



Federal TBI Act Programs: FY 2008 Appropriations

Background:

On February 5, 2007, President Bush submitted his budget recommendations for Fiscal Year 2008 for funding Federal government. **Slated for elimination is the US Health Resources and Services Administration (HRSA) Federal TBI Program**, which awards grants to States, Territories and the District of Columbia (State Grant Program) and to state Protection and Advocacy Systems (PATBI Grant Program) for purposes of improving service delivery and access to the multiple systems often needed by individuals with traumatic brain injury to return to home, school, work and community. The program is authorized by the Traumatic Brain Injury (TBI) Act of 1996, as amended. **The TBI Act is the only Federal law that authorizes these specific programs addressing the unique needs of individuals with TBI and their families.**

TBI Act Programs

In addition to the State Grant and P&A Grant Programs, HRSA Federal TBI Program also contracts with NASHIA to administer the Technical Assistance Center (TAC) to assist States and provide expertise necessary for improving such services as rehabilitation, community and family support, education, employment and long-term care services. In addition the TBI Act of 1996 (PL 104-166), as amended in 2000 (PL 106-310), authorizes funding to the Centers for Disease Control and Prevention (CDC) for prevention, education and surveillance initiatives and to the National Institutes of Health (NIH) for research to reduce the ameliorating effects of TBI.

It is imperative that HRSA funding be increased -- not eliminated -- so as to sustain the substantial gains that have been made and to further expand to address the vast needs of individuals with TBI and their families. NASHIA and stakeholders are recommending \$30 Million to continue all TBI Act programs. Specifically, NASHIA recommends:

- **\$15 million** to the HRSA Federal TBI State Grant Program to support **all** States, Territories, and the District of Columbia in their continuing efforts to better serve individuals with traumatic brain injury and their families. This amount would fund \$200,000 to each State; continue technical assistance through the NASHIA TBI Technical Assistance; and provide for overall administration support and assistance to carry out the Federal agenda for TBI -- *a very modest program for high expectations!*
- **\$6 million** to HRSA for the Federal PATBI Grant Program to support Protection and Advocacy Systems to provide information and referral; and self-advocacy services to individuals with traumatic brain injury.
- **\$9 million** to CDC to obtain information from States, through State grants, to determine incidence, costs, causes and other data necessary for prevention, developing service delivery and linking individuals to services. The Federal funding is also needed to support public education and prevention programs.

The programs of the TBI Act are an important national priority !

Approximately 5.3 million Americans live with disabilities as the result of a traumatic brain injury (TBI). TBI is the leading cause of death and disability in children and young adults. It is caused by a sudden jolt, blow or penetrating injury to the head that that disrupts the normal function of the brain. The injury often results in problems with thinking, emotions, language, physical mobility and sensory that affects how a person is able to live and work independently. While falls and motor vehicle crashes are the major causes of TBI, injuries associated with the war in the Middle East are also contributing to increased numbers of individuals with disabilities as the result of a TBI.

Traumatic Brain Injury (TBI) is a complex disability

TBI is a complex disability that challenges States' ability to respond to the unique needs of persons with TBI and their families. These individuals request services that cross multiple programs including Medicaid, vocational rehabilitation, employment, education, home health care, mental health, substance abuse and long-term care. Without coordinated systems of care, individuals are often placed inappropriately into nursing homes or left to the families to care for without much assistance. When families are no longer able to care for these individuals, the families turn to the State, which is generally the only resource for these crisis situations.

States are in critical need of resources to improve access to care

In today's budget environment, States do not have the capacity to absorb cuts in any Federal funding, much less generate new funding to support the infrastructure and policies necessary for coordinating the delivery of services that are seamless, timely and cost effective. Without the TBI Act funding, the progress made to date will be jeopardized, thereby diminishing the Federal investment during the last ten (10) years, and severely limiting States' ability to address the complex needs of these individuals. Furthermore, funding through the CDC provides the foundation for State health departments and Federal agencies to combat the nation's leading cause of disability for children and young adults.

The program is successful!

Since 1997, 48 States, two Territories and the District of Columbia have received time-limited grants. States have created advisory councils, designated lead agencies, conducted needs assessments and developed State action plans for improving services across multiple systems. Through these efforts, States have identified gaps in service delivery and have been able to leverage other State and Federal funding to assist with implementation and administering services addressing a variety of critical needs.

While HSRA has not awarded grants for direct care services, States have used this funding to leverage and maximize other Federal and State funding and programs to expand service capacity. The success has been the results of the States to expand services to include information and referral services, service coordination, rehabilitation and other services necessary for individuals with traumatic brain injury to return to work, school, and home -- thereby avoiding unnecessary institutionalization.

States have expanded services to children, victims of domestic violence, individuals who are homeless, persons with co-concurring conditions and other unserved populations. However, without continued and expanded funding, these efforts cannot be sustained.

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