

**Testimony for House Bill 5353**  
**An Act Establishing a Task Force on Traumatic Brain Injury**  
**Billye Simmers, Chair**  
**Connecticut Traumatic Brain Injury Advisory Board**  
**March 2, 2010**

Good Day

My name is Billye Simmers. I am here as the Chairperson of the statewide Connecticut Traumatic Brain Injury Advisory Board, which has been active in our state since 2004. Our TBI Advisory Board was developed through a grant to the Department of Social Services from the Health Resources and Services Administration (HRSA). The priorities and accomplishments of the Board are outlined in an attachment to my testimony.

I am, also, a parent of a child who experienced a traumatic brain injury in 1982. We were living in Alabama, when my son was beginning his freshman year at the University of Alabama. We had a serious ice storm that winter, and my son was involved in a car accident suffering a severe brain injury. In 1982, there were very few resources across the nation for persons with brain injury. Although my son has had a very good outcome, we are acutely aware of the impact of TBI on the individual, as well as on the family. Also in 1982, the Brain Injury Association of Connecticut was established to support the development of services and advocacy for persons with brain injury and their family members. BIAC has been around now for 28 years. Much has changed, but there is still much to do to develop adequate community-based supports and services for persons with brain injury.

Currently I am employed with the Department of Mental Health and Addiction Services as the statewide Director of ABI Services. I am also serving on the ABI/TBI Workgroup under the SAMHSA grant-funded project of the Connecticut Jail Diversion and Trauma Recovery Services for Veterans. We were informed of data recently reported by the U.S. Department of Defense regarding the potential of as many as 350,000 OEF/OIF veterans returning with mild to moderate TBI, which is a dramatic increase above the projections in the Rand Corporation's "hidden wounds" study released summer 2008.

I am supporting the establishment of **A Task Force on Traumatic Brain Injury, House Bill 5353.**

In 2005, the Connecticut TBI Advisory Board completed a needs assessment and survey of current supports and services for persons with TBI. This information will be available to the Task Force. However, the unique needs of returning veterans with TBI have not been assessed. There is current information from the Department of Defense that the TBI suffered by persons in the military is different than a TBI from motor vehicle accidents, falls, or other civilian situations. The brain injuries from roadside bombs are complicated by the pressure waves that accompany the blast. Add to that the potential of PTSD and other mental health issues and we really need to examine "the unique needs of, and services for, veterans with traumatic brain injury."

In the proposed bill there is a list of possible participants. I am requesting that you consider adding a position for the Chair of the Connecticut TBI Advisory Board, as well as a position for the Executive Director of the Brain Injury Association of Connecticut.

Thank you for your time.

## **Connecticut TBI Advisory Board**

### **Summary of Accomplishments**

Prepared by: Billye Simmers, Chairperson, 2009

In 1996 Congress authorized by Federal Law (PL 104-166) to amend the Public Health Service Act to provide for the conduct of expanded studies and establishment of innovative programs with respect to traumatic brain injury (Congressional Record, Vol. 142 (1996)). Subsequently, the Health Resources and Services Administration / Maternal Child Health Bureau offered grant funding to assist states in developing programs and services for persons with TBI. In April 2004, the Connecticut Department of Social Services was awarded a TBI Planning Grant to begin the work of developing an integrated and coordinated system of care for people with TBI. One of the objectives of this grant was to establish a TBI Advisory Board to be comprised of members from public and private agencies with a statewide mandate and purview.

After several meetings, a core group of fourteen (14) individuals, representing state agencies, persons with TBI, family members of persons with TBI, service providers, underserved populations, and the Brain Injury Association of CT (BIAC) came together to form a stable group of Advisory Committee members. This group became responsible to oversee the data collection and analysis of current TBI services in Connecticut and to identify gaps in the existing system. This group also reviewed and guided the production of the Statewide Action Plan for TBI to address the gaps in the system of services. The full report is available online through the DSS web site ([www.ct.gov/dss](http://www.ct.gov/dss)).

