Health and Human Services

Texas Brain Injury Advisory Council

April 27, 2026

This summary contains supplemental information from reliable sources where that information provides clarity to the issues being discussed. Power Point tables used in the presentations may also be used in this summary. Names of individuals may be misspelled but every attempt has been made to ensure accuracy. Tables and Text have been used from executive and legislative agencies and departments' presentations and publications.

Texas Brain Injury Advisory Council addresses strategic planning, policy, rules and services related to brain injury prevention, rehabilitation and the provision of long-term services and supports for persons who have survived brain injuries to improve their quality of life and ability to function independently in the home and community.
Members:

Elijah Basnett
HHS Region 3
Jim Batchelor
HHS Region 4
Lori Brandes
HHS Region 8
Heather J. Cook
HHS Region 7
Angela Cupp
HHS Region 3
Dr. Nnenna Ejesieme
HHS Region 3
Maria Gonzalez
HHS Region 11
Dr. Andro Herrera-Mendoza
HHS Region 8
Dr. Cindy Ivanhoe
HHS Region 6
Donna Kunz
HHS Region 6
Austin Morgan
HHS Region 7
Dr. Rachita Sharma
HHS Region 3
Dr. Ryan Stork
HHS Region 6
John Wood
HHS region 6

1. Welcome and roll cal. L The meeting was convened by Dr. Andro Herrera-Mendoza, Chair.

2. Consideration of October 27, 2025, draft meeting minutes. The minutes were approved as drafted.

3. Accelerated Comprehensive Evaluation and Rehabilitation Program, U.S. Department of Veteran Affairs: Polytrauma Systems of Care and South Texas Inpatient Programs.

Summary

There are 5 Polytrauma Rehabilitation Centers (Altoona, Minneapolis, San Antonio, Richmond, Tampa) supported by network sites and clinic teams. The San Antonio Polytrauma Rehabilitation Center (PRC) focus areas: TBI rehab, acquired brain injury rehab (including stroke), complex orthopedic/polytrauma injuries; strong interdisciplinary model with mental health and case management.

PRC services include assistive technology, vision therapy/neuro-ophthalmology, audiology, acupuncture, recreation therapy; CARF accreditation for inpatient TBI rehab. In addition, there is the Emerging Consciousness Program: 90-day trial for disorders of consciousness (e.g., coma/minimally conscious) with stated qualifying criteria including injury within 2 years and medical stability.

The "360 evaluation" program is a short-term (<3 weeks) non-acute admission for veterans with established severe TBI and ongoing cognitive/physical issues. It includes interdisciplinary evaluations, equipment/med review, and updated family training.

The PRC capacity is a12-bed unit that served 128 people last year. Fifty seven percent (57%) of polytrauma/TBI patients were active duty and the average length of stay is 31 days with the average age being 36 years.

PRC admission criteria: medically stable veteran/active duty; needs multiple rehab services, daily rehab physician visits, 24-hour rehab nursing; evidence-based expectation for improvement; tolerance for 3–5 hours/day therapy (Mon–Fri).

The speakers then turned to the **Polytrauma Transitional Rehabilitation Program (PTRP):** which is a residential program emphasizing long-term cognitive, social, psychological, behavioral, recovery, community reintegration, and return to purposeful activity (work/school/volunteering). The PTRP programming includes community navigation, outings/real-time community rehab, self-management life skills (cooking, transportation, medication management), coping skills, and compensatory strategies; addresses mobility, cognition, vision, mood, pain, sleep, dizziness. The program is CARF-accredited Home - CARF International.

