

TBI Tuesdays

Sustainable Partnerships: Forging Relationships That Last

March 16, 2021



TBI TARC is supported by contract number HHSP233201500119I from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201

Welcome to Today's TBI Tuesday Session



Thom Campbell

TBI Team Lead

Thom.Campbell@acl.hhs.gov





Webinar Logistics

- Participants will be in listen-only mode during the webinar. Please use the **chat** feature in Zoom to post questions and communicate with the hosts.
- During specific times in the webinar, we will have opportunity to **respond to questions** that have been entered into **chat**.
- The webinar will be live captioned in English.
- The webinar will also have an American Sign Language (ASL) interpreter.
- This live webinar includes polls and evaluation questions. Please be prepared to interact during polling times.



Feedback and Follow-Up

- After the webinar, you can send follow-up questions and feedback to tbitarc@hsri.org
(Please note: This email address will not be monitored during the webinar.)
- A recording, including a pdf version of the slides, will be available on the ACL website (acl.gov)

Who's Here?



“In what role(s) do you self-identify? Select all that apply.”

1. Person with a traumatic brain injury (TBI) or other disability
2. Family member or friend of a person with a TBI or other disability
3. Self-advocate / advocate
4. Peer-specialist / peer-mentor
5. Social worker, counselor, or care manager
6. Researcher / analyst
7. Service provider organization employee
8. Government employee (federal, state, tribal, or municipal)

+

•

What we will cover

Part 1

Part 1

- Overview of the Sustainable Partnerships Work Group
- Sustainable Partnerships Work Group: Product Highlights
- Building successful partnerships within a state
- Forging relationships between states

+

•

○

What we will cover

Part 2

Break

Part 2

- Creating and sustaining partnerships with federal entities
- Facilitated discussion

Meet Our Federal Partner Speakers



Dave Boyer, JD

National Disability
Rights Network

Protection and
Advocacy

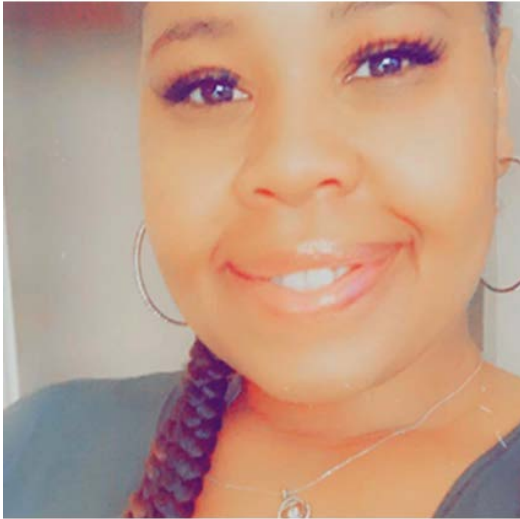


Joseph Lugo

Administration for
Community Living

Director, Office of
Network Advancement

Meet Our ACL State Speakers (slide 1 of 3)



Kenisha Tait

Grant Program Manager

Brain and Spinal
Injury Trust Fund
Commission - Georgia



**Maggie
Ferguson**

*Brain Injury & Disability
Program Manager*

Iowa Department of
Public Health



Scott Collins

*Brain Injury Services
Branch Manager*

Department of Aging
and Independent
Living of Kentucky

Meet Our ACL State Speakers (slide 2 of 3)



**Anastasia
Edmonston**

Project Coordinator

Maryland Behavioral
Health
Administration



**Gabriela
Lawrence-Soto**

*Learning & Development
Coordinator*

Massachusetts
Rehabilitation
Commission



**Jolayemi
Ahamiojie**

*Injury Prevention
Project Coordinator*

Rhode Island
Department of
Health

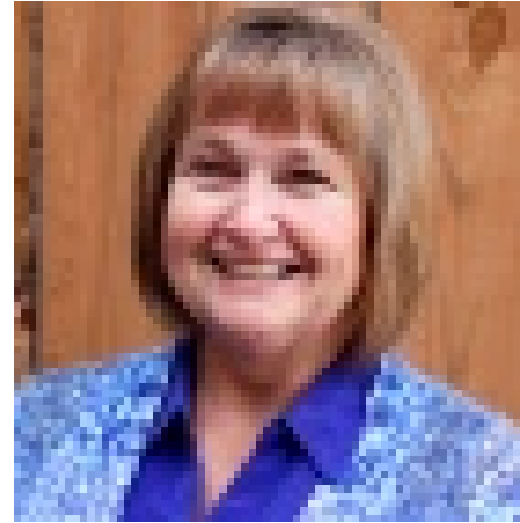
Meet Our ACL State Speakers (slide 3 of 3)



