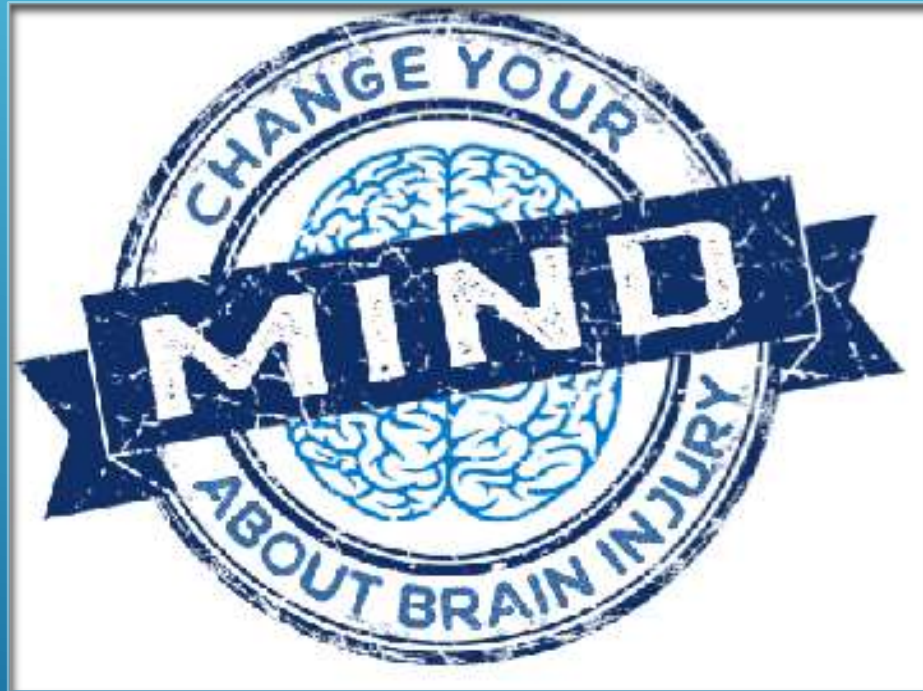


BRAIN INJURY COMMISSION




First Meeting
April 1, 2019

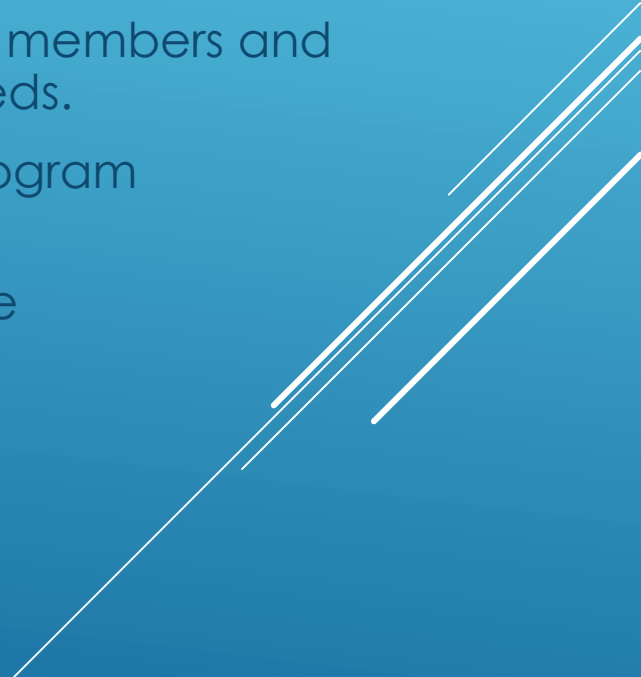
2011 BRAIN INJURY COMMISSION HISTORY

- ▶ Commission was established in outside section 160 of the FY '11 Budget.
- ▶ Commission met monthly to address serious gaps in services for individuals living with brain injury in state. January of 2011,
- ▶ Meetings held in Boston
 - ▶ Berkshire County Arc in Pittsfield
 - ▶ University of Massachusetts Medical Center in Worcester
 - ▶ Spaulding Rehabilitation Center in Boston
- ▶ Commission members were invited to tour the facilities and learn about current services available to individuals with brain injury here in the state.


