



Role of State Government in Serving Returning Soldiers with Traumatic Brain Injury

Introduction

Recently, national attention has focused on the need for improved treatment and care for soldiers returning from Iraq and Afghanistan with traumatic brain injuries. Most of this focus has been on the acute and rehabilitation care provided by the Department of Defense and Veterans Brain Injury Center (DVBIC), the Veterans Administration (VA) Polytrauma Rehabilitation Centers and the VA health care system. Congressional hearings have also been held on transitioning between and among these programs through care coordinators who have been placed within key programs of these systems. While this attention is certainly well deserved, little commentary has been provided on those soldiers who require long-term care, services and community supports offered by state and local governmental programs.

Thus, this paper has been developed 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 traumatic brain injury (TBI), as well as other co-occurring conditions (Post Traumatic Stress Disorder and substance abuse). The intent is to ensure that returning soldiers receive the necessary services in a coordinated fashion, and that all local, State and Federal resources are maximized and used effectively.

Background

Over the past 20 years, several states have developed service delivery systems to meet the needs of individuals with traumatic brain injury and their families. These systems generally offer information and referral, service coordinators, rehabilitation, in-home support, personal care, counseling, transportation, housing, vocational and return to work and other support services that are funded by State appropriations, designated funding (trust funds), Medicaid and by programs under the Rehabilitation Act. These services may be administered by programs located in the State public health, vocational rehabilitation, mental health, Medicaid, developmental disabilities or social services agencies.

To help States to further expand, improve and coordinate service delivery, the TBI Act of 1996, as amended in 2000, provides Federal funding to the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA) for the State Grant Program. Currently, almost all States receive TBI Act funding. The Federal TBI Program also contracts with the National Association of State Head Injury Administrators (NASHIA) to provide technical assistance to States through the TBI Technical Assistance Center, which has also become a clearinghouse of information and materials available to assist States in developing "best practices." NASHIA was created in the early 1990s by State government employees responsible for public brain injury policies, programs, and services.

How can States help returning soldiers?

State TBI programs can help families, soldiers, and the VA to identify or screen for traumatic brain injury, assess needs of soldiers with traumatic brain injury, provide information on TBI and available resources, and provide and coordinate services. Of particular concern to States are soldiers, who may not be initially identified by the VA 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 soldiers. Some of these returning soldiers may not be affiliated with military installations and, therefore, may not seek health care from the VA, but rather from their own family care physician. Their physicians may not even know to inquire about their time in Iraq or Afghanistan to determine if their symptoms could possibly be stemming from a TBI, or even to be able to distinguish TBI from Post Traumatic Stress Disorders (PTSD).

Combined 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. Through collaboration among State and local mental health and substance abuse programs, State TBI programs may be able to promote collaborative screening efforts.

There are a few States that are addressing the needs of returning soldiers from various angles. Two states, New York and Massachusetts, are currently conducting efforts to identify soldiers with TBI and link them to needed resources and services. Both of these States are using Federal grant funds administered by the U.S. Health Resources and Services Administration (HRSA) for these efforts. In Massachusetts the Statewide Head Injury Program under the Brain Injury & Statewide Specialized Community Services Department, known as SHIP, administered by the Massachusetts Rehabilitation Commission is partnering with the Veterans Administration, Veterans organizations, TBI providers and the Brain Injury Association of Massachusetts in conducting outreach as well as information and referral services.

Other State TBI programs that offer service coordination and an array of support services are collaborating with their State Veterans Commissions and the National Guard to solve individual problems. States are also fielding calls from families, participating in State conferences on PTSD and TBI, and at least one State vocational rehabilitation agency has entered into an MOU with the Veterans Administration. Several States have also developed materials on TBI for returning soldiers, including Massachusetts and New York.

Recommendations

Collaboration among States, NASHIA, Federal agencies (DVBIC, VA, and the Centers for Disease Control and Prevention), and military branches should include:

- Developing and disseminating screening questions to help alert families and soldiers 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.
- Disseminating information on available State and community resources and supports, including State TBI service coordinators who coordinate myriad Federal and State resources to support individuals 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 TBI statewide advisory boards and lead state agencies as to the needs of returning soldiers 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.

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