

**From:** [KRISTEN GALLES](#)  
**To:** [Cantrell, Donna \(DARS\)](#)  
**Cc:** [DuBois, Marcia \(DARS\)](#); [Turner, Carolyn \(DARS\)](#); [Arbogast, Charlotte \(DARS\)](#); [Kara Beatty](#)  
**Subject:** Re: VBIC Priorities Committee Request  
**Date:** Tuesday, February 25, 2025 4:06:41 PM  
**Attachments:** [2024 BIC Priorities Survey Results.xlsx](#)

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Last year the priorities committee surveyed the council and had discussions about services that are not adequately provided to survivors in Virginia. The survey supported our discussion about the need to focus on more issues and more services for people who were not diagnosed with "severe" brain injury and who are not on medicaid. This population is mostly ignored even though it is the largest population of brain injury survivors -- and a population that could benefit greatly with a little assistance/guidance.

Attached are the results of the council-wide survey from last year.

Below are summaries of what the committee discussed for the top 4 issues identified... (lower number means more people wanted it addressed).

(1) Cognitive rehabilitation.

People with severe brain injuries often receive receive cog rehab in the hospital, but people with "mild" brain injuries whose lives are nonetheless severely damaged because of the brain injury usually do not.

We suggested and the council agreed to have speakers from BEST and Compass speak to us about their programs and how they could help more Virginians. BEST is run by the director of the ABI program at Coastline College in California, Michelle Wild. She has taught cog rehab and adjustment strategies for people with brain injury for more than 35 years. Compass is the assistive tech and cog rehab program that Fairfax county mostly pays for at BIS in Northern Virginia. Sarah Pickford is the director. I offered several times to set up presentations by the people who run these programs. Council said they wanted this, but I need cooperation from leadership and staff to schedule them.

Free information about successful programs that could help more Virginians. It seems like a "no brainer" to me.

(2) Mental health.

Currently, most services and programs focus on people with co-morbid severe mental health problems and TBI and DARS' project to train community service board employees. These services reach an extremely small slice of survivors and most survivors have no idea what a CSB is and never encounter one.

We emphasized the more general need for mental health services that help survivors adjust to their new situation and learn how to regulate their strong emotions. Too many relationships and lives are destroyed because survivors don't know what's going on in their brains and don't know where to get help.

There are VERY few mental health providers who understand brain injury. Survivors don't know how to find those who do. Such services would do wonders for better function, less suicidal ideation, saving marriages, and getting some survivors back to

work. They also would serve far more Virginians.

BIS Northern Virginia has 2 mental health counselors that provide very limited services. It would be helpful for the VBIC to learn about the program, the funding for the program, and how the program it could be expanded within NoVa and around the state.

FYI... the neurobehavioral item was added by Chris Miller.

The committee wanted to focus on a broader view of mental health.

(3) Youth brain injury.

We discussed how many youth with brain injury (especially those not in sports) are never diagnosed. They may have learning and behavior problems that lead them to drop out of school, experiment with drugs and alcohol, and end up in the criminal justice system because no one steps in to realize that with some guidance or ISP type programs, they also could graduate from high school and live better lives. We had guest speakers about this issue in January. More services and training are needed, especially at the school and parent level.

(4) We also talked about the need for better communication about and vetting of TBI professionals. Survivors don't know where to go for help. It is not helpful to give them a list of neurologists when most neurologists haven't handled ABI/TBI since medical residency. Neurologists who focus on headaches don't help patients who suffer from the repercussions of brain injury. Similarly, giving survivors a list of SLPs for cog rehab is not helpful since most of them have never done cognitive rehabilitation. Most survivors don't even know about the regional case management programs like BIS. Why don't hospitals and medical providers know about BIS and similar service providers? There needs to be more coordination and networking among DARS, regional BIS, BIAV, and TBI-trained providers.

Kristen Galles

On 02/24/2025 2:19 PM EST Cantrell, Donna (DARS)  
<donna.cantrell@dars.virginia.gov> wrote:

VBIC Members,

I wanted to take this time to remind you all that if you have thoughts about the Virginia Brain Injury Council's Priorities letter, or wanted to make comments, the deadline for sending those in is quickly approaching. Comments or suggestions are due by close of business, this Friday, February 28, 2025.

Thank you for your time!

Donna Cantrell, MEd

Brain Injury Services Unit

Department for Aging and Rehabilitative Services

Richmond, Virginia

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**From:** Cantrell, Donna (DARS)

**Sent:** Friday, February 14, 2025 10:57 AM

**Cc:** DuBois, Marcia (DARS) <Marcia.DuBois@dars.virginia.gov>; Arbogast, Charlotte (DARS) <Charlotte.Arbogast@dars.virginia.gov>

**Subject:** VBIC Priorities Committee Request

Brain Injury Council Members,

You may recall that at the January Council meeting, the Priorities Committee summarized their efforts to develop the next Priorities Letter. As a reminder, the Priorities Committee anticipates presenting the Council with their recommended Priorities Letter at the Council's April meeting. At that meeting, the Council is expected to review and potentially approve the Priorities Letter, which would then be sent to the DARS Commissioner for consideration.

At the January meeting, Priorities Committee Chair Jason Young asked members if they had any suggestions or feedback that they wanted to contribute to the development of the Priorities Letter. If you do have input, please send that to me by Friday, February 28<sup>th</sup> and I will share it with the Committee in preparation for their next meeting.

Thank you for your time,

Donna Cantrell, MEd

Brain Injury Services Unit

Department for Aging and Rehabilitative Services

Richmond, Virginia