

Brain Injury Association of Ohio (BIAOH)
Testimony before the Ohio House of Representatives'
Health & Human Services Subcommittee
2008-2009 State Budget Hearings
Friday, April 13, 2007

Chairman Stewart, Members of the Committee, my name is Melonie Buller. I am a CPA and serve on the Board of Trustees of the Brain Injury Association of Ohio as its Treasurer, as well as its representative to the Advisory Committee for the Brain Injury Program administered through the Ohio Rehabilitation Services Commission (RSC).

I am here to testify in support of RSC's budget. BIAOH supports full funding for RSC, or an increase of about \$8.5 million, so that the full federal VR match can be received by Ohio. This is essential for avoiding any reduction in funding to Ohio's Brain Injury Program which would weaken or reduce the already limited services available for people with brain injury.

The Brain Injury Program, or the Office for Head Injury, as it's referenced in the language of the budget, was first established within the Ohio Department of Health through enactment of Amended HB 594 in April of 1990. The following year, the program was transferred to RSC with passage of the State's Budget Bill (Substitute HB 298). The Ohio General Assembly affected the transfer in order to augment the State's appropriation for the Program with federal vocational rehabilitation match money.

The Brain Injury Program's purposes and the description of its Advisory Committee can now be found in Chapter 3304 (Worker Retraining) of the Ohio Revised Code attached to my testimony for your reference. Scanning down Chapter 3304's purposes, you will quickly see that they focus on the unmet needs of Ohioans with brain injury for information, linkage to services, and training for professionals. On the other hand, RSC's core mission, as you know, is to promote employment of adults with disability and administer the State's disability determination program. Should RSC receive less than the additional 8.5 million it needs to draw down the full

federal vocational rehabilitation money, the Brain Injury Program (and others it administers seen as non essential to its core mission), are at increased jeopardy to be weakened, reduced or eliminated. This would be a catastrophic outcome for Ohioans with brain injury and their families who have come to rely on the otherwise unavailable assistance funded through the program, as it would to the roughly 2200 Ohioans who join their ranks each year.

To better appreciate the value of the Brain Injury Program, the people it assists and the critical services and supports it funds, let me provide you with some key background information.

First, who are Ohioans with brain injury? They are people like you and me, our children, spouses, nieces, nephews, parents, neighbors and co-workers. People whose lives “in an instant” are turned upside down due brain damage sustained in a traumatic event -- a car wreck, fall from a skate board or bike, assault (including child abuse and domestic violence), or collision of athletes on the playing field. Adding to their numbers, as we know from recent media coverage, are men and women returning from service in Iraq and Afghanistan who have sustained brain injury often from blast injuries caused by improvised explosive devices or IEDs. In fact, traumatic brain injury or TBI, has been designated the “signature wound” of the Iraq and Afghanistan conflicts, and include soldiers with obvious head wounds to those termed the “walking wounded” who often bear no outward appearance of injury but live with significant disabilities associated with brain injury.

What are common deficits and challenges associated with brain injury? Brain injury often results in combinations and varying degrees of physical, sensory, and cognitive-emotional deficits unique to each person. For example, it is not uncommon for an individual with brain injury to have problems with balance or even rely on a wheelchair to get around. Likewise, diminished (or total loss of) hearing, taste, vision or sense of smell may occur. However, by far, individuals with brain injury and their families report that deficits and problems with thinking

(cognition) and emotional stability following brain injury are the most problematic. These may include problems with memory (especially short term memory), attention, reasoning and judgment, understanding language and following directions, irritability, inflexibility, anxiety, insurmountable fatigue, delayed reaction time, mood swings, difficulty with self control (verbal or behavioral outbursts, or emotional “melt downs”), as well as changes in personality. In turn, these brain-injury related deficits often translate into diminished capacity in one or more life-skill areas, ranging from self care (eating, dressing, using the bathroom and bathing independently), educational and vocational achievement, financial management and economic independence, to forming and maintaining positive interpersonal relationships. Such challenges are a blow not only to the child or adult who sustains the injury, but to their families whose lives are also dramatically changed.