**Ashley
Bridgman**

*Traumatic Brain Injury
Program Director*

Tennessee
Department of Health



**Paula
Denslow**

*Brain Links Program
Director*

Tennessee Disability
Coalition

Sustainable Partnership Workgroup

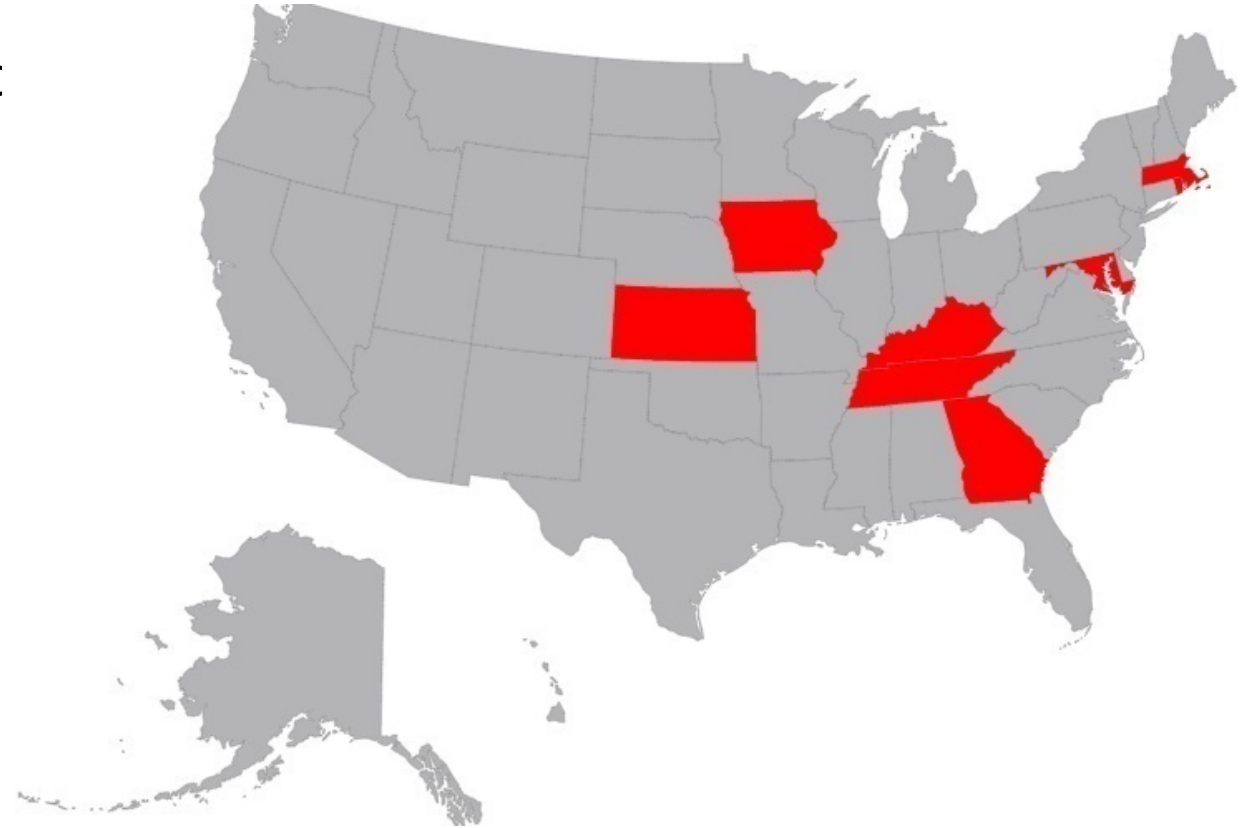
- **Participating States:**

Georgia, Iowa, Kansas, Kentucky, Maryland
Massachusetts, Rhode Island, Tennessee

- **Purpose:** to develop useable products relative to sustainable partnerships

- **Products:**

- Success Story Product
- Tip Sheet Product




PRODUCT HIGHLIGHTS



Success Story Template

Your logo here



Success Story!

Main Headline Here

Photo here


For More Information...

This section can direct the reader to a website and share the contact information for a program person to contact directly.

Additional information that can be shared includes contact information and website for strategic partners, where to read more information about a general topic related to the project or a report that was published about the project.


Describe what is available and provide a link.

