



National Association of State Head Injury Administrators

FY 2012 Appropriations for TBI Act Programs: Recommendations

The Traumatic Brain Injury (TBI) Act of 1996, as amended in 2008, authorizes funding to 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. The TBI Act also authorizes funding to the Centers for Disease Control and Prevention (CDC) for surveillance, public education, prevention and research.

NASHIA Recommendations:

HHS Agency	FY 2010	FY 2011 CR	NASHIA's Recommendations
HRSA Federal TBI Program	\$10 million	\$10 million	\$12 million*
CDC TBI Program	\$6.1 million	\$6.1 million	\$10 million

In 2009, HRSA increased the amount of State grants from \$118,000 to \$250,000 for four years to support the work that is expected. Currently, less than half of the States receive funding. 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 amount of grant awards

NASHIA also recommends **elevating the status of TBI within HHS** to bring national attention to the increasing number of civilian and military-related TBIs occurring among all ages and for HHS to:

- create a **federal interagency work** group to coordinate and maximize resources across federal departments and programs
- develop a **national plan** to address the rehabilitation and community and family supports needed by all Americans with TBI
- provide opportunities for **public input** in planning processes

CDC's efforts have resulted in accurate and timely surveillance data to help identify brain injury needs and to target priorities; and to evaluate the availability of evidence-based interventions and policies. CDC has determined that treatment guidelines for severely-injured TBI patients costs \$2,618 per person, but saves \$11,280 in medical costs. **NASHIA recommends increased funding to CDC to expand these efforts.**

About TBI

Approximately 1.7 million Americans are treated through emergency departments and in-hospital stays due to TBI, which 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, 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.

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. 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 coordinated systems of care, individuals are often placed inappropriately into nursing homes, correctional facilities or become homeless. Increasingly, veterans and returning servicemembers and their families are looking to States for help in identifying local resources and assistance. When families are no longer able to care for these individuals, whether civilians or veterans, the families turn to the State.

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 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, service coordination, rehabilitation, education, family supports, in-home assistance, therapies and other services necessary for individuals to return to work, school and. States have expanded populations to serve children, victims of domestic violence, individuals who are homeless, persons with co-occurring conditions, veterans and returning servicemembers.

CDC unintentional injury prevention is cost effective!

CDC funding provides the foundation for State health departments and federal agencies to combat the nation's leading cause of disability for children and young adults. Unintentional injuries, such as drowning, falls, unintentional drug overdoses, and motor-vehicle crash-related injuries, account for more than 120,000 deaths; over 27 million non-fatal injuries; and over one-third of all emergency department (ED) visits each year. Motor vehicle crash-related injuries alone are the leading cause of death for people ages one to 34. CDC has found:

- The average \$52 child safety seat saves \$2,200 in injury costs
- Graduated Drivers Licensing (GDL) systems save \$500 per young driver
- Falls prevention programs have demonstrated positive returns on investments

Protection & Advocacy services benefits persons with TBI !

The HRSA Federal P&A TBI grant program is a formula-based program that allows 57 States, Territories, and the Native American Protection and Advocacy Project to respond to legal and system issues on behalf of individuals with TBI and their families; and to provide advocacy support accordingly. P&As comprise the nation's largest provider of legally based advocacy services for people with disabilities.

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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.