How many Ohioans live with life-long disabilities associated with brain injury? Based on studies completed by the National Centers for Disease Control and Injury Prevention (CDC) in Atlanta, it is estimated that 227,000 Ohioans¹ live with long-term disability due to brain injury. (This estimate doesn't include children or those living in institutional settings such as nursing homes.) Young people from 15-25 represent the age range with the greatest number of injuries, in large part due to motor vehicle crashes, with lesser peaks among toddlers and seniors, whose larger numbers are attributed, in both cases, to higher incidences of falls and abuse.

Where do people with brain injuries and their families go for help? BIAOH's toll-free, statewide Helpline (1-866-644-6242) is the number to call for individuals with brain injury, their families, and advocates for information, linkage to services and supports, and educational

¹ CDC estimates that at least 5.3 million Americans, about 2% of the U.S. population, currently have a long-term or lifelong need for help to perform activities of daily living as a result of a TBI. 2% of Ohio's population 11,353,000 (at the 2000 census) equates to approximately 227,000 people.
Thurman D, Alverson C, Dunn K, Guerrero J, Sniezek J. Traumatic brain injury in the United States: a public health perspective. *Journal of Head Trauma Rehabilitation* 1999;14(6):602–15.

opportunities. Additionally, BIAOH currently operates 6 of 15 proposed Community Support Network or regional offices. CSN Coordinators, credentialed human service professionals who understand both brain injury and the local service delivery system, are available to provide those with brain injury and their families assistance in accessing all available services, and to help local providers – school, vocational rehabilitation, and MRDD system personnel – adapt their programs to better accommodate the needs of those with disability due to brain injury. Last year BIAOH staff responded to just under 2,000 contacts and requests for assistance through its Helpline and CSN offices. BIAOH also provides information and assistance through support to a network of over 50 support groups around the state, its website (www.biaoh.org) and through its annual conference, trainings, outreach and prevention activities.

How are services offered through the Brain Injury Association of Ohio Funded? Annual grants provided through RSC’s Brain Injury Program budget line are the greatest source of funds for these services. With these funds, advocates for Ohioans with brain injury have worked with enormous dedication over 17 years to put in place elements of a three-part, graduated, and coordinated information and service linkage system known as “The Ohio Plan: Building Ramps to the Human Service System for Ohioans with Brain Injury and their Families.” (See diagrammatic overview in the appendices.) BIAOH’s toll-free Helpline and six regional, Community Support Network offices (of a proposed 15), represent Ohio’s success to date in realizing its vision for a comprehensive and coordinated system linking members of this very under-recognized and under-served disability population with available services, support, information and assistance. In addition to assistance provided through BIAOH’s Helpline and CSN offices, these program components represent the infra-structure on which a more complete system of community-based services can be developed for this very vulnerable disability population. (You may also wish to refer to recommendations to further strengthen the Brain

Injury Program in the attached Executive Summary from a recent Needs and Resource Assessment completed through a contract awarded to Ohio Legal Rights Service.)

Resources for BIAOH's Helpline and Community Support Network offices are supplemented and extended through in kind support, and various collaborative initiatives. For example, BIAOH's CSN Coordinators work from donated office space currently offered by a community college (in Marietta), two county boards of Mental Retardation and Developmental Disabilities (Hamilton and Lucas Counties), and an Independent Living Center (New Philadelphia). Additionally, BIAOH's programs and services are fortified through professional expertise and collaborative efforts with programs and organizations such as Ohio State University's Traumatic Brain Injury Model System Program, Bureau of Workers Compensation's Nurse Advocates Program, and Ohio Department of Jobs & Family Services' Money-Follows-the-Person initiative, to name a few. However, without continued funding from RSC's Brain Injury Program, the programs could not exist.

In summary, today I ask that you preserve the basic and vital services and supports offered through the Brain Injury Program by supporting its line in RSC's budget. To protect this vital program, please support RSC's request for an additional appropriation of 8 Million dollars to bring in all available federal vocational rehabilitation matching funds. Rehabilitation professionals, individuals with brain injury and their families have told those of us at the Brain Injury Association of Ohio, that after initial hospital stays, and very limited follow up rehabilitation therapy, "You're all we've got!" Whatever the causes of injury, the types or degrees of resulting disabilities, whether they are transitory or life-long, Ohio's children and adults with brain injury, now and in the future, deserve prompt assistance to find the services and supports they need to maximize their recovery, independence and fullest integration into family and community life. Thank you for your attention. I would be pleased to respond to any questions you may have.