EDIT TIP:
To assure accessibility:
Right click the photo above, click on format shape. Under shape options, click "Size & Properties," and scroll down to "Alt Text" to enter descriptive text for screen readers.


 **Traumatic Brain Injury Federal Grant Focus**

This section is used to share the background on the issue you are working on. For example,

- The function of the TPSS grant is to expand capacity for states to foster new partnerships and improve access and service delivery for individuals living with brain injury and the families. [State] was funded to
- Brain injury 101 information
- Data to highlight the problem can be included in this section as well.

 **Strategic Approach**

This section can be used to list the partners who participated in the project as well as highlight the activities completed together to achieve the project goals.

 **Partnership Outcomes**

Describe the process and outcome measures that were achieved by the strategic partnerships (e.g. number of people reach, number of organizations reached, behavior changed observed, policy change implemented, systems or environmental changes achieved.

EDIT TIP:
To edit the footer content or the art work in the header of this slide:
Click on the View tab – select Slide Master – click on the footer or header to make edits.

To edit content in the header or body:
Click on the section you wish to edit

To add photo:
Click on the Insert tab --- select jpg or other image file you want to include. ---drag and resize to the box as needed.

This project was supported, in part by grant number 2000XXXX, from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects with government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official ACL policy.

Collaboration Tips



Collaboration Tips

Grant Success after Funding has Ended

How to keep your partners engaged and involved

For many projects, the level of success and the ability to sustain the work after grant funding has ended is often directly correlated to the level of engagement of the partners involved. This document provides a variety of ideas for assessing and engaging partners at all levels.

Identify your partners.

Determine who shares an interest in your subject matter or target audience. It is as important to seek out new partnership opportunities, as it is to maintain current or reestablish previous partnerships.



Seek out new partners — Ask your current partners to help introduce you people in their network, attend public meetings, send letters of introduction, invite to participate in your advisory council or work groups.



Engage your current or previous partners — Keep collaborations current by reengaging partners you have already worked with and have good rapport.

When appropriate, include partners who are funded to do work on your behalf.

Be there for your partners

Share partner content on your website, newsletters, social media or other platforms.



Attend and participate in partner's meetings.

Offer letters of support or commitment when partners seek out grant funding.



Provide financial support by sponsoring partner events, providing scholarships to conferences or pay them to conduct project specific activities on your behalf.



Provide educational opportunities or technical assistance.

Offer to review funding applications

Share reports highlighting data and evidence based practice.

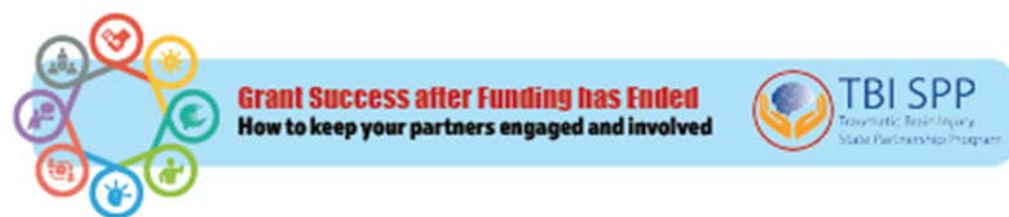


Offer to collaborate on their projects or co-present at conferences.

Introduce your partners to others who might help on their initiatives.



Collaboration Tips Page 2



Determine the level of engagement your partners might have in your work.

Not all partners will be at the same level of engagement, but that doesn't make those partnership less valuable.

Potential partners – No established partnership has been developed; however, communication has been initiated and they have been introduced to your initiative. There is a level of mutual interest in subject matter or target audience. Mutual attendance at meetings or presentations may occur.



Communication partner – There is a mutual commitment to learning more about each other's initiatives and communication is reciprocated by the partner. They have agreed to discuss partner development and have agreed to receive updates and may be engaged in disseminating on to their networks. They may agree to work on short term or easily implemented projects.



Supportive partner – This partnership provides ongoing input to support your initiative. Regular communication takes place, including mutual distribution of materials and attendance at meetings. They may assist with advocating for your initiative, provide funding or in-kind support, or connect you to new partners.



Implementation partner – This partnership is integral to the initiatives success. The partner is actively participating in key activities and provide input into decision-making that lead to systems or policy change. This may include contracted partners, advisory councils, or other actively engaged stakeholders that assist in engaging the community or facilitate discussion regarding your initiative.



Keep partners engaged

Personalize the issue by connecting the dots between your issue or target audience and the work they are doing.



Build group identity by having the partners participate in giving your collaboration a name or developing a logo. This may help create legitimacy of your group and allows the work to be about more than any specific organization.