#### Highlights of the Action Plan Priorities:

- Priority 1: Excellent services will be provided to persons with TBI in Connecticut
- Priority 2: Disparity in Brain Injury Services will be eliminated
- Priority 3: Coordination and Integration of services must take place among State Agencies
- Priority 4: Multi-cultural Public Awareness, Education, Prevention, and Outreach will be made available
- Priority 5: Affordable, accessible housing will be made available to persons with TBI
- Priority 6: Services will be made available to non-waiver eligible persons with TBI

In Connecticut, DSS is the Lead Agency for persons with disabilities, including persons with TBI. The Commissioner of the DSS has made a commitment to the TBI Advisory Committee to provide support staff for the on-going work of this Committee.

In November 2005, DSS was awarded a TBI Implementation Grant to continue the work of establishing an integrated and coordinated system of care for people with TBI. During the period of the Implementation Grant the TBI Advisory Committee created several sub-committees to facilitate the work outlined in the Statewide Action Plan.

Listed on the next page is an overview of the work of these sub-committees.

**The TBI Coordination Committee** has been instrumental in facilitating the development of the following collaborative agreements between state agencies:

1. DSS ABI Waiver Program and DMHAS ABI Community Services Program: In order to better serve clients who access both the DSS ABI Waiver and the DMHAS ABI Services and to facilitate communication within the client community teams.
2. DCF and DMHAS Young Adult Services (YAS) and ABI Community Services Program: In order to facilitate a smoother transition between DCF services and DMHAS services and to outline roles for DCF, YAS, and the ABI Community Services.
3. DOC and DMHAS work collaboratively through an established interagency committee to better serve persons with TBI in DOC requiring specialized supports during their release from prison.
4. DDS and DMHAS work collaboratively through an established interagency committee to review appropriate services for persons with TBI served through both agencies.
5. BIAC offers training on TBI to any state or private agency for better awareness of the issues.

**The TBI Screening Tool Committee** developed a TBI Screening Tool, training modules for agencies, and recommendations for “next steps” to serve any person who screens positive for TBI

**The Minimum Standards Committee** developed a Certificate Program for TBI Providers in conjunction with Tunxis College. This program is scheduled to start in the fall of 2009.

**The Cultural Competence Committee** sponsored numerous education and outreach activities to promote the awareness and prevention of TBI. These activities include the production of a banner, which has been hung at various locations around the state, a presentation of TBI outreach materials at the Legislative Office Building, and strategically placed billboards with a TBI prevention message for the general public.

In the spring of 2009, the Connecticut TBI Advisory Committee changed its name to the Connecticut TBI Advisory Board, revised its Mission Statement and By-Laws, and made a recommitment to the original Statewide Action Plan Priorities. As time progresses the CT TBI Advisory Board will continue to make a difference in the lives of persons with TBI.

The significance of the impact of TBI on individuals, their families and communities cannot be overstated. According to the National Center for Disease Control, 2% of the population in the United States is living with the consequences of long-term disability from TBI. This was translated for Connecticut through a report from the Department of Public Health. DPH compiled data through the Injury Prevention Program: Traumatic Brain Injury Surveillance in Connecticut 2000 – 2004. If you would like additional information you may contact me by phone (860) 262-5579 or by email [Billie.Simmers@po.state.ct.us](mailto:Billie.Simmers@po.state.ct.us)

**Definition of Traumatic Brain Injury (TBI):** an insult to the brain, not of degenerative or congenital nature caused by an external force that may produce a diminished or altered state of consciousness, which results in impairment of cognitive abilities or physical functioning. It can also result in the disturbance of behavioral or emotional functioning. These impairments may be either temporary or permanent and may cause partial or total functional disability or psychosocial maladjustment.  
Approved by the Brain Injury Association of America, 1996

*Taken from the Connecticut Jail Diversion and Trauma Recovery Services for Veterans Strategic Plan (approved by SAMHSA, September 2009):*

