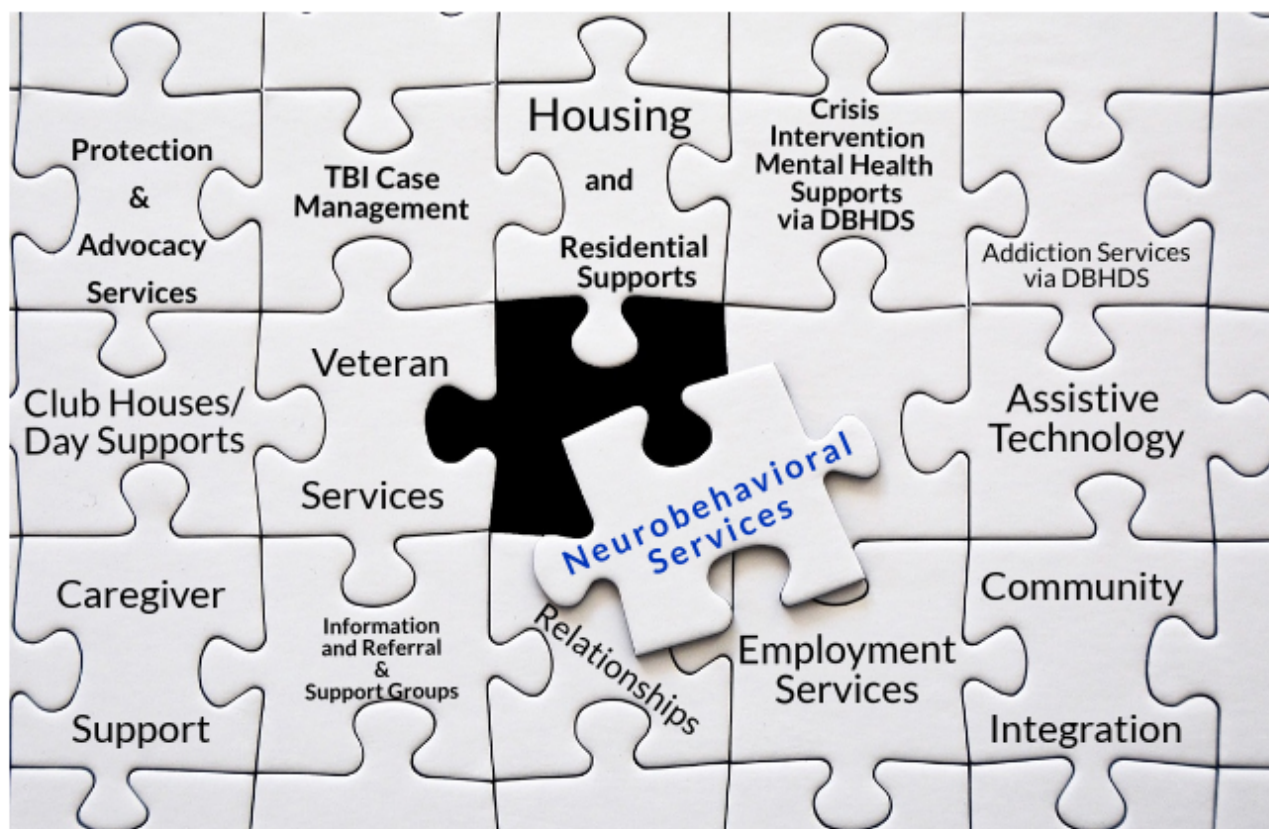
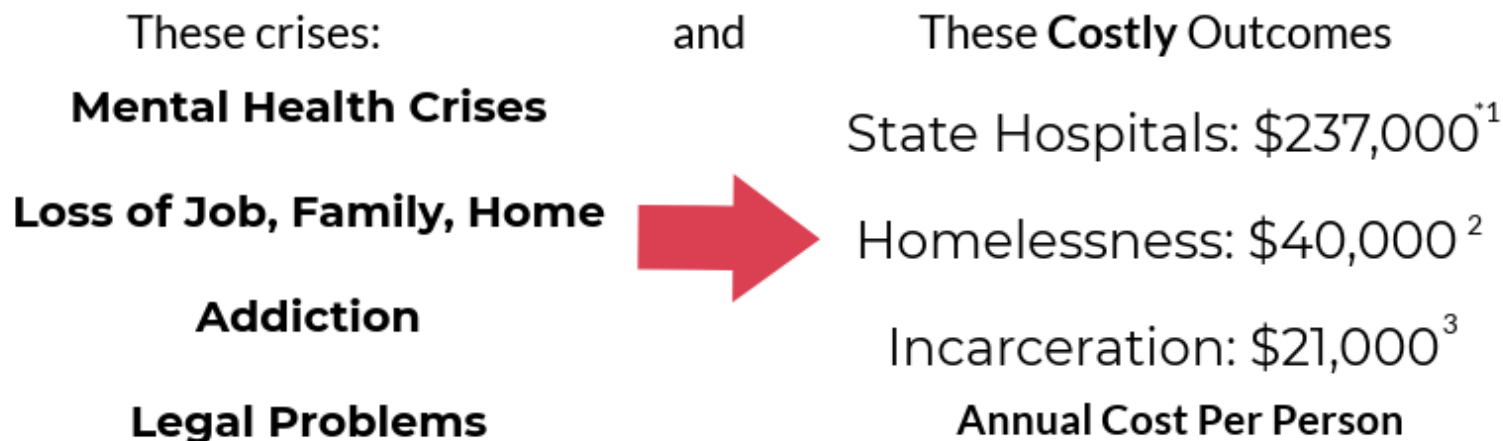