Allow partners to serve as leaders.

Ask partners to take a more active role by sharing responsibility for leading meetings or providing in person meeting space.



Communicate with partners regularly by sending updates on the collaboration or other work you are doing they may be interested in.



Celebrate successes by highlighting your partners through public recognition.



Assess partner satisfaction with the collaboration by seeking out their feedback and asking about their needs.



Keep partners engaged in between large initiatives that will serve to maintain and strengthen connections among partners. This could be hosting an event or conducting a short term project that your partners can get excited about.

Disseminate promotional items, such as pens, with your collaboration's name or logo.

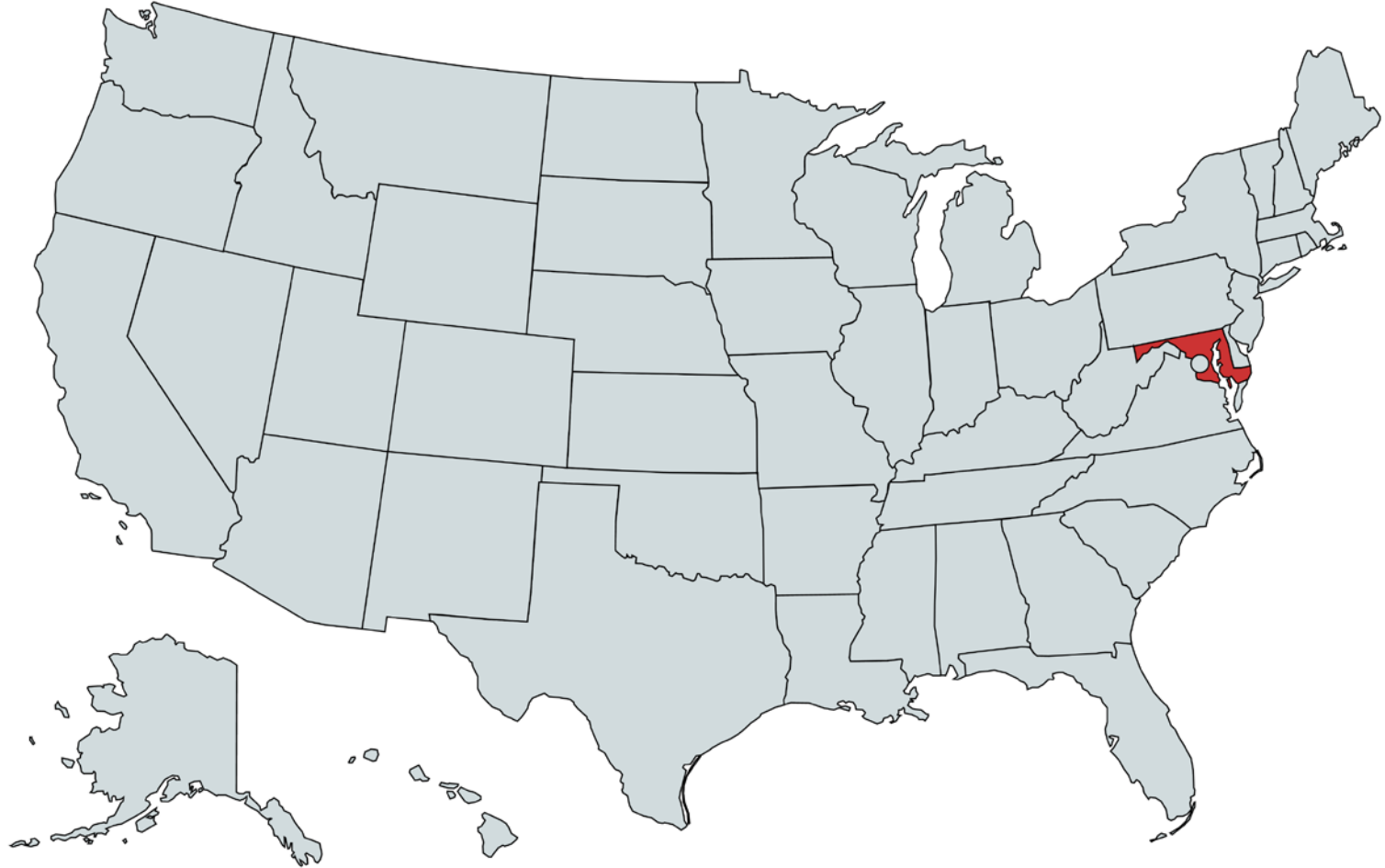
QUESTIONS: WORKGROUP & PRODUCTS



PARTNERSHIPS WITHIN A STATE



Maryland Example





Maryland Behavioral Health Administration Office of Older Adults and Long Term Services and Supports

