

WRITTEN TESTIMONY SUBMITTED BY THE
National Association of State Head Injury Administrators

by
Susan L. Vaughn, Director of Public Policy
for the
National Association of State Head Injury Administrators

TO THE

SENATE APPROPRIATIONS SUBCOMMITTEE
ON LABOR-HHS-EDUCATION-RELATED AGENCIES

DIRECTED AT THE DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR COMMUNITY LIVING AND
CENTERS FOR DISEASE CONTROL AND PREVENTION

May 31, 2017

Dear Chairman Roy Blunt and Ranking Member Patty Murray:

On behalf of the National Association of State Head Injury Administrators (NASHIA), thank you for the opportunity to submit testimony regarding the fiscal year 2018 appropriations for programs authorized by the Traumatic Brain Injury (TBI) Act within the U.S. Department of Health and Human Services (HHS). Specifically, we are writing in support of the HHS's Administration for Community Living (ACL) Federal TBI State Implementation Grant program, **which is eliminated** in the President's budget. We also support at, a minimum, level funding for the Centers for Disease Control and Prevention's (CDC) National Center for Injury Prevention and Control TBI Program at \$6.7M; the Injury Control Research Centers \$7.414M; elderly falls prevention; and **\$5M additional funding** to establish and oversee a national concussion surveillance system.

My name is Susan L. Vaughn and I am the Director of Public Policy for NASHIA, having previously worked for almost 30 years for Missouri's state agencies administering developmental disabilities, mental health and brain injury services, including serving as the director of the Missouri Head Injury Advisory Council and the co-project director for federal grants through the Federal TBI State Grant Program authorized by the TBI Act.

NASHIA is a non-profit organization comprised of state governmental officials who administer an array of short-term and long-term rehabilitation and community services and supports for individuals with TBI, which enable them to live and work in the community as independently as possible.

The President's budget is calling for elimination of the *only* program, the ACL Federal TBI State Implementation Grant Program, that assists states in addressing the complex

needs of individuals with TBI and their families, and combining it with the State Developmental Disabilities and Independent Living (Part B) program, creating a new "innovation" program with less than half of the funding these programs receive when combined. While the Federal TBI State Implementation Grant program is a relatively small program, it was created to help states improve access to systems because individuals with TBI and their families could not find resources and assistance needed largely due to these problems:

- Ineligible for state intellectual/developmental disabilities systems, because the disability must occur before age 22, or 18 in some states;
- Ineligible for behavioral services from mental health systems as their diagnosis did not fit the state's eligibility or services for individuals with serious mental illness;
- Lack of TBI rehabilitative specialized services and professionals in systems where they might be eligible, such as programs for individuals with physical disabilities or special health care needs;
- Insurance coverage insufficient to pay for extensive rehabilitative and long-term services and supports needed after a traumatic brain injury; yet
- Ineligible for public assistance due to income criteria, especially for couples where a spouse is injured.

The Federal TBI State Implementation Grant program has been a catalyst to assist states in breaking down these barriers through training, coordination of state policies, information and resources to better align services where possible. Since 1997, 48 states, District of Columbia and territories have received at least one grant. Currently, 19 states are implementing a 4-year grant to target specific populations through screening, training, Information & Referral services and Resource Facilitation, also known as service coordination or case management. States are targeting their efforts to juvenile and/or criminal justice systems; older adults and young children who are at high risk for a TBI due to falls; veterans and returning servicemembers; and youth in transition following secondary education.

NASHIA believes it is imperative that **all** states have access to resources to address this robust population, which is increasing daily due to motor vehicle crashes, falls, sports-related concussions, and military-related injuries. In a recent NASHIA survey completed by state governmental programs and state brain injury associations, survey respondents listed the following as the top three most pressing needs in their states:

- services/alternatives for individuals with behavioral issues;
- long-term services and supports; and
- post-acute rehabilitation services.

With limited state resources to address these needs, states often place people out of state or in state institutional settings. Unfortunately, many individuals, particularly those with behavioral issues, addiction, and poor judgment will find themselves homeless or in correctional facilities.

We are pleased that the program was transferred last year from the Health Resources and Services Administration to the Administration for Community Living (ACL) as we recognize the need to align resources with other federal aging and disability programs, such as Lifespan Respite Care, Aging and Disability Resource Centers, and Assistive Technology program, in order to maximize resources. In addition, states can benefit from research conducted by the TBI Model Systems funded by the National Institute on Disability, Independent Living and Rehabilitation Research (NIDILRR) also housed in the ACL.

The CDC Injury Center's TBI program helps state service delivery by developing pediatric guidelines and HEADS UP materials, which helps states with their "return to play" laws calling for education and training. As older adults are the second largest group at risk for TBI-related falls, we support the program's elderly prevention program.

Our members also support funding for data to help with injury prevention and planning for service delivery. Therefore, NASHIA supports an additional \$5M for the Centers for Disease Control and Prevention's (CDC) National Center for Injury Prevention and Control to establish and oversee a national concussion surveillance system to accurately determine the incidence of concussions, particularly among children and youth. With the requested appropriations, CDC will launch a national surveillance system on concussions, making the agency fully responsive to the recommendations issued in a 2013 report by the National Academies of Sciences, Engineering, and Medicine (formerly known as the Institute of Medicine, or the IOM). The project will also collect information regarding prevalence of TBI among all ages, regardless of cause. This data will greatly assist states as they target their resources to better meet the needs.

In closing, over the past thirty years, states have initiated efforts to develop capacity for offering such services as information and referral, service coordination, rehabilitation, in-home support, personal care, counseling, transportation, housing, vocational and other support services for persons with TBI and their families. These services, however, vary in size and scope across the country and even within a state, creating a patchwork of services. Without federal focus to help states leverage resources and to bring partners together, individuals with traumatic brain injury will again face large disability and health care systems designed for other populations. We strongly urge you to reject the President's proposal to eliminate this important program.

Should you wish additional information, please do not hesitate to contact Rebeccah Wolfkiel, Governmental Consultant, at 202-480-8901 (office) or 717-250-6796 (cell) or email: rwolfkiel@ridgepolicygroup.com. You may also contact Susan L. Vaughn, Director of Public Policy, at 573-636-6946 or publicpolicy@nashia.org or William A.B. Ditto, Chair of the Public Policy Committee, at williamabdito@aol.com. Thank you.