2011 BRAIN INJURY COMMISSION HISTORY

- ▶ Report issued on findings, December of 2011
 - ▶ It focused on individuals with brain injury between the ages of eighteen and fifty-nine.
 - ▶ The Commission recognized the need to further research the needs of those under eighteen and over fifty-nine.
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IDENTIFICATION OF CURRENT CHALLENGES & NEEDS

- ▶ In order to ascertain the current gaps in service delivery for individuals with ABI, the Commission's meetings included:
 - ▶ Formal presentations by state agency members of the Commission.
 - ▶ Presentations by Commission members who represent and advocate on behalf of brain injury survivors and families/caretakers.
 - ▶ Public forums and open meetings during which family members and brain injury survivors presented their concerns and needs.
 - ▶ Presentations by medical and rehabilitation facility program representatives.
 - ▶ Presentations by the major insurance carriers within the Commonwealth.
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2011 COMMISSION MEETING PRESENTATIONS

- ▶ Data on Brain Injury in Massachusetts: A Snapshot
 - ▶ Acquired Brain Injury: An Overview
 - ▶ Personal Story
 - ▶ Pediatric Trauma Data
 - ▶ Overview of Services Provided by the Statewide Head Injury Program (SHIP)
 - ▶ Perspective from the Brain Injury Association of Massachusetts
 - ▶ Consumer Perspective on Residential Support Services
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2011 COMMISSION MEETING PRESENTATIONS

- ▶ Consumer Perspective on ABI Waiver Individual Support Services
 - ▶ Overview of Day Habilitation Program for Individual with Brain Injury
 - ▶ Consumer Perspective on Support Groups & Social and Recreational Programs
 - ▶ Introduction and Overview of Case Management and Community Support Services
 - ▶ Overview of Regional Multi-Service Center and Services
 - ▶ Massachusetts Brain Injury Advisory Board-Overview
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2011 COMMISSION MEETING PRESENTATIONS

- ▶ Pediatric Brain Injury Rehabilitation—Adding Insult to Injury
 - ▶ Rehabilitation of Pediatric Head Injury: The Continuum of Care
 - ▶ Pediatric Brain Injury in the Trauma Center Setting in Central MA
 - ▶ Medically Cleared—Now What?
 - ▶ Overview of the ABI Home and Community-Based Service Waivers
 - ▶ Presentations by Major Insurers in MA
 - ▶ State and Waiver Supported Brain Injury Services
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2011 COMMISSION MEETING PRESENTATIONS

- ▶ ABI Neurobehavioral and Neuro-cognitive Programs
 - ▶ Brain Injury Rehabilitation: Challenges and Opportunities
 - ▶ Covered Behavioral Health Services and Rating Categories
 - ▶ Community-Based Services
 - ▶ Commission Review of Draft Commission Findings and Recommendations
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SERVICES NEEDED BEYOND SHIP SERVICES AND HCBS WAIVERS IDENTIFIED BY 2011 COMMISSION


- ▶ Case Management Services
 - ▶ Day Programs
 - ▶ Social/Recreational Services
 - ▶ Post-Acute Rehabilitation Services
 - ▶ MassHealth PCA Services
 - ▶ Technical Assistance and Consultation
 - ▶ Transportation
 - ▶ Respite Care
 - ▶ Residential Programs
 - ▶ Behavioral Health Services
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2011 BRAIN INJURY COMMISSION HISTORY

- ▶ The following services currently face gaps for all individuals with ABI:
 - ▶ Case Management Services
 - ▶ Day Programs
 - ▶ Social/Recreation Services
 - ▶ Post-Acute Rehabilitation Services
 - ▶ MassHealth PCA Services
 - ▶ Technical Assistance and Consultation
 - ▶ Other Service Needs (transportation, respite care, residential programs and havioral health)
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2011 BRAIN INJURY COMMISSION HISTORY

Recommendations included

- ▶ ABI and TBI should no longer be dealt with as separate and distinct groups.
 - ▶ 100% of all monies collected by motor vehicle violations should be deposited in the Head Injury Treatment Services Fund rather than 60%.
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HEAD INJURY TREATMENT SERVICES (HITS) TRUST FUND

- ▶ Established to support SHIP, funded by percentage of collections received by the courts from Speeding, Driving Under the Influence (DUI) and Operating Under the Influence (OUI) violations.
- ▶ HITS Trust Fund has decreased dramatically due to low citations in Massachusetts.
- ▶ In 2016, there was a 35% drop in traffic violation compared to 2009 for the state while in Boston there was a 54% drop in traffic violation between 2010 through 2015.
 - ▶ *Rocheleau, Matt and Wallack, Todd "Mass. police issuing fewer traffic violation", Boston Globe, June 20, 2017*

ADMINISTRATIVE RECOMMENDATIONS--2011

- ▶ An epidemiological study needs to be continuously updated by Massachusetts Department of Public Health (DPH) to determine the incidence, affected adult age groups, geographic location and etiology of ABI in Massachusetts.
- ▶ A comprehensive needs-assessment designed and implemented to identify and determine the specific service needs of adults living with ABI in Massachusetts.
- ▶ An Executive Office of Health and Human Services (EOHHS) interagency task force needs to be created to review findings, investigate current services, and identifying analysis of needs assessments, programs developments and barriers for youth transitioning into adult services.

