



## National Association of State Head Injury Administrators

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President-elect Obama  
c/o Kareem Dale  
Disability Director  
Presidential Transition Team  
Washington, D.C.

Dear President-elect Obama:

The National Association of State Head Injury Administrators is urging your Administration to improve and expand policies, funding and provide leadership in setting a national agenda that will help individuals with traumatic brain injury (TBI) to live and work in the community, including those who are returning from the wars in Iraq and Afghanistan who may not be diagnosed or misdiagnosed or may be suffering from co-occurring conditions. These warriors and their families are contacting state and local government for an array of resources and supports similar to those services that are provided to civilians with TBI. As a result, some states are using their own limited state resources to actively outreach to these individuals to provide the assistance needed, as well as to help them obtain veterans benefits if they are so eligible. While funding has been appropriated to the Departments of Defense and Veteran Administration for care to troops and veterans with TBI, there has been little coordination of these resources with state government. A few states, however, are using federal funds administered by the US Department of Health and Human Services, Health Resources and Services Administration (HRSA), Federal TBI Program to provide public awareness and outreach in concert with the National Guard and state veterans affairs departments.

The HRSA Federal TBI Program, authorized by the TBI Act of 1996 as amended in 2008, is the only federal program which provides federal assistance to states to develop and expand services to the 3.17 million Americans who live with a permanent disability as a result of a traumatic brain injury. This program has been pitifully underfunded, providing in the past, around \$100,000 to states, territories and District of Columbia to mainly develop capacity for state planning or outreach to underserved populations. For FY 2009, HRSA is increasing the amount to \$250,000 per grant award for the next four years.

While the increased amount is welcomed by the states, only 15 states will be receiving any assistance. The vast majority of states, territories, District of Columbia and the American Indian Consortium will be subject to receiving no funding – unless Congress increases the appropriation significantly.

Your Administration can help with this situation by not only requesting additional funding, but by assuming leadership in developing a national agenda and plan for improving rehabilitation, community and long-term care supports needed for individuals to return to school, work, family and community, including those are injured as the result of blasts injuries. These recommendations and discussions need to be included in the larger debate on health care currently being address by your Administration and Congress.

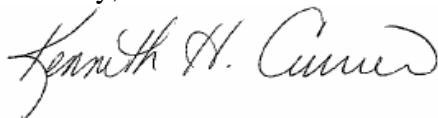
As you are no doubt aware, the majority of states are experiencing budget shortfalls. Traditionally, it is the state programs that provide the safety net to individuals with disabilities and elderly that are at risk for being cut or terminated. Currently, states use a combination of general revenue; designated funding, mainly through fines associated with traffic offenses; Medicaid; Vocational Rehabilitation; and other federal resources to deliver the range of rehabilitation, community and long-term supports and services needed for individuals with TBI.

NASHIA believes that in order to maximize resources effectively the federal government also needs to provide leadership in coordinating the myriad of federal programs, including substance abuse, mental health, aging, Medicaid, housing, transportation, Department of Defense, Veterans Affairs and Rehabilitation Services Administration, so that services are streamlined, delivered timely, and are appropriate to the needs of individuals with TBI and their families.

Ideally, the HRSA Federal TBI Program would assume this leadership. However, we believe that the location of the HRSA Federal TBI Program within the Maternal and Child Health Bureau, along with the limited resources, hampers the ability of the program to do so. Presently, there is no national plan or agenda or work across federal agencies to coordinate policies that will result in coordinated services and outcomes for individuals with TBI, regardless of the cause of injury or age of individual or complexities, such as co-occurring conditions (substance abuse, emotional disorders). We ask that your Administration expand the capacity and focus of this program to better address the complex needs of individuals with TBI.

Meanwhile, we look forward to working with you to improve the lives of Americans with traumatic brain injury. We stand ready to work directly with your staff. You may contact our Director of Public Policy, Susan Vaughn at 573-636-6946 or myself at 301-656-3145.

Sincerely,



Kenneth H. Currier  
Executive Director

cc: Congressional Brain Injury Task Force  
Chairman Edward Kennedy  
Chairman Henry Waxman