Our Partners:

- The Maryland Department of Health, Office of Public Health Improvement
- The local public health department's Overdose Fatality Review Coordinators and teams



Laying the Groundwork

- Connecting with colleagues who coordinate the Overdose Fatality Review (OFR) teams within the local health departments
- Include the relationship between traumatic brain injury, opioid use and acquired brain injury at every Brain Injury and Behavioral Health training beginning in 2018
 - Half- or full-day trainings hosted by county health departments and attended by mental health & addiction professionals, including Peer Specialists & OFR team members



2018

Opportunities, Activities and Achievements

- Johns Hopkins Masters of Public Health intern co-supervised by the OFR Coordinator and TBI Trainer (now TBI Partner Grant Coordinator). Internship focused on OFR procedures and brain injury and the intersection between opioid use disorder and brain injury, culminating in:
 - Presentation to peers and professors at Bloomsburg School of Public Health
 - Presentation at the Maryland Behavioral Health Administration's annual conference
 - Creation of the first BHA-produced fact sheet on the link between TBI and opioids
- Brief presentation on brain injury and opioids during the MD OFR technical assistance call
- Training on Naloxone administration is offered during the Brain Injury Association of Maryland's annual conference
- Maryland awarded a Federal TBI Partner Grant
- **Acquired Brain Injury History is included in the OFR Dashboard rolled out in December 2018**

2019

Opportunities, Activities and Achievements

- Project Coordinator begins attending the bimonthly Overdose Fatality Review Technical Assistance calls
- Project Coordinator speaks at the National Opioid Fatality Review Forum in Washington DC
- Project Coordinator is invited to present to and becomes a member of the Prince George's County MD Overdose Fatality Review team
- Co-present with staff from the Baltimore County Health Department at the BIAMD's and the Division of Rehabilitation Services annual conferences, "Making the Connection: TBI, Addiction and Acquired Brain Injury in Treatment and Community." At each of these events, BCHD Peer Specialists offered training on Naloxone administration to attendees

2020 – Present

Opportunities, Activities and Achievements


- Case consultation with a local health department's team during a quarterly review – light bulbs “go off”
- MD's Data to Action grant from the CDC results in additional staff to support the teams, including an epidemiologist and a Local Innovative Surveillance Coordinator. Our office supported his registration at the 2020 NASHIA conference
- Feedback (unsolicited) to the Comprehensive Opioid, Stimulant and Substance Abuse Program (COSSAP) regarding new guidance's recommended data collected by teams resulted in an invitation to participate on a panel at the 2021 OFR Conference

Materials

Materials created during the Maryland TBI Partner grant posted to the Behavioral Health Administration's website include guidance to the OFR Teams in the form of:

- Fact sheets
- PowerPoints
- Resources related to the intersection of brain injury & opioids

<https://bha.health.maryland.gov/Pages/Traumatic-Brain-Injury.aspx>



The screenshot shows the Maryland Department of Health Behavioral Health Administration website. The header includes the Maryland.gov logo, the department name, and navigation links for Maryland.gov, State Directory, State Agencies, Online Services, and Translate. A search bar is present with the placeholder text "Enter search term". Below the header is a navigation menu with links for HOME, NEWS, PROGRAMS & RESOURCES, ABOUT US, and CONTACT US. The main content area is titled "Find It Fast" and "Traumatic Brain Injury". It lists resources under three categories: PowerPoints, Four Part series for Peer Support Specialists, and Handouts. At the bottom, it mentions additional training resources and the Traumatic Brain Injury Advisory Board.

PowerPoints

- Behavioral Health in the time of Covid-19
- Brain Injury & Harm Reduction Strategies
- Brain Injury Overview for Law Enforcement Professionals
- Brain Injury and Substance Use for Public Health Administrators
- The Intersection of Behavioral Health, Brain Injury and Suicide
- Developing One Page Profiles for Support in the COVID-19 Health Care Setting
- Brain Injury Overview for Behavioral Health Professionals
- Considering the Intersection of Trauma & Brain Injury through a Person Centered Lens
- The Intersection of Brain Injury and Intimate Partner Violence

Four Part series for Peer Support Specialists

- Peer Specialist BI series Part 1. Brain Injury Overview
- Peer Specialist BI series Part 2. Who is Affected by Brain Injury
- Peer Specialist BI series Part 3. Screening and Support
- Peer Specialist BI series Part 4. Pulling it Together, case studies and applying what we have learned

