Brain Injury Association of Virginia and
Alliance of Brain Injury Service Providers
General Assembly Session 2026 Budget Needs Statement

Workforce Retention $1.5 million

State contracted brain injury providers continue to report high attrition and difficulty filling open positions because of non-competitive salaries and benefits. When staff cannot be retained or hired due to low salaries, delivery of programs and services are impeded which leads to the inability to meet client needs. Critical services can go unmet or are delayed. A **$1.5 million** increase is needed in FY27 for workforce retention to ensure quality accessible services for people living with brain injuries, to retain staff and address the increasing costs, especially rising health insurance costs.

- Starting salaries for brain injury case managers and Clubhouse staff are generally 10% to up to 20% less than starting salaries for similar positions in our DD and Behavioral Health safety net service systems.
- Community Service Board (CSB) employees get regular cost of living raises and bonuses in the state budget to coincide with state employees. Our workforce does not. These agencies are our primary competition for qualified staffing.
- State brain injury providers have received workforce retention increases only 3 of the last 20 years resulting in more than a 30% turnover rate this year. This high turnover leads to loss of highly trained staff and service delays for our consumers.
- In FY26, $600,000 for brain injury workforce retention was appropriated in the bi-partisan passed General Assembly budget. However, these funds were line-itemed vetoed in the Governor's finalized budget with a recommendation that this funding was more appropriate to include in the new biennial budget.

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Modernize Brain Injury Data Collection Systems $420,000

For 12 years, DARS has required brain injury service providers to use a customized data management platform that no longer meets the evolving and complex needs of brain injury providers in Virginia. The current, fragmented platform does not include an ability for clients and caregivers to interact with providers via a portal, message with clients and other care providers, or bill Medicaid for required Targeted Case Management. Extracting accurate data for DARS, the Virginia General Assembly, or other stakeholders has also proven difficult and often results in misunderstanding due to the lack of standardization across providers and the use of the tool. The current tool does not allow for client records to be shared across Brain Injury providers and does not follow the current VITA guidelines. Brain injury case managers are using valuable client time trying to make an outdated system work.

One time funding is requested in FY 27 ($120,000) to develop and execute a comprehensive assessment of brain injury providers' current and future needs for a new VITA-approved Client Relationship Management (CRM) platform or Electronic Health Record (EHR); and in FY28 ($300,000) to identify and articulate and demonstrated future business (process and technology) and data needs, identify outcomes and outputs to demonstrate client and system success, and how a new vision will benefit clients, caregivers, providers, DARS, funders and the legislature.

New technology and associated business processes will improve client care and create a more seamless, coordinated system of care, thus improving outcomes and efficiencies.

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Strengthen Safety Net Community Based Service System $1.3 million

This FY27 funding would strengthen and expand the existing state contracted safety net brain injury services system to provide increased statewide coverage and strengthen existing programs. It includes hiring additional case managers, clinical professional staff, additional housing, and other support to meet the growing demands for brain injury services across the state. Programs have waiting lists for services and struggle to meet existing demands from this challenging population that requires specialized support. Now that statewide services are possible, this strengthening would allow services to expand within the geographic service areas where it remains difficult to serve due to population, territory size, and other logistical challenges.

- In some rural localities, one case manager can serve up to 5 counties and be the only service personnel in that area. Service territories for individual case managers can span hundreds to several thousand square miles.
- High density urban areas are also underserved. For instance, in Hampton Roads, the 2nd most populated area of the state, only 2 full-time case managers serve this area.
- Newly expanded localities need additional marketing presence to allow communities to know of new services available to them.
- Additional clinic professional staff, including licensed counselors, rehab therapists, and employment staff are needed to provide the appropriate milieu of services commonly available in our disability services.
- In FY26, $750,000 for strengthening statewide brain injury services was appropriated in the bi-partisan passed General Assembly budget. However, these funds were line-itemed vetoed in the Governor's finalized budget with a recommendation that this funding was more appropriate to include in the new biennial budget
- Add 22 additional supportive housing units (increase from **from fourteen to thirty-six people, a 155% increase**. This addresses a state-wide deficiency in long-term housing options for residents living with brain injury.