



Role of State TBI Programs in Serving Returning Servicemembers with Traumatic Brain Injury and Their Families

Introduction

Traumatic Brain Injury (TBI) has been named the signature wound of the War in Iraq and Afghanistan with an estimated 360,000 men and women returning from the conflicts in Iraq and Afghanistan with TBI. Thus, national attention has rightfully focused on their needs with regard to treatment and care for servicemembers and support for their families. Funding has been appropriated to the Defense Centers of Excellence for Psychological Health and TBI, including rehabilitation care provided by the Department of Defense and Veterans Brain Injury Center (DVBIC), and the Department of Veterans Administration (VA) Polytrauma Rehabilitation Centers and the VA health care system. Congress has passed caregiver legislation and held hearings on transitioning between and among these programs through care coordinators who have been placed within key programs of these systems. The VA and the Administration on Aging (AoA) have worked closely to serve veterans of all ages at risk of nursing home placement.

At the same time state TBI programs have received federal grants through the Health Resources and Services Administration (HRSA) Federal TBI Program to provide outreach and information on available state and local TBI resources and services. States have also used their own state resources to provide as much assistance as possible. While many states speak to their successes in working with other state and local programs within their states, state TBI programs are often left out of the dialogue at the national level.

NASHIA developed a paper five years ago to initiate discussion and to further collaboration among all federal, state and local entities that may be involved in some aspect of assessment and identification, rehabilitation, long-term care, service coordination, community and family supports for individuals who are serving in our military and are at risk of experiencing the consequences of a TBI, as well as other co-occurring conditions (Post Traumatic Stress Disorder and substance abuse). The purpose of revisiting this issue is to increase the visibility of TBI state programs and to promote their potential role in assisting returning servicemembers with TBI in obtaining local services and resources.

Background

Over the past 25 years, states have developed service delivery systems to meet the needs of individuals with TBI and their families. These systems generally offer an array of services and supports, including, information and referral services, service coordination, rehabilitation, in-home support, personal care, counseling, transportation, housing, vocational and return to work and other support services. These services are funded by state appropriations, designated funding (trust funds), Medicaid and other federal programs, such as Vocational Rehabilitation. TBI services may be administered by programs located in the state public health, vocational rehabilitation, mental health, Medicaid, developmental disabilities, education or social services agencies. Some states contract with their state Brain Injury Association affiliate or other consumer organization within the state to assist families with accessing services and supports. Most states have established state advisory boards or councils to assist with planning and coordinating policies to improve service delivery. State advisory bodies have added representation from their state veterans' programs, National Guard, and state veterans organizations.

To help states to further expand, improve and coordinate service delivery the TBI Act of 1996, as amended in 2000 and 2008, authorizes federal funding to the US Department of Health and Human Services for the HRSA TBI Grant Program. Currently, less than half of the states receive TBI Act funding. The federal program also awards grants to state Protection and Advocacy (P&A) System to help them provide advocacy and support with accessing systems to individuals with TBI. All P&A systems within states, territories and the District of Columbia receive funding.

How Can States Help Returning Servicemembers?

State TBI programs can be a resource to the military and the VA to help identify or screen for TBI, assess needs of returning servicemembers with TBI, provide information on TBI and available resources, and provide and coordinate services. Of particular concern to states are servicemembers who may not be initially identified by the military system, yet experience the consequences of a traumatic brain injury long after they return home. As a result, state TBI and disability systems may be the point of contact for information and referral for these families and returning servicemembers. Some of the military may not be affiliated with military installations and, therefore, may not seek assistance from the VA, but rather from their own family care physician or state organization or local agencies.

Through collaboration among state and local mental health and substance abuse programs, TBI state programs may be able to promote collaborative screening efforts. Combining screening for TBI and PTSD could be especially beneficial and should be considered by all potentially involved agencies, since the symptoms overlap, the treatments differ, and both can be seriously disabling.

States are using a variety of methods for assisting returning servicemembers and their families. In Massachusetts, the Brain Injury & Statewide Specialized Community Services Department partners with the Veterans Administration, Veterans Organizations, TBI providers and the Brain Injury Association of Massachusetts in conducting outreach, support groups, information and referral services. Similarly, the New York Department of Health contracts with the Brain Injury Association of New York to conduct education and outreach. Massachusetts also assisted in forming a New England Collaborative to partner with neighboring states with regard to these efforts. Both New York and Massachusetts have used federal grant funds administered by the HRSA Federal TBI Program to fund these efforts.

States are fielding calls from families, participating in state conferences on PTSD and TBI, and at least one state vocational rehabilitation agency has entered into a MOU with the Veterans Administration. States have also developed materials on TBI for returning servicemembers and their families.

Recommendations:

NASHIA continues to advocate for collaboration with the Department of Defense, Department of Veterans Affairs and other federal agencies to coordinate programs and resources so that community and local services and supports are provided in a unified and seamless manner. NASHIA further recommends:

- Coordinate efforts in developing and disseminating screening questions to help alert families and returning servicemembers that have symptoms associated with TBI, who have not been previously identified. These efforts should be coordinated with efforts to screen for PTSD and substance abuse problems, and shared among states.
- Disseminating information on available state and community resources and supports, including state TBI service coordinators who coordinate a myriad of federal and state resources, in order to support our military men and women with TBI to live and work in the community.
- Training and disseminating information on TBI as the result of war-related injuries to civilian medical providers, local physicians, social workers and mental health community centers.
- Availing existing resources, such as telerehabilitation programs, that provide evaluation and expertise to providers in rural areas, family support information and resources, family training, etc.
- Communicating and partnering with state advisory boards on TBI and lead state agencies with regard to the needs of returning servicemembers who may not be accessing the VA, but may be in need of the array of community and family supports, in order for states to plan and address how to meet those needs.
- Communicating and partnering with state task forces on the needs of returning soldiers to ensure that TBI, as well as PTSD and substance abuse, are included in these deliberations.
- Partnering with all veterans and state brain injury systems to pool and maximize state and federal resources to ensure that resources are available when their family member returns home.

For further information contact Susan L. Vaughn, Director of Public Policy, publicpolicy@nashia.org, or go to NASHIA website: www.nashia.org