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August 23, 2023

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Moderate to severe brain injury has been recognized as a chronic condition and can lead to lifelong disability. Brain injury may leave an individual with various cognitive, behavioral, physical and emotional deficits that fluctuate and persist. Often times, individuals who have sustained a moderate or severe brain injury will require life-long care and assistance due to subsequent difficulties they have as a result. This can range from basic assistance with activities of daily living to more complicated tasks such as financial, medical and overall health and wellness management.

Brain injury impacts the entire family unit and can lead to caregiver burn-out at a rapid pace with potential adverse effects on their health. Adequate funding, resources and supports are lacking throughout the entire continuum of care for individuals and families affected by brain injury. Most often, any existing services and supports are front-loaded, with more options available in the acute stages of brain injury. In contrast, with medical advances and improved safety and prevention measures, individuals are living longer with this chronic condition, yet the options for residential assistance and assisted living are minimal at best. Brain Injury Association of America estimates that about 5% of people living with severe brain injury have adequate funding for long-term treatment and supports.

Brain Injury Association of Indiana recognizes and supports the need for the state of Indiana to have residential living options for individuals with brain injury. These individuals and their families are in need of such settings to access and occupy so they can receive support for the chronic illness of brain injury. The type of independent living community that the board of Villa Licci is proposing could result in a better quality of life for the individual with brain injury as well as for the caregivers and families directly impacted. Furthermore, with proper resources and options available, development of potential comorbidities such as psychological and health sequelae that result in all involved could be decreased. Lastly, having access to brain injury-specific residential settings could reduce the costs to our state, both in potentially reducing costs in the medical and disability-related matters across an individual's lifetime and possibly be cost-saving by reducing loss productivity, loss of earning wages and government spending.

Thank you for your support for this cause and for your attention to this silent, chronic disability.

Wendy Waldman, BSW, CBIST

Windy Woldman, 65W, CHST

President, Brain Injury Association of Indiana