



Recommendations for Improving Services and Outcomes for Individuals with Traumatic Brain Injury and Their Families

The National Association of State Head Injury Administrators (NASHIA), which was organized by state government employees administering services and programs to individuals with traumatic brain injury (TBI) and their families, is concerned about the insufficient funding for TBI services and the lack of a coordinated federal agenda to address the complex needs of this disability that occurs to any one at any age at any time. The growing number of TBIs due to military related injuries, as well as fall related TBIs among the elderly, is placing further constraints on programs and services that are already severely underfunded.

While Congress has appropriated funding to both the Departments of Defense and Veterans Affairs, none of this funding has been available to states to fill in the gaps relating to community and family supports. A few states are using their federal Health Resources and Services Administration (HRSA) TBI grants, authorized by the TBI Act, for providing outreach and support to returning servicemembers and their families, and coordinate these activities with the National Guard, Reserves and other military branches.

In October, 2008, the Army National Guard began a blast tracking system for identifying those who are exposed to blast injuries in the event that they may not report any symptoms at the time, but may later after a period of time. This system will record and capture the event in a soldier's personnel records. State National Guard may also use this information to provide follow up and outreach information to help individuals who may be experiencing problems, but may not have been diagnosed. The National Guard recognizes that the majority of National Guard members returns to their communities and may not access military related facilities. This has resulted in the National Guard, Reserves, state mental health, TBI, and veterans agencies providing necessary screening, outreach, information and resources in some states.

However, a TBI can occur to anyone at any time and at any age, and is most often associated with motor vehicle crashes, especially among teens and young adults, falls among children and the elderly, sports and recreational related injuries, occupational and assaults and weapons. The only federal programs that provide assistance to states to address the magnitude of this disability are the TBI Act programs administered by the US Department of Health and Human Services through (1) CDC, which provides grants to states for surveillance data, prevention activities and public education; and the (2) HRSA Federal TBI Grant Program, which provides funding through a competitive grant process for expanding and enhancing service delivery. The HRSA program is housed within the Maternal Child Health Bureau, Children's Special Health Care Needs.

Concerned with the increasing numbers of TBI and decreasing resources, NASHIA has formulated these recommendations to maximize resources and to improve outcomes for individuals with traumatic brain injury of all ages and their families accessing services and supports administered by state government — including those who are injured as the result of blast injuries.

Recommendations

In keeping with the Institute of Medicaid (IOM) 2006 evaluation of the HRSA program, NASHIA supports the IOM recommendation for HRSA to develop a federal plan and agenda, including strategies for coordinating policies and funding across such agencies as the Department of Defense, Department of Veterans Affairs, Department of Labor, Department of Education, Department of Housing, Department of Transportation, Administration on Aging, Centers for Medicare and Medicaid, Administration on Developmental Disabilities and the Substance Abuse and Mental Health Services Administration in order to maximize resources and improve outcomes.

NASHIA recommends that this program be elevated within the HRSA Administration so as to be better positioned to address community supports and long-term care needs of returning servicemembers, young adults and the elderly with TBI. In addition, NASHIA recommends that:

- HHS develop a federal TBI plan and agenda for coordinating and maximizing resources across programs, and for improving community and long-term care supports.
- HHS elevate the Federal TBI Program to be in a more visible location for working with adults, including returning servicemembers with TBI, the elderly, and those who have co-occurring conditions.
- The Administration seek substantial federal funding for the HRSA Federal TBI State Grant Program in order for each state, territory and District of Columbia, and American Indian Consortium to expand infrastructure to include information & referral services, service coordination, and to sustain efforts.
- HHS establish a TBI Program advisory group to assist it in the development of planning efforts and setting priorities.
- The Administration fund a TBI Technical Assistance Center and grants of national significance in order to promote “best practices” and to provide assistance to states to develop and expand service delivery, and to serve as a national clearinghouse of materials, information and resources on home and community services and supports.