

TESTIMONY BY JOHN D. CORRIGAN, PHD  
DIRECTOR, OHIO BRAIN INJURY PROGRAM  
BEFORE THE SUNSET REVIEW COMMITTEE

MAY 10, 2016

Chairman Jordan, Vice Chair Brown, and members of the Sunset Review Committee, my name is John Corrigan, I am a Professor in the Department of Physical Medicine and Rehabilitation at the Ohio State University Wexner Medical Center. I also serve as the Director of the Ohio Brain Injury Program, which is established under ORC 3335.60, as is its advisory body, the Brain Injury Advisory Committee established under ORC 3335.61 and the focus of today's deliberation.

In the 1990's the Ohio General Assembly created the Ohio Brain Injury Program and Brain Injury Advisory Committee to address the needs of Ohioans who have experienced brain injury. The program was originally housed at the Ohio Department of Health before being moved to the, then, Ohio Rehabilitation Services Commission. In 2013, these programs were moved to The Ohio State University College of Medicine to allow leadership from persons who specialize in brain injury rehabilitation.

Under Ohio Revised Code, the Ohio Brain Injury Advisory Committee advises the Ohio Brain Injury Program "...with regard to unmet needs of survivors of brain injury, development of programs for survivors and their families, establishment of training programs for health care professionals, and any other matter within the province of the Brain Injury Program". Together, the Brain Injury Program and Advisory Committee seek to address the needs of more than 100,000 Ohioans treated each year in Emergency Rooms or hospitalized due to brain injury, as well as an estimated 2 to 3 times that many Ohioans who experience mild TBIs, better known as concussions, that are evaluated outside the hospital, or not at all. A recent Ohio Department of Health survey found that

1.8 million adults in Ohio have had at least 1 traumatic brain injury in their lifetime that was severe enough to cause loss of consciousness. As many as three-quarter million of these adults are at risk of health problems and disability due to the severity of their brain injury or because one occurred in childhood—that is almost 1 in 10 adults in Ohio who have this greater risk.

The composition of the Ohio Brain Injury Advisory Committee is delineated in the Ohio Revised Code and includes the directors or their designees of the departments of Health, Mental Health and Addiction Services, Developmental Disabilities, Aging, and Public Safety; the Medicaid director; the administrator of Workers' Compensation; the superintendent of Public Instruction; and the executive director of Opportunities for Ohioans with Disabilities. The revised code calls for the Dean of the OSU College of Medicine to appoint no fewer than 10 and no more than 12 additional members as follows: a survivor of brain injury, a relative of a survivor of brain injury, a licensed physician recommended by the Ohio chapter of the American College of Emergency Physicians, a licensed physician recommended by the Ohio State Medical Association, one other health care professional, a rehabilitation professional, an individual who represents the Brain Injury Association of Ohio, and not fewer than three nor more than five individuals who shall represent the public. A roster of the current Brain Injury Advisory Committee members is attached to my testimony.

Members of the Brain Injury Advisory Committee serve without compensation, though they may be reimbursed for expenses incurred as part of their duties. The funding for these expenses, as well as the costs of meeting space and telephone conferencing, is borne by the Brain Injury Program.

To assure that the Brain Injury Program's activities are aligned with the priorities of the Brain Injury Advisory Committee, a strategic plan was developed to address Ohioans

living with the chronic effects of TBI. Data were gathered and presented over the course of a year and a plan was adopted at the October, 2015 Advisory Council meeting. The joint Brain Injury Program and Brain Injury Advisory Committee Strategic Plan identifies goals and objectives through 2020, that includes 10 strategic directives covering 4 overarching goals:

1. Ohio needs to have good data for statewide planning and evaluation of state funded services.
2. Ohio should have a workforce of healthcare & social service providers who understand TBI, know how to identify it and are able to accommodate its effects in the services they provide.
3. Ohio should implement best practices for accommodating the needs of persons with brain injury in our schools, mental health programs and long-term services and supports for older adults and persons with disability.
4. We should increase public and policy-maker awareness of the issues faced by persons with brain injury, including making people so affected and their families aware of services and supports in Ohio.

The Brain Injury Advisory Committee meets quarterly in Columbus. It has 4 Working Groups that meet monthly by teleconference. Each Working Group has been assigned responsibility for aspects of implementation of the Strategic Plan. Staff from the Brain Injury Program assist each Working Group. An Executive Committee comprised of the Chair, Vice-Chair and chairs of the 4 Working Groups meets quarterly with the Brain Injury Program staff.

I submit to you that the Ohio Brain Injury Advisory is a vibrant body conducting important activities for Ohio in an extremely cost effective manner. Thank you for the opportunity to speak with you and I would be happy to address any questions you have.



## Ohio Brain Injury Advisory Committee

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Department of Physical Medicine and Rehabilitation  
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#### ***Licensed Physician Recommended by Ohio Chapter of the American College of Emergency Physicians***

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#### ***Licensed Physician Recommended by the Ohio State Medical Association***

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#### ***Health Care Professional***

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