



FY 2011 Appropriations for TBI Act Programs: Recommendations

Approximately 3.17 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 also the signature injury of the Wars in Iraq and Afghanistan. A TBI 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 civilian related TBI, **injuries associated with the war in the Middle East are also contributing to increased numbers of Americans living with disabilities as the result of a TBI.**

TBI Act & HRSA Federal TBI State Grant Program

The TBI Act of 1996, as amended in 2008, authorizes the US Department of Health and Human Services (HHS), Health Resources and Service Administration (HRSA) to award grants to (1) States, American Indian Consortia and Territories to improve access to service delivery and to (2) state Protection and Advocacy (P&A) Systems to expand advocacy services to include individuals with TBI. Currently, \$10 million is appropriated for both the State Grant and the Protection & Advocacy Systems Grant Programs.

In 2009, HRSA increased the amount of each grant to States from \$118,000 to \$250,000 for four years to support the work that is expected. Currently, 15 States receive funding at the increased level (HRSA is in the process of awarding grants to three more States), and two States are finishing out previously awarded three-year grants funded at \$118,000 level. While NASHIA supported the increase, this policy change drastically reduced the number of States receiving grants to less than half. Prior to this change, almost all States, District of Columbia and Territories received funding, albeit a smaller amount.

The TBI Act also authorizes funding to the Centers for Disease and Prevention (CDC) for TBI public education, prevention and surveillance programs. This funding, which is approximately \$6 million, supports all national and State efforts for prevention and data to determine the prevalence and incidence of TBI, including mild TBI, TBI among inmates in correctional facilities, nursing homes and other specialized populations.

Therefore, NASHIA recommends:

- **\$8 million for the HRSA TBI State Grant Program** to increase the number of State Grants;
- **\$4 million for the PATBI Grant Program** to increase advocacy for TBI; and
- **\$10 million for the CDC TBI program** for data, prevention, education and awareness, and to increase compliance with evidence based guidelines for the management of TBI.

In addition, due to the increasing numbers of TBI, NASHIA recommends:

- **Elevating the HRSA Federal TBI Program within HHS** to bring national attention to civilian and military-related TBIs occurring among all ages and:
 - develop a national plan to address the rehabilitation and community/family supports needed by all Americans with TBI;
 - provide opportunities for public input in planning processes, and

- to coordinate and maximize resources across Federal departments and programs.

NASHIA urges Congress to increase funding because:

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

The TBI Act is the only Federal law that authorizes these specific programs addressing the unique needs of individuals with TBI and their families. Although Federal funding for the HRSA Federal TBI Program is currently insufficient to support all States and Territories, the number of Americans sustaining TBI is increasing as the result of the Wars in Iraq and Afghanistan, and as the result of fall-related injuries among our increasing number of seniors. This places additional stress on State systems and budgets that are already stretched beyond capacity. Without Federal assistance, it is difficult to sustain programs and services impacting individuals with TBI, let alone expand to meet the growing needs.

States are in critical need of resources to improve access to care and supports!

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 additional TBI Act funding to fund all States, the progress that has been made will be jeopardized, thereby diminishing the Federal investment during the last thirteen 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.

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 have done enormous work with this funding!

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 leveraged other State and Federal funding to address a variety of critical needs resulting in expanded services and supports for individuals of all ages, regardless of cause of injury. These services include information and referral services, service coordination, rehabilitation, education, family supports and other services necessary for individuals with traumatic brain injury to return to work, school and home -- thereby avoiding unnecessary institutionalization or costly out-of-State placement. States have expanded populations to serve children, victims of domestic violence, individuals who are homeless, persons with co-concurring conditions, veterans and returning servicemembers.

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The National Association of State Head Injury Administrators assists State government in promoting partnerships and building systems to meet the needs of individuals with brain injuries and their families.