California Brain Injury Association

Senate Hearings

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Testimony of Sharon Grandinette, M.S. Ed., CBIST

Treating Brain Injury

In almost 30 years of working in the field of special education, the population of students who acquire brain injuries after typical development has captured my interest and passion more than any other disabling condition. I believe this passion centers on the potential individuals with brain injury have for the recovery of function they once possessed. How far that individual may go is always the question on the minds of not only the individuals treating them, but also on the minds of their families, friends, and of course those agencies funding the treatment. Most importantly, recovery of function is paramount to the person fighting each and every day to regain what was lost to them.

Once an individual acquires a brain injury from an MVA, brain tumor or stroke and is medically stable, the process of recovery can begin. Years of research and practice in the field of brain injury assessment and intervention clearly indicate that when provided with required therapies for recommended periods of time by individuals trained in the field, recovery potential is at its best.

The 2005 Traumatic Brain Injury Medical Treatment guidelines clearly indicate the recommended path for the continuum of care for the varied levels of brain injury severity and outcome. While early access to rehabilitation provides the best possibility for outcome, research clearly indicates that rehabilitation provided 2 years post injury can also have positive effects and reduce costs of long term care. Unfortunately, most individuals with brain injury are sent home after acute hospitalization, and few receive outpatient services.

While the initial impact of the brain injury is often devastating, the long term effects are never ending, affecting employment, education, mental health and neurobehavioral issues that often lead to loss of job, family, relationships and possible involvement in the criminal justice system.

Data indicates that only 27% of individuals with brain injury return to work 1 year post injury and 29% at 5 years. Approximately 2/3 of these individuals lose their jobs within 6 months of employment, often due to interpersonal relationship difficulties and/or neurobehavioral issues. While the CA Department of Rehabilitation provides support services that enable individuals with disabilities to obtain and retain employment, accessing their services has been problematic for many with brain injury as they are rarely referred, have difficult filling out the application, making, keeping or getting to an appointment. If they are found eligible and the department does not have enough funds to serve all applicants, a waiting list is developed by severity of disability.

Those individuals who did have insurance will often reach their cap. Those who cannot return to work lose their insurance, become medically indigent and often file for bankruptcy. The few who do obtain a new job with insurance benefits may find they are denied medical coverage due to a pre-existing condition. While the CA Department of Health Services provides Medi-Cal and Long term care services, the application process can be overwhelming and denial of services disheartening.

Brain injury is often called the “invisible disability.” Physical deficits often heal over time, leaving cognitive and memory deficits and neurobehavioral complications, affecting relationships, employment and learning. Statistics on threats of violence and actual physical assault correlate with those from the criminal justice system. The list of neurobehavioral problems includes depression, suicidal ideation, anger and anxiety, and substance abuse. When post acute rehabilitation services are not available, the CA Department of Mental becomes the agency to address neurobehavioral issues, causing great financial burden to the state. The process to become eligible for services can be a lengthy one and not all service providers have training in working with the needs of this population, often causing further escalation of behaviors.

When it comes to children, data indicates that most students are discharged home from acute care. Schools often become the default rehabilitation program due to lack of funding, appropriate program or distance of a program to the family home. School districts must properly identify and serve students with special needs under the Individuals with Disabilities Education Act. As you can see from the list, the services they are to provide are extensive and costly. When schools cannot provide appropriate services, they are often taken through an expensive due process procedure and forced to pay for services from outside agencies.

An individual who acquires a brain injury prior to age 18 may be eligible for services through the Department of Developmental Disabilities. Due to a lack of training for staff providers, many families of children with brain injury have been told that their child does meet criteria if he is not Autistic or mentally retarded. One mother was told to just accept her son was retarded and he would qualify, while another was told he did not meet criteria, as his brain injury was "temporary." There have been significant cutbacks in funding to DDS and the services they provide. If appropriate rehabilitation services and facilities were available to children with brain injury, the financial burden to this agency would be considerably less in the long term.

Many individuals with brain injury who present with lifelong needs are often cared for by an aging parent or spouse. The list of difficulties these caregivers are faced with significantly affects their quality of life across all domains. There are also a large number of younger individuals who grew up in a home caring for a parent who sustained a brain injury, and these children present with issues that affect socialization, relationships and employment. The circle of brain injury encompasses the entire family.

While there is still much research to be done, there is mounting evidence that sustaining a brain injury has an impact on aging. Of note, there appears to be a link between brain injury and early onset of Alzheimer's disease.

Brain injury is a chronic condition affecting multiple organ systems of the body, a disease, with long term consequences. Understanding the unique profiles of children and adults who acquire a brain injury is essential in their recovery. When provided with appropriate intervention, a significant decrease in the long-term issues individuals with brain injuries face will lessen the financial burden on state agencies. These individuals deserve a chance to work toward their recovery so that they may become contributing members to society, and not consumers of its precious financial resources.