

ACCESS Needs and Resources Assessment

JMU Presentation

Overview of the Needs and Assessment Resources Project Phases

- **Phase 1:** survivor and caregiver surveys
 - Brief, simple
 - Spanish and English
 - Read-aloud option (phone-in and through case managers)
- **Phase 2:** survivor and caregiver listening sessions
 - Interviews, focus groups, site visits in Virginia
- **Phase 3:** provider interviews and survey
 - Use findings from phases 1 & 2 to reach out to providers (targeted listening sessions and survey with school providers)

Note: Each of the three phases secured independent approval by James Madison University's ethics board.

Progress with Phase 1: Surveys

- Surveys launched in February and closed on July 1, 2025.
- Participants:
 - 187 survivors (186 English, 1 Spanish) and 75 caregivers.
 - Once we cleaned the data, final numbers were
 - **146 survivors** (145 English, 1 Spanish)
 - **56 caregivers**
- Preliminary descriptive data analysis completed to drive phase 3.
- In-progress:
 - An analysis looking at relationships (e.g., satisfaction and years living with a brain injury).
 - An analysis looking at themes and outliers (e.g., areas of unmet need).

Progress with Phase 2: Focus Groups

- Conducted **four Zoom focus groups** with **16 caregivers**
 - Scheduled 5 Zoom focus groups, but had 4 total
 - Large “no show” rates in focus groups
 - Overall, the focus groups went well and were **highly informative**
- Conducted **13 in-person focus groups** with **95 survivors**
 - Overwhelming interest from survivors (100% increase from predicted numbers).
 - Sites: Tidewater, Southwest Virginia, Northern Virginia, Eastern Shore/Northern Neck, and Shenandoah Valley. *No response from Charlottesville-Albemarle.*
- Analysis in is process for both the survivor and caregiver data sets.

Progress with Phase 3: Provider Interviews

- Two-pronged approach to provider input:
 - Zoom interviews with community-based providers
 - Alliance providers: executive directors, program directors, case managers
 - Additional providers: Veterans administration (VA), disability Law Center of Virginia (dLCV), Community Services Boards (CSB), etc.
 - Survey targeting school-based providers regarding return to play/learn practices.
 - For example: nurses, speech-language pathologists, athletic trainers, school counselors and psychologists.
- Data collection begins by October 1, 2025.

ACCESS

(A Comprehensive Coordinated Entry into
Services and Supports)

Federal Grant from Administration for Community Living
TBI State Partnership Program
90TBSG070-01-00

August 2021 through July 2026
(This Period: February 1, 2025 through July 31, 2025)

5 Primary Goals

- Effective treatment for individuals with Traumatic Brain Injury (TBI) and co-occurring behavioral health & substance use disorder
- Supports for caregivers of individuals with TBI
- Increased access to and the ability to engage with culturally relevant brain injury specific programs and community-based resources (Yrs 1-3)
- The work of the Virginia Brain Injury Council (VBIC) will reflect the input of individuals living with traumatic brain injury
- Service development driven by accurate data and progress measured through data-based evaluation (Yrs 4-5)

Goal 1: Effective treatment for individuals with TBI and co-occurring behavioral health & substance use disorder

- Partnership with the Department of Behavioral Health and Developmental Services (DBHDS) and the Virginia Association of Community Services Boards (VACSB)
- After survey in the Fall 2024, DARS partnered with BIAV to deliver training to 188 CSB Staff (reaching 21 of 40 CSBs)
- Offered information sessions (2) about Online Brain Injury Screening and Support Services (OBISSS) and 3 training sessions on its use
- Contracted with 3 CSBs to begin implementation of the OBISSS.
- Next steps: Onboard 2 additional CSBs to implement OBISSS and monitor and assess screening results in this important population

Goal 2: Supports for caregivers of individuals with TBI

- A partnership with the Brain Injury Association of Virginia (BIAV)
 - *On-line support group leader network*
 - *Caregiver focus group to identify needs/gaps using QOL Survey*
 - *Support group leader trainings annually and monthly support group leader meetings*
- This goal was during years 1-3 of this grant and is complete

Goal 3: Increased access to and the ability to engage with culturally relevant brain injury specific programs and community-based resources (yrs 1-3)

- A partnership with Virginia's No Wrong Door (NWD) Program
 - *Brain Injury State Providers*
 - *Brain Injury Association of VA (BIAV)*
- Modified Ohio State University TBI Identification Method was uploaded to NWD Virginia Easy Access (website)
 - *84 individuals were screened for brain injury with an 85% positivity rate*
- Anecdote: 2 calls referred from CSBs, hasn't happened before. Anecdotal evidence that this project has resulted in behavior change. (Q24)
- This project is completed

Goal 4: The work of the Virginia Brain Injury Council (VBIC) will reflect the input of individuals living with TBI

- A project with the VBIC/Council
- Implemented new member-appointment process, and submitted recommendations to the Commissioner of DARS
- Commissioner appointed 9 new members, 5 of whom are individuals living with brain injury
- Currently, Council members who are living with brain injury make up 41% of voting membership.

Goal 5: Service development driven by accurate data and progress measured through data-based evaluation (Yrs 4-5)

- Partnership with researchers from James Madison University (JMU)
- Implemented a contract with researchers from JMU to develop a comprehensive Needs and Resources Assessment by the end of Year 5 (August 2026)
- JMU reporting, earlier in meeting

National Workgroups

- Using Data to Connect People to Services
 - This workgroup supports state efforts in collecting and utilizing data to expand access to services for individuals living with brain injury, their families, and their support networks by developing and sharing tools and best practices
- Advisory Boards
 - This workgroup supports state efforts to develop and maintain effective Advisory Boards and identify best practices for engaging individuals living with brain injury in all aspects of Board development and management
- Opioid and Mental Health
 - The workgroup supports states that are working to address brain injury services and supports within substance use and behavioral health populations

Other Collaborations:

Systems Change: enhancing provider capacity to address community needs

- Virginia collaborated with housing/homeless programs that expressed interest in and received training on the Online Brain Injury Support & Services Screening (OBISSS) Tool.
 - Training for approximately 20 individuals was provided by the National Association of State Head Injury Administrators (NASHIA)
 - OBISSS is being used in these programs starting July 2025
- Staff presented on DARS services and programs to the Emergency Services Trauma Advisory Board
- Staff serves on the planning committee for the National Association of State Head Injury Administrators State of the States Conference.

Thank You and Questions

- For more information, please contact:

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State-Funded Brain Injury Services

History

Virginia Trauma Registry- 1984

Virginia Brain Injury Council – 1986

Traumatic Brain Injury (TBI) Act– 1996

Current Appropriation

2025 Budget - \$10,396,719

- Community-Based Service Contracts – 96%
 - Case Management Services
 - Clubhouse Services
 - Day Support Services
 - Resource Coordination Services
- Brain Injury Direct Services (BIDS) – 2%
- Brain Injury Personal Assistance Services (BI PAS) – 2%

Community Based Service Contracts

Request for Proposal (RFP) Process

- Application
- Evaluation
- Award

Community Based Service Contracts

Current contracts through June 30, 2026

- Brain Injury Services
- Brain Injury Connection of the Shenandoah Valley
- The Bridgeline
- Community Brain Injury Services
- Brain Injury Solutions
- Eggleston
- No Limits Eastern Shore
- SupportWorks Housing
- Brain Injury Association of VA – Statewide Resource Coordination