ADMINISTRATIVE RECOMMENDATIONS--2011

- ▶ Study the feasibility and impact of Brain Injury & Statewide Specialized Community Service's (currently known as Statewide Head Injury Program—SHIP) capacity to serve all individuals between the ages of 18-59 with non-traumatic acquired brain injury in addition to those with TBI.
 - ▶ The definition of Personal Care Assistance (PCA) under MassHealth's State Plan needs to be modified in order to allow more individuals to qualify for PCA services.
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SERVICE RECOMMENDATIONS--2011

- ▶ Five regional day program (e.g. club house models) that are inclusive of transportation need to be developed for individuals with ABI on weekdays. The program would provide services to 25 individuals per program.
- ▶ Five regional ABI Multiservice Centers need to be developed to prioritize community based services. The following services to be offered
 - ▶ Outreach to individuals with ABI
 - ▶ Case Management
 - ▶ Skills Training, to include cognitive rehabilitation
 - ▶ Technical assistance and Training/Continuing Education
 - ▶ Clinical Consultation by ABI specialists
- ▶ Ten new Social/Recreation programs need to be developed statewide for ABI patients.

ACCOMPLISHMENTS ---2011 COMMISSION

- ▶ ABI and TBI are no longer dealt with as separate and distinct groups in the Commonwealth.
- ▶ Head Injury Treatment Services Fund
 - ▶ Speeding, speeding in a construction zone or speeding in violation of a special regulation: **100% of \$50 fine to HITS (changed in 2014)**
 - ▶ Driving to Endanger violation: **100% of \$250 fine for HITS (changed in 2014)**
 - ▶ Operating under the Influence of Drugs and Alcohol: **75% of \$250 fine or \$187.50 to HITS and \$62.50 to the general fund (changed in 2013).**

ACCOMPLISHMENTS FROM COMMISSION EPIDEMIOLOGICAL STUDY

- ▶ An epidemiological study on ABI in Massachusetts was completed by DPH and MRC and released in October 2014.
- ▶ First comprehensive epidemiological study on ABI in the state in over thirty years.
- ▶ The study included
 - ▶ an estimate of the magnitude of the population;
 - ▶ affected age groups;
 - ▶ region of residence;
 - ▶ other pertinent descriptive information for the major subcategories of ABI:
 - ▶ traumatic, neoplastic, infectious, vascular and metabolic causes of brain injury.