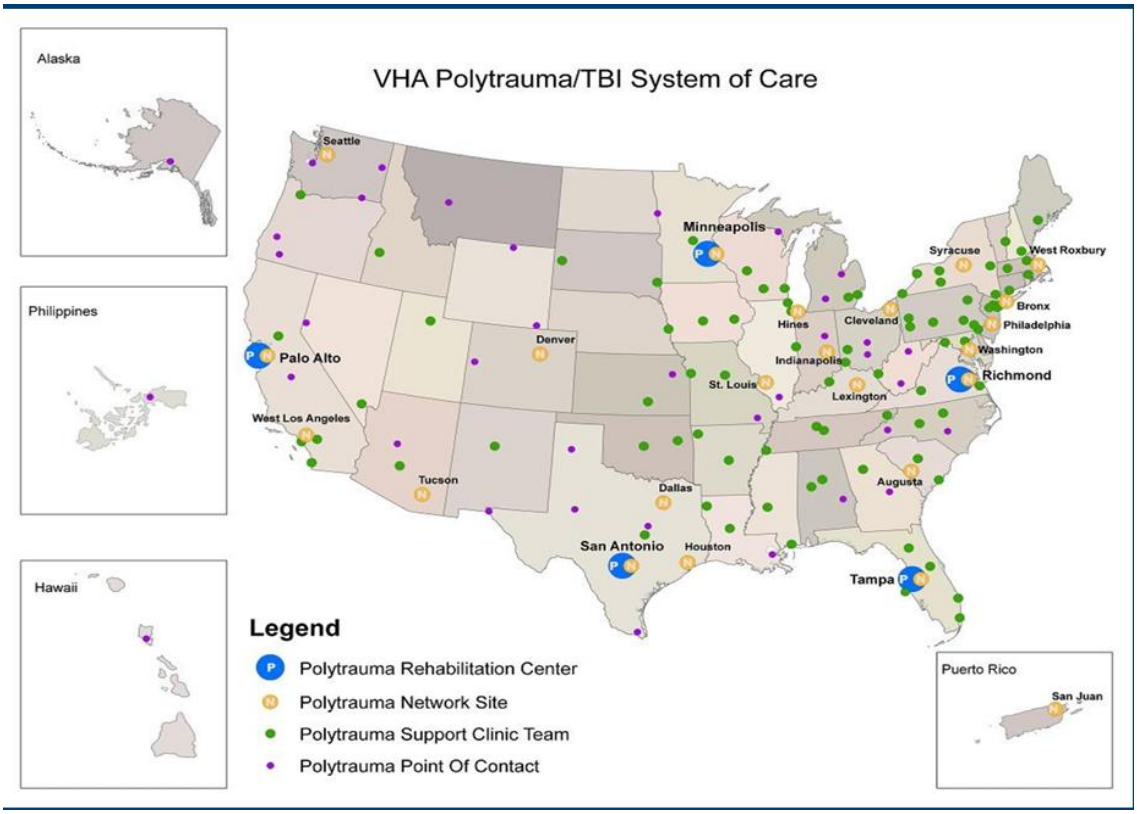
PTRP site/capacity and outcomes: They use an off-campus residential setting on 5-acre lot with 6 PTRP beds (12 total in building including Intensive Evaluation Treatment program). They served 42 patients last year with an average length of stay of 32 days; 98% were discharged to home or barracks and they reported 93% patient satisfaction.

The PTRP admission criteria include medically stable veteran/active duty; clear barriers to community integration with defined goals; able to participate in structured 24/7 setting and group programming; agreement to abstain from alcohol/illicit drugs/tobacco and use meds as directed; no behaviors posing safety risks.

The services are provided by an Interdisciplinary team that includes PM&R physicians, PT/OT/SLP, rehab nursing, neuro-optometry/vision therapy, psychology, neuropsychology, case management, chaplain, neuro-audiology, acupuncture/whole health services, prosthetics, nutrition, vocational rehab.

