detail is in the manual.) The MPAI-4 is a validated and well accepted assessment tool. The TBI must have resulted in chronic, residual deficits and disability, including significant impairment of behavioral, cognitive and/or physical functioning, resulting in difficulty managing everyday life activities, and an ongoing need

for assistance with accessing needed medical, social, educational, behavioral health, and other services. (NOTE: DARS is working with two individuals who have worked extensively with the MPAI-4 to train state funded case managers in administering the tool.)

2. Requests for Applications (RFA)

An RFA for the Commonwealth Neurotrauma Initiative closed on October 13th. This RFA will grant funds for research or service development in the areas of traumatic brain injury and spinal cord injury with an emphasis on health and health equity. We hope that grants will be awarded to up to four organizations by January 1st.

An RFA for screening for brain injury in up to three homelessness programs is now open. You can see the RFA here:

https://mvendor.cgieva.com/Vendor/public/IVDetails.jsp?PageTitle=SO%20Details&rfp_id_lot=35591&rfp_id_round=0. This RFA closes on November 3rd. Only Continuum of Care programs or Local Homelessness/Housing Planning groups are eligible to apply. This is because the Continuum of Care and Local Planning groups are the entry point for homelessness services in Virginia and they provide oversight to local programs.

We are working on an RFA to distribute funds still available from the last fiscal year to provide case management in unserved counties in Virginia. Up to \$218,000 is available for the 12 counties still unserved after the SFY23 RFA: Westmorland, Essex, Northumberland, Southampton, Isle of Wight, Greensville, Lancaster, Richmond, Middlesex, Cumberland, Nottoway, and Prince Edward.

3. Presentations

DARS BISCU Director Chris Miller presented about the value of screening for brain injury in homeless programs at a conference on September 21st – Housing Virginia's Most Vulnerable. Amy Smith, Clinical Liaison at the Brain Injury Association of Virginia (BIAV) was also a part of this presentation. Amy leads BIAV's Screen and Intervene program which is rolling out screening for brain injury at domestic violence programs. The number of people who have experienced brain injury due to domestic violence is growing in awareness. Amy's stories of the benefits of screening for brain injury help to reinforce the need for homelessness providers.

Lead Case Manager from Community Brain Injury Services (CBIS) Jennifer Zemke and Resource Manager Christine Baggini from BIAV joined Chris at the annual training for Ombudsmen and Medicaid Managed Care Advocates on October 4th. Ombudsmen advocate for older persons receiving long term care services, whether the care is provided in a nursing home or assisted living facility, or through community-based services to assist persons still living at home. Medicaid Managed Care Advocates help to resolve problems for participants in the Commonwealth Coordinated Care Plus (CCC+) with plan coverage, assessing plan benefits, health care, behavioral health care and long-term care services and supports. Jennifer and Christine addressed access to brain injury services and how to address the impacts of brain injury in long term care settings and it was clear this was a topic of interest to the group. It was a joy to watch Jennifer and Christine share their

knowledge, experiences, and enthusiasm. A big thank you to Virginia Brain Injury Council Member and State Ombudsman Director Joani Latimer for inviting us.

October 12 and 13, 2023, Chris attended the National Academies of Sciences, Engineering, and Medicine (NASEM) Forum on Traumatic Brain Injury (TBI) in Washington DC. At the invitation of the National Association of State Head Injury Administrators (NASHIA) she participated in a session titled "*Data Capture, Surveillance, and Supporting Long-term Care Needs.*" Other panelists included representatives of the Traumatic Brain Injury (TBI) Team in the Division of Injury Prevention (DIP) at the Centers for Disease Control and Prevention (CDC), and the Office of Research and Development (ORD), Veterans Health Administration, Department of Veteran Affairs (VA). Virginia was asked to participate because of the work being done to use data to improve access to services for people with brain injury.

FUNDING FOR BRAIN INJURY IN VIRGINIA

3 Primary Funding Sources

1. **State Funds (General Funds)** appropriated by the Virginia General Assembly: DARS administers contracts with nine community-based organizations to provide brain injury services.