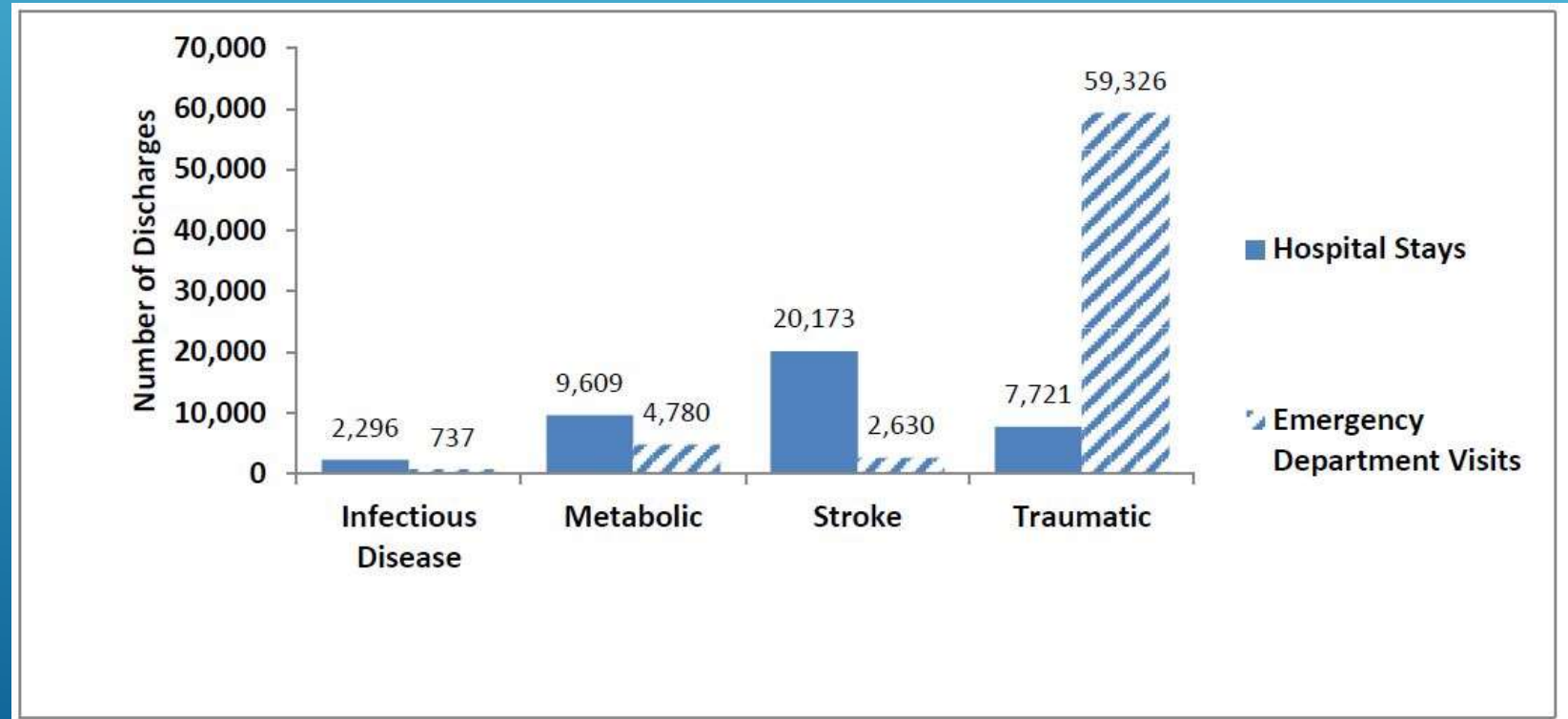
EPIDEMIOLOGY REPORT

AN ESTIMATE OF THE MAGNITUDE OF THE POPULATION BY: AGE GROUPS, REGION OF RESIDENCE & OTHER PERTINENT DESCRIPTIVE INFORMATION

AVERAGE ABI DISPOSITION PER YEAR
EMERGENCY ROOM VISITS
~ 100K

ADMITTED TO HOSPITAL
~40K

ABIS SENT HOME – NO SERVICE
~60K



ACCOMPLISHMENTS FROM COMMISSION NEEDS ASSESSMENT

- ▶ MRC contracted with Public Consulting Group, Inc. to perform a needs assessment of the short and long-term service needs of individuals with brain injuries. July 2016
- ▶ MRC staff, other HHS agencies and the Executive Office of Elder Affairs, community providers, advocates and individuals with a brain injury and their families all contributed to the data collection used for the assessment.
- ▶ The primary findings of this report are:
 - ▶ Survivors of brain injury and their families have difficulty in finding services and support due to the complexity of the service system and the scarcity of resources for individuals with brain injuries, particularly acquired brain injury.
 - ▶ Individuals with brain injury caused by stroke, disease, and other non-traumatic causes who are living in the community are not able to access state services other than a very few programs.
- ▶ The Needs Assessment was completed in November 2017.

PILOT COMMUNITY CENTER

- ▶ BIA-MA advocated for funding for a pilot community center in the FY '16 state budget with the assistance of Senate President Emerita Harriett Chandler (D-Worcester) and Representative Kimberly Ferguson (R-Holden).
- ▶ MRC selected BAMSI's adult service division to pilot New Start Brain Injury Community Center (BICC) to serve the Greater Worcester area.
- ▶ BICC is designed to serve adults (22+) who have been impacted by an ABI.
- ▶ BICC provides members with a variety of supports that increase community integration through natural supports, building interpersonal relationships, and utilizing resources so members become more self-sufficient through education, employment and self-advocacy.

COGNITIVE REHABILITATION BILL (S.546/H.968)

- ▶ This bill will ensure that commercial health insurance plans include cognitive rehabilitation services for individuals with Acquired Brain Injury (ABI).
- ▶ The Center for Health Information and Analysis (CHIA) for a cost study. CHIA issued its report and found that on average the cost range would be \$0.01 to \$0.19 with \$0.08 the average.
- ▶ Refiled in January 2019 with wide bipartisan support for the bill.
- ▶ Bill referred to Financial Services waiting for hearing date scheduled.

WHERE DO WE GO FROM HERE?

When someone you love is injured, you'll want life-saving research, top notch treatment, and community-based services that make life worth living.