Presentation

Veteran Health Administration Polytrauma System of Care Sites



Polytrauma System of Care

- 5 Polytrauma Center of Excellence VA Sites
  - Polytrauma Rehabilitation Program (PRC)
  - Polytrauma Transitional Rehabilitation Program (PTRP)
  - Intensive Evaluation and Treatment Program (IETP)
- 23 Polytrauma Network Sites – outpatient rehab
  - 86 Polytrauma Support Clinics
  - 39 Polytrauma Points of Contac

Polytrauma Rehabilitation Centers (PRC)

- Acute Rehabilitation units specializing in Traumatic Brain Injury (TBI), Acquired Brain Injury (ABI), complex orthopedic/Polytrauma injuries
- Strong Interdisciplinary team focus with comprehensive mental health and case management services
- Community reintegration opportunities including home evaluations for discharge planning
- Assistive technology, Vision therapy, Neuro ophthalmology, Polytrauma Audiology, Acupuncture
- Accredited by Commission on Accreditation of Rehabilitation Facilities (CARF) for inpatient TBI

Other PRC programs

Emerging Consciousness (EC) – PRC

- 90-day trial rehab stay for veterans or active duty service members in a Disorders of Consciousness state (coma, unresponsive wakefulness, minimally conscious)
- Brain Injury occurred within 2 years, medically stable, not on a ventilator and continues in a Rancho Los Amigos (RLA) Score less than or equal to 3 (localized responses)
- • Promote recovery and level of functioning using adaptive technologies, sensory and movement stimulation, and medical interventions

360 Evaluation

- Short term (< 3 weeks) non-acute admission for veterans with an established severe TBI history with continued cognitive and/or physical issues impacting function
- Comprehensive interdisciplinary evaluations and treatment planning including evaluations to update equipment, review and update medications and complete new family training
- Robust discharge planning with family and referring VA for new plan of care recommendations

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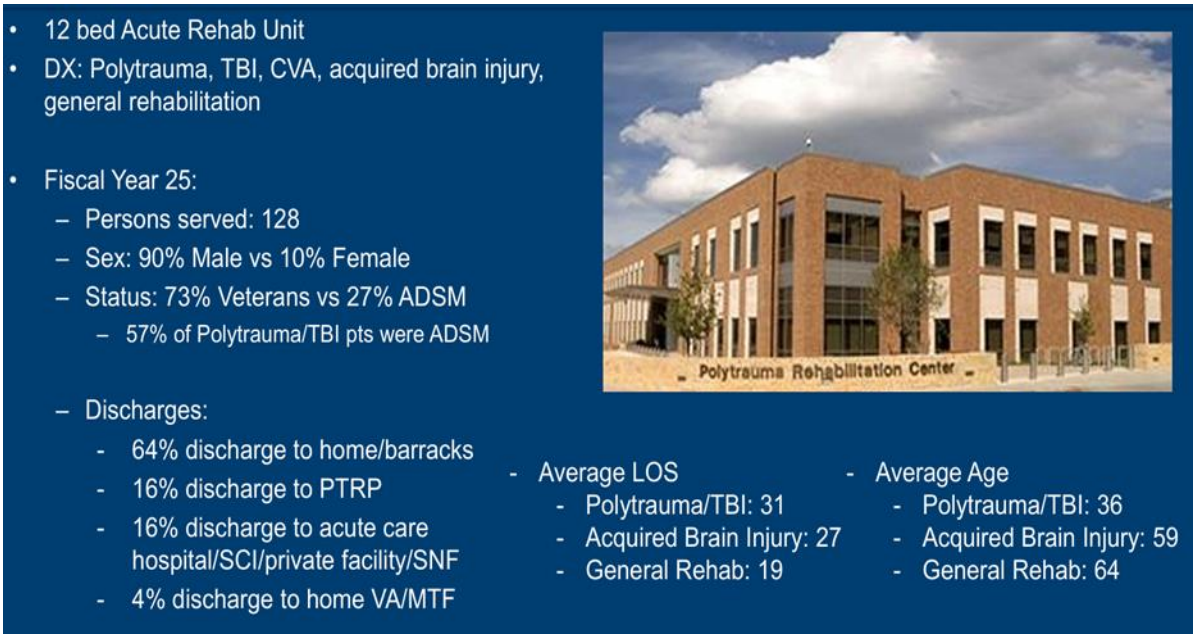
San Antonio Polytrauma Rehabilitation Center – PRC



