

April 21, 2014

Submission for Hearing Statement, specific to Access to Mental Health Care and Traumatic Brain Injury Services: Addressing the Challenges and Barriers for Veterans

To the Committee:

Thank you for this opportunity to submit a written testimony on this most important topic. My name is Tana Ostrowski. For disclosure purposes, I am currently serving in my third term as Chair of the Governor's Traumatic Brain Injury Advisory Council for the state of Montana. I am also a direct care provider with a post acute brain injury rehabilitation program located in Missoula Montana. I am submitting this written testimony as a concerned citizen and not specifically representing either of the previously mentioned groups.

As members of the committee are aware, combat related traumatic brain injury disabilities have increased among our Veterans. Traumatic brain injury has been recognized as a major public health issue for as long as I have worked in the field and I am now entering my 27th year providing rehabilitative services to survivors of TBI. Montana has a statistically high number of Veterans. The majority of our state is classified as rural and/or frontier. This is relevant as it emphasizes the barriers that citizens of Montana encounter when trying to access TBI related therapies, Veterans as well as civilian.

I am writing today to support efforts that facilitate Veterans, their family members and care providers' access to skilled civilian providers within their geographic locations. There is significant evidence that indicates rehabilitation outcomes are improved when individuals are closer to their homes and support systems. In terms of resources, it is more cost effective to have a Montana Veteran receive TBI rehabilitation within the state of Montana vs. sending them to Colorado or other out of state facility. What is even more important is that TBI affects each individual differently. Service providers who specialize in TBI rehabilitation understand the unique needs of the person served. Cognitive changes, whether they are related to basic functions such as attention, memory or information processing, or executive skills like self monitoring/self regulation, organization, mental flexibility etc. all impact an individual's day to day function. The rehabilitation process does not end in the clinic. Allowing Veterans to access skilled civilian providers will allow for improved rehabilitation outcomes, significantly improved continuum of care and follow up, reduce stress and is certainly more cost effective.

It is truly a disservice to our returning Veterans and their family members, to not provide them with the most effective traumatic brain injury rehabilitation available.

Respectfully,

Tana Ostrowski, OTA/L, CBIS

Addendum: I feel that it is important to note the following: In 2011 the Community Bridges post acute brain injury rehabilitation program of the Rehabilitation Institute of Montana applied for and received a contract with the VA. At that time, the Bridges program had three components to the program, Residential, Day Treatment and traditional Outpatient BI rehabilitation. The contract was part of a pilot program with the VA and was awarded based on the Bridges program's continuum of care. In the Residential program, an individual with TBI reside in apartments within a community setting. The residence is staffed and in addition to traditional therapies individuals learn how to become skilled at implementing their compensatory strategies post TBI in real life situations. All aspects of recovery are addressed including behavior regulation. As of 2013 no referrals had been received from the VA. In late 2013 the Residential program was closed, limiting access to this highly successful rehabilitation environment.

An additional concern is the funding cuts to the Yellow Ribbon program. The Governor's TBI Advisory Council was success in obtaining two \$50,000 one time funding during the last legislative session, in effort to provide direct outreach and **training** to rural Montanan's with an emphasis on Veterans and their family members. For months the Council committee worked in collaboration with a member of the National Guard, developed a plan to divide Montana into 10 geographical regions. The plan includes but was not limited to travel to the designated locations to provide education related to the long term effects of TBI, but most importantly provide training to participants to better manage difficult issues that may persist post TBI. Providing family members, Veterans and when needed, care providers, (most often family members and/or spouses), with tools that they can effectively implement on a day to day basis on extremely important. This would have been at no cost to Veterans and their families. I believe that having education, understanding why one is experiencing what they are experiencing and how it impacts their goals and IADLs is fundamentally important for successful management of persistent post TBI symptoms. I also believe that these tools could have a direct impact on reducing the number of suicides among our returning Veterans. It was extremely disappointing when the DOD cut the funding to the Yellow Ribbon program. The Council committee will follow through with outreach, education and training. It is important to note however that without the direct involvement of the VA, National Guard or other direct Service organization participation from Veteran's and their family members and/or care providers will be significantly reduced.