**ABI/TBI WORKGROUP**

**Participating Members**

VA:	OEF/OIF Program Director OEF/OIF Patient Advocate Supervisor, VA Polytrauma Unit
DMHAS:	Director, Veterans Services (Project Director) Supervisor, ABI Services Supervisor, Forensics Services, (Pilot-Area Board) Director, Acute Services, (Pilot-Area Board)
UConn:	Project Evaluation Coordinator
Groton Sub Base: Brain Injury Assoc of CT:	Director, Naval Health Clinic New England Executive Director Coordinator of Services
Hospital for Special Care:	Clinical Director
Department of Correction:	Correctional Health Services Manager
Department of Social Services:	Supervisor, ABI Medicaid Waiver Program Coordinator, TBI Implementation Project
Connecticut Military Dept:	Transition Assistance Advisor

The ABI/TBI Workgroup met five times during the planning process. Initial topics discussed include:

- Developing a comprehensive, common understanding of ABI/TBI services in Connecticut along with associated eligibility criteria, special target population, referral methods, services availability and accessibility, and reimbursement methods
- Developing common understanding of respective agency roles
- Building bridges between systems, identifying opportunities to partner, and
- Identifying service gaps/disconnects and procedural/policy barriers

During the first meeting the grant project director requested that a leader step forward from among subject matter experts in the room, someone who would be willing to co-chair the workgroup. Even though not present, the Brain Injury Association of CT, a well-known, highly regarded statewide membership organization, was selected to lead the committee.

A thorough overview of the jail diversion and trauma recovery services for veterans grant was provided. Of particular interest to participants were data recently reported by the U.S. Department of Defense regarding the potential of as many as 350,000 OEF/OIF veterans returning with mild to moderate TBI, a dramatic increase above projections in the Rand Corporation's "hidden

wounds" study released last summer. Members cited the need to improve coordination of services among *systems* in order to address what may prove to be a significant health issue among veterans and their families.

Workgroup participants discussed the importance of conducting aggressive outreach to inform veterans and families about the "hidden wounds" of war and to encourage that returning OEF/OIF veterans are screened for TBI and appropriately referred for neuro-psychiatric evaluation. Specific suggestion was made that relationships be developed with community colleges and universities to foster education and outreach activities in those settings.

Members felt that a goal of the workgroup should be to determine ways that ABI/TBI services in the community might become more relevant to the needs of returning veterans and their families. They observed that Connecticut is home to a diverse array of inpatient acute and post-acute medical and rehabilitative ABI/TBI services, as well as a range of outpatient and community-based options, but that the DoD and VA systems might not be knowledgeable of these services. Connecticut's popular Medicaid Waiver Program, which provides comprehensive community-based wrap-around services, was also discussed. Participants cautioned, however, that the program has a long wait list upon which individuals may remain for years. It was suggested that if it was determined that veterans in VA care could benefit from the waiver then VA might consider purchasing these services from the state.

The workgroup has decided to survey Connecticut ABI/TBI providers for the purpose of building a comprehensive web-based provider list that will include agency location, description of services including levels of care, population served and eligibility requirements, and payment or reimbursement source. The Brian Injury Association of CT will spearhead the initiative with assistance from Hospital for Special Care and funding support from DMHAS (through a small personal services agreement funded through the SAMHSA grant). Members shared concern that both the VA and Sub Base federal systems may not be aware of the menu of services available to Service Members and veterans through community-based providers. Providing VA and DoD with a web-based Connecticut Provider List would answer this need.

The ABI/TBI workgroup has, to date, identified a number of potential policy issues:

- Research and publish a web-based CT Provider List that contains provider contact information
- Develop a formal mechanism that would support Service Members on Medical Hold receiving ABI/TBI services from VA as well as community providers. Extend this effort to include service members currently affiliated with Connecticut-based Wounded Warrior Brigades.
- Develop a formal agreement between the VA healthcare system and the State of Connecticut wherein VA would refer veterans needing comprehensive community-focused ABI/TBI services to the State Medicaid Waiver Program and reimburse the State for costs incurred by veterans' participation in the program.

The ABI/TBI Workgroup will continue to meet for as long as is necessary. Issues raised that require continued discussion include the Connecticut Provider List project, following up on identified policy issue with the State Advisory Board, expanding the workgroup membership by drawing in more providers, and, importantly, continuing efforts to involve OEF/OIF veterans and family members with lived experience in the discussion.