State funds also are used for the following:

- BIDS (Brain Injury Direct Services) – Each of the current state funded organizations receives money annually to provide one-time or time-limited support to help people with acquired brain injury live as independently as possible. DARS Brain Injury Services Coordination Unit (BISCU) also has a small share of BIDS funds to assist individuals not served by state-funded organizations.
 - Personal Assistance Services - assist a small number of individuals with brain injuries with daily living activities on or off a job.
2. **Trust Funds** collected from fees collected by the Department of Motor Vehicles when individuals have their licenses reinstated: DARS provides support for the Commonwealth Neurotrauma Initiative (CNI) which uses these trust funds as grants for research and services related to traumatic brain injury and spinal cord injury.

Up to 5% of the fees collected from the DMV are used for the CNI staff position (Jacole Thomas). The remainder come from DARS.

3. **Federal TBI Funds** awarded by the Administration on Community Living (ACL): Virginia competes for these grants every three to five years. Funds cannot be used for direct services and must be used for system change activities. The current federal grant is for \$200,179 per year through July 31, 2026.

Costs for Donna Cantrell's position are paid 100% by the federal grant.

History of Brain Injury Services and State Funding

1981 Virginia Head Injury Foundation founded. Later becomes the Brain Injury Association of Virginia (BIAV).

1986 Virginia Brain Injury Council created by Secretary of Health and Human Services Eva Teig in response to a report developed by the prepared by the Task Force on Head Injury.

1992 The Department for Rehabilitative Services (now DARS) is designated as the state agency responsible for the coordination of services for people with disabilities including brain injury.

1996 State funding in the amount of \$100,000 for brain injury services.

1997 \$250,000 in state funds awarded for brain injury services in northern Virginia to what would eventually become Brain Injury Services, Inc.

2001 – 2004 Brain Injury Services, Brain Injury Solutions (Southwest Virginia), Eastern Shore, and BIAV receive CNI grants for services.

2004 \$2,263,638 in state funds for brain injury services including continuation of services previously funded by CNI grants.

2006 General Assembly adds requirement that DARS consider recommendations from the Brain Injury Council when allocating new funds.

2010 State General Funds for brain injury services total \$3,188,638.

2014 State General Funds for brain injury services total \$4,308,981. New funding to reduce waiting lists.

2018 State General Funds for brain injury services total \$5,933,981. Expands Case Management in 6 programs; fund Case Managers in the Eastern Shore and Virginia Beach.

2020 State General Funds for brain injury services total \$6,976,719.

2021 State General Funds for brain injury services total \$7,176,719. Includes a 1.2 million dollar increase for staff retention and recruitment.

2023 State General Funds for brain injury services total \$7,746,719. Includes a \$520,000 increase to expand case management into unserved areas.

Brain Injury Association of Virginia and Virginia Alliance of Brain Injury Service Providers 2024 Budget Needs Statement

Top Priority: Workforce Retention: \$750,000

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. On average, brain injury Case Managers are paid \$10,000 less than what area CSB's offer for the same qualifications. 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. This includes \$50,000 to the Brain Injury Association of Virginia, to address critical infrastructure losses caused by a reduction in their role as a primary contractor for the federal Traumatic Brain Injury Act grant.

Strengthen Safety Net Community Based Service System: Amount TBD

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. Programs have waiting lists for services and programs struggle to meet existing demands. Mental health needs are exacerbated by brain injury and the confluence of these events drives demand.

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.





VIRGINIA BRAIN INJURY COUNCIL

2024 MEETING SCHEDULE

- Friday, January 26, 2024
- Friday, April 26, 2024
- Friday, July 26, 2024
- Friday, October 25, 2024

Unless otherwise posted, meetings will be held quarterly on the fourth Friday in January, April, July, and October from 1- 4 p.m. at the Virginia Department for Aging and Rehabilitative Services, 8004 Franklin Farms Dr. Richmond, VA 23229 in Conference Rooms 101-103-105.

Questions?

Contact Donna Cantrell at donna.cantrell@dars.virginia.gov or

804-662-7069.