PRC Admission Criteria

- Medically Stable
- Veteran or Active Duty Service Member
- Require multiple rehabilitation services, daily visits by a rehabilitation physician, and 24-hour rehabilitation nursing care
- Has a diagnosis of Traumatic or non-traumatic brain injury, polytrauma, amputation, or a general rehabilitation diagnosis
- Has a condition for which there is an evidence-based expectation for improvement as a result of interdisciplinary services and can tolerate 3-5 hours of therapy per day

Polytrauma Transitional Rehabilitation Program (PTRP)

- PTRP is a residential program designed to holistically address long term cognitive, social, psychological and behavioral dimensions of disability to provide an optimal level of independence in the community for military service members and Veterans following a brain injury and/or polytrauma
- Goal of PTRP is community reintegration with strong emphasis on:
    - Return to purposeful activity - work, school or volunteering
    - Community navigation and mobility
    - Self-management of complex life skills (baking, transportation, meds)
    - Adjustment to injury and development of improved coping skills

    - Development and utilization for compensatory strategies to address deficits
    - Improve physical functioning, improved social skills, improved family functioning
- Comprehensive team approach through groups and 1:1 treatment addressing physical mobility, cognition, mood, vision, pain, sleep and dizziness that can occur
- Accredited by Commission on Accreditation of Rehabilitation Facilities (CARF) for inpatient TBI

San Antonio Polytrauma Transitional Rehabilitation Program – PTRP

- 6 bed residential inpatient unit
- DX: Polytrauma, TBI, ABI

- FY25 persons served: 42
- Average LOS FY25: 32 days
- Demographics FY25
    - Average Age: 45
    - 93% male
    - 64% Veteran vs. 36% Active Duty
    - 98% of PTRP discharges, discharged home or the barracks
    - 93% of PTRP patients were satisfied with the quality to care provided

PTRP Admission Criteria

- A Veteran or Active-Duty Service Member who is medically stable, with a clearly defined disability limiting community independence
- Patient has functional deficits from a brain injury or polytrauma that are treatable within the scope of services provided by PTRP, in a 24 hour/7 days a week structured setting
- Potential to successfully participate in groups and benefit from interdisciplinary services
- Agreement to abstain from alcohol, illicit drugs, smoking or using other combustible tobacco products and to use prescribed medication as directed
- Individual does not exhibit behaviors that pose a risk/safety threat to self or others, disrupt group settings or exhibit behaviors that requires an alternative mental health service
- Able to set clear program goals, effectively engage in group and individual therapy sessions, and actively participate in medication self-administration program
- Willingness to follow facility rules
- No active substance abuse or dependence

San Antonio PRC and PTRP Interdisciplinary Teams

- Physiatrist/Medical Director
- Program Manager
- Rehabilitation Nursing
- Speech Language Pathologist
- Occupational Therapist
- Neuro Optometry/Vision Rehabilitation
- Physical Therapist
- Recreational Therapist
- Clinical Psychologist
- Family Psychologist
- • Neuropsychologist
- Social Worker/Case Manager
- Chaplain
- Audiology
- Acupuncturist/Eastern Medicine
- Chiropractic
- Ancillary Team Members
- Prosthetist/Orthotist
- Nutritionist
- Vocational Rehabilitation
- Facility Dog

Discussion

(Donna Kunz) inquired about the wait list and turnaround and whether "walk-in" placement is possible. The presents stated referrals require clinical documentation review to determine appropriate level of care and goals. There is a pre-admission interview or tour and may be used. The wait time depends on census and referral volume (no "crazy" wait list reported at the time).

Are there plans to expand bed capacity? Thy responded expansion depends on funding; currently 12 PRC beds and 6 PTRP beds.

Dr. Cindy Ivanhoe inquired how high discharge-to-home rates relate to admission/discharge planning. The speakers stated admissions come from acute settings or home. There is family/home VA involvement that supports discharge planning: 64% discharged home/barracks; 16% transition to PTRP; 16% discharge to acute hospital/private facilities/skilled nursing due to inability to go home.

(Dr. Sharma) inquired about caregiver/family involvement and training. The speakers stated that there is a family support group Thursdays at 2:00 PM and families have; access to family psychologist and neuropsychologist as well as counseling, education forum, one-on-one family sessions, and chaplain services. There is robust family training throughout the stay including nursing/therapy training (e.g., transfers) and broad visiting hours (8 AM–8 PM).

