



HB 888/SB176 Recommendations

Submitted by Brain Injury Association of Virginia and the Virginia Alliance of Brain Injury Services Providers

Enhancing-Expanding Services

- Targeted home and community-based services for persons with brain injury that complement and does not duplicate, and more importantly does not threaten the existing network of brain injury service providers, already serving nearly 3,000 Virginians with brain injury, regardless of waiver eligibility.
 - We endorse focused services to include access to intensive neurobehavioral services and appropriate transitional/step down services as person returns to community settings
 - While we acknowledge the state hospital system is not an ideal placement for persons with brain injury, they remain a vital cog in the continuum of care until Virginia is able to fund and build out an appropriate neurobehavioral system of care. We recommend the expanded use of DAP funding to support appropriate transitional services to the community from state hospitals during this transition phase.
 - We strongly urge the development of an 1115 waiver to demonstrate the effectiveness of a waiver solely focused on providing residential supports to persons with brain injury. This would blunt the impact of the CMS conflict free case management rule and allow the creation of a system that worked collaboratively with critical safety net services already in place that have been proven effective. Forcing the current network of state funded brain injury programs into a 1915 HCBS brain injury waiver imperils the existence of this our state funded service system. Additionally, a 1115 waiver would provide a cost and time efficient approach to address our lack of appropriate neurobehavioral care throughout the Commonwealth.
- Creation of Permanent Supportive Housing (PSH) program and units for persons with brain injury

Communication and Training:

- Create and implement training protocols for personnel involved during crisis intervention on working with persons with brain injury, including requiring all 988 crisis programs (Call Center staff, Mobile Crisis, Crisis Received Centers, Residential Crisis Stabilization Units) to having Qualified Brain Injury Service Provider (QBISP) and Certified Brain Injury Specialist (CBIS) certified providers on staff.
- Ensure brain injury module of CIT training is implemented in all police forces throughout Virginia
- Training of and collaboration with state funded brain injury services system on new 988/Marcus Alert systems being implemented throughout Virginia
- Develop training protocol for state hospital and private hospital staff for supporting persons with brain injury and for coordination with state funded service system prior to discharge to enhance smooth transition from hospital back to community

Family-Caregiver Supports:

- Expanding mental health supports, counseling services and resources for caregivers of persons with brain injury.
- Develop and implement training materials specific to caregivers for persons with brain injury.
- Expand access to respite care providers trained to support individuals with complex care needs.