Handouts

- Brain Injury Provider Activities
- Brain Injury Resources
- Crisis Management and De-Escalation, tools for law enforcement and first responders to promote positive interactions with individuals with brain injury
- Person Centered Language Exercise for Brain Injury Community 2020
- Lifetime History of Traumatic Brain Injury (from the Ohio State TBI-ID) and other Acquired Brain Injury Screening Tool
- Guide to Administering and Interpreting the TBI and other ABI Screening Tool
- Opioids and Brain Injury Facts for individuals and families
- Opioids and BI Facts for public health and substance use professionals
- Harm Reduction Analysis through a Brain Injury Informed Lens

Additional Training resources can be found at
<https://www.biamd.org/brain-injury-waiver-provider-resource-page.html>

Traumatic Brain Injury Advisory Board

Challenges

Covid-19 put local Overdose Fatality Review Team meetings on pause from March 2019 through the Spring/Summer of 2020

Although the dashboard asks about a history of Acquired Brain Injury (ABI) under “Health Care Provider/Local Hospital Records,” it does not specify nonfatal overdose as a possible cause of ABI:

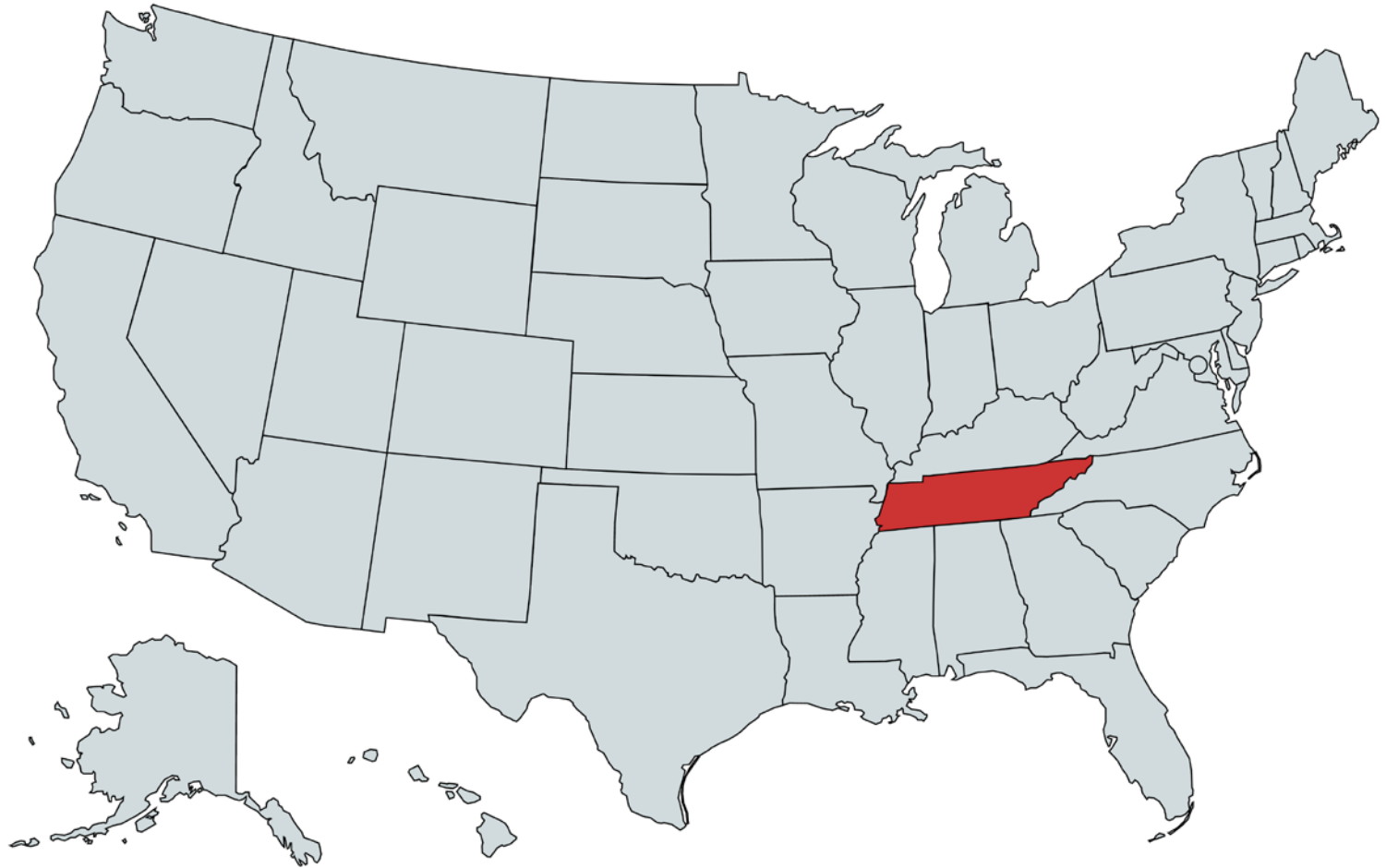
Acquired Brain Injury: *If team member reports indicate a history of acquired brain injury, mark the checkbox. If reports do not indicate a history of acquired brain injury or status is unknown, do not check the checkbox. Acquired brain injuries include concussions and other traumatic brain injuries, strokes, and other brain damage incurred in events after birth. Neurodegenerative disorders or congenital disorders including fetal alcohol syndrome are NOT considered to be acquired brain injuries.*