Do rehab referrals go to the VA or do they use TWC also? They stated that vocational rehab referrals start internally within VA.

4. Presentation by National Association of State Head Injury Administrators: Supporting Brain Injury Systems of Care Across States.

NASHIA is a nonprofit organization created to empower state governments and their partners to enhance collaboration and strengthen capabilities to address the needs of individuals with brain injuries and their support systems.

The handouts were not shared with the public, but the following link takes you to the website where the services are described. NASHIA | National Association of State Head Injury Administrators

Maria Crowley (Director of Professional Development, NASHIA) presented on how NASHIA supports state brain injury systems of care. They are a national nonprofit trade organization focused on empowering state government and partners to enhance collaboration and strengthen capabilities to meet the needs of people with brain injury. The core support areas include resource creation/dissemination, training/professional development, connecting state/national partners, tracking state/national trends, and advocacy/policy work.

Member benefits include national representation, regional meetings, special interest groups, monthly member learning sessions, training and technical assistance, and policy updates. Special interest groups have been formed around children/youth brain injury; intimate partner violence intersection with brain injury. Partnerships are formed through the LINK Center (embedding brain injury in 988 initiatives; supports for children/youth with complex behavioral health needs); Concussion Navigator app (currently Michigan-specific, with interest in expansion). There is also the NASHIA "state guide" described as a living, searchable document outlining state systems of care, waivers/trust funds, initiatives, advocacy organizations, and points of contact.
Work groups for grantees include advisory boards, criminal/juvenile justice, opioid/mental health, return-to-play/return-to-learn, transition/employment, underserved populations, data, workforce development, child welfare.

They have developed the OBISSS (Online Brain Injury Screening and Support System) which is self-administered (ages 10+), uses OSU TBI-ID. It includes a symptoms questionnaire and tip sheets; used by ~20 states in settings such as shelters, substance use programs, and youth services to improve screening and capture trends.
There is also an infrastructure self-assessment tool that enables states/advisory councils to rate maturity across 10 areas and identify gaps.

Upcoming NASHIA events and training topics include the State of the States conference (in Little Rock).

Discussion. No discussion

5. Committee updates.

Executive Committee. Executive Commissioner update has not been scheduled to present to the Commissioner. The committees are moving slower then normal due to new membership.

Education, Awareness, Services, and Supports. They have been working with the Office of Acquired Brain Injury updating the resource guide. OABI Resource Guide

Legislative and Policy. They have been re-establishing goals to move forward in the stroke arena. They are looking at the 2026 report requirements

Database Review. Connecting data to services workgroup has been working on using the data to help people. They met with NASHIA. They are working on improving data collection and improving concussion data from the UIL. They are looking at improving data collection working with the Governor's Trauma Council.

6. TBIAC announcements and updates

- Statement-by-member forms are required following bylaw updates; some are still outstanding and submission is required to maintain active membership; follow-ups will be sent.
- 2026 council meetings will be Mondays 9:30–12:00; next dates: July 27 and Oct 26.

- Appointment application review is under way for terms expiring Dec 31, 2024: evaluations have been completed and materials submitted and the process is moving forward.
- 2026 reporting requirements will include both an executive commissioner report and legislative report; HHSC will coordinate timelines with committee chairs.

7. Public comment

Jessica Varian, brain injury rights advocate; founder of Jeffrey Journeys and Legacy commented that policy change requires accurate, complete data and identified multiple areas where she believes statewide data is lacking (e.g., concussion data across sports, overdose-related brain injury, early withdrawal of life-sustaining treatment tied to scans/prognosis, and other end-of-life/discharge-related tracking); She urged stronger authority and reporting mechanisms be developed so findings reach legislators.

8. Review of agenda items for next meeting.

May is stroke awareness month, and a webinar is planned by OABI
Next meeting July 27, 2026.

9. Adjourn. There being no further business, the meeting was adjourned.