Virginia is missing a **CRITICAL PIECE** in its efforts to serve individuals with brain injuries:  
**Neurobehavioral Services**



This piece is **crucial** because certain brain injuries can impair behaviors that often lead to...



\* Does NOT include \$2 Million per year DMAS uses to send Virginia residents with TBI out-of-state

**In 2014, the Joint Commission on Healthcare reported that 28,000 Virginians sustain brain injuries each year.**

Certain brain injuries cause severe behaviors such as:

**impulsivity**

**poor judgment**

**difficulty controlling anger**



These behaviors can lead to mental health crises, crime, drug use, family breakdown, unemployment and homelessness...

... and the restrictive and costly settings that deal with these problems.

Currently, in Virginia, there are little to no **neurobehavioral services** following a brain injury to address this critical piece of the continuum of care. Virginians must leave the state in order to get the care they need.

## **What is neurobehavioral???**

**Neurobehavioral refers to the way the brain affects emotion, behavior, or learning.**

**Neurobehavioral needs are the compromising cognitive, behavioral, and social changes that result from an acquired brain injury. These persistent compromises may increase risks of unemployment, government financial assistance, and incarceration.**

## What have studies already said?

For many years the Virginia legislature has ordered numerous studies that have repeatedly documented the incidence of brain injury, the significant gap in neurobehavioral care, and the human and financial consequences to all concerned. The studies uniformly note the absence of appropriate services in Virginia.

In 2016 the Joint Commission reported an average of 20 individuals with brain injury are served by Virginia Medicaid out-of-state at an average cost of \$2.3 million/year.

The Virginia Brain Injury Council likewise stresses the need for “in-state neurobehavioral treatment programs and expanded access to community-based behavior support services.”

A James Madison University (JMU) report agreed adding that: ***“Out-of-state costs are about four times the cost of in-state costs.”***

Virginia must keep those funds in Virginia!

**If your loved one has a brain injury, do you want them to leave the state in order to get treatment?**

JMU identified systemic problems that prevent use of Medicaid funds for this critical service, including inadequate Medicaid rates, inadequate brain injury specialist and program resources, and inadequate staff levels and training.

To keep our residents here, JMU recommended that Virginia: ***“establish a neurobehavioral brain injury waiver, exploring which type of waiver best suits the needs of the Commonwealth.”***

A Joint Commission report also stated: ***“Nearly 500 individuals with brain injury were institutionalized in state hospitals and nursing homes.”*** The report concluded that:

***“Virginia is out of compliance with Olmstead and vulnerable to further legal action without a plan that enables individuals with brain injury to transition to the community.”***

## Some positives...

Fortunately, Virginia is slowly developing vital infrastructure for serving persons with brain injury in the community. For example, in 2015, the Commonwealth began to allow persons with acquired brain injury to access substance use disorder services and short-term drop-off crisis centers. Even so, we serve only a fraction of those in need.

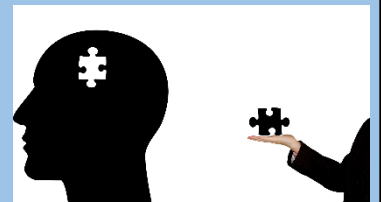
## Conclusions...

Virginia still needs comprehensive, neurobehavioral services in Virginia. These are foundational to the continuum of services that keep people out of institutional settings and ensures their needs are met in the community as required by the Americans with Disabilities Act and the *Olmstead* ruling.

Special behavioral supports improve community-based brain injury outcomes and save state resources in the long run.

Therefore, dLCV urges Virginia policymakers to avoid an Olmstead violation.

- **KEEP VIRGINIANS WITH BRAIN INJURY IN VIRGINIA FOR TREATMENT!**
- **FUND NEUROBEHAVIORAL SERVICE INITIATIVES!**
- **CONTINUE TO EXPAND COMMUNITY AND RESIDENTIAL OPTIONS!**



## Sources

Joint Commission on Healthcare Interim Report: Progress in Expanding Access to Brain Injury Services, SJR 80

James Madison University: Access to Neurobehavioral Services in Virginia, 2016

Joint Commission on Healthcare Report: Expanding Access to Brain Injury Services and Barriers to Placement of Virginians who have Challenging Behaviors Resulting from Traumatic and non-Traumatic Brain Injuries and Post-Traumatic Stress Disorder, 2016

Virginia Department of Aging and Rehabilitative Services/Brain & Spinal Cord Injury Services, Annual Report, 2017