Recommendations for moving forward

- Continue technical assistance to the local ODFR teams
- Continue training and education of local health department staff and their partners about brain injury with a focus on screening and how to accommodate brain injury related barriers to engaging with and remaining in treatment/recovery
- Expand training and coaching of Maryland's Peer Specialists

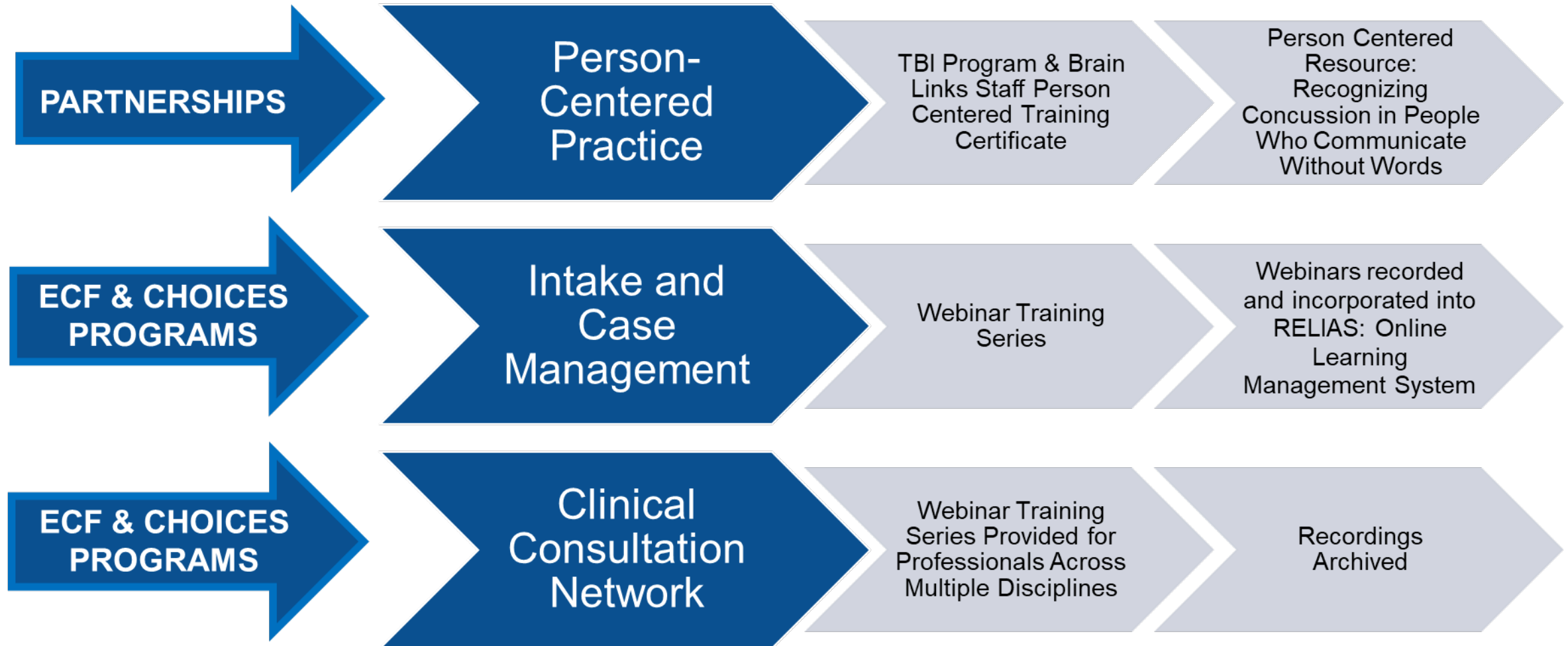
Tennessee Example



Department of Health & TN Disability Coalition

TBI Program and Brain Links

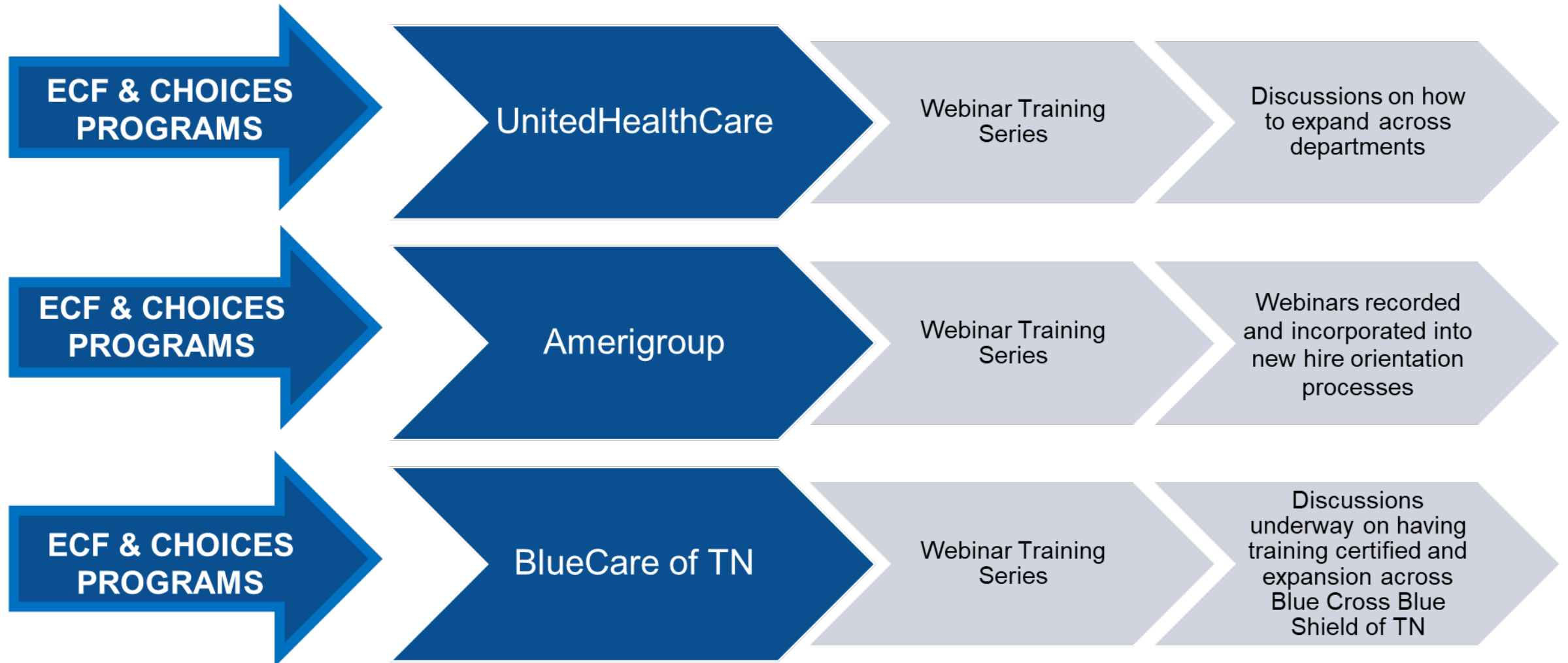
Department of Intellectual & Developmental Disabilities



Department of Health & TN Disability Coalition

TBI Program and Brain Links

Long Term Supports & Services Expanded



CHANGE TAKES TIME

PARTNERSHIP

- Respect: Listen and learn
- Invest in each other
- Grow effort together
- *NEVER* forget who will benefit from the collaboration!

EDUCATION

- Understand partner's knowledge
- Together identify training needs
- Develop person-centered solutions

SUSTAINABILITY

- Understand partner's professional development process
- TN: Relias Learning Management System can enhance training and outcomes across the continuum of care
- Nurture the relationship!

QUESTIONS: PARTNERSHIPS WITHIN STATES



PARTNERSHIPS BETWEEN STATES



Kentucky Example





Rhode Island Example

The Rhode Island Permanent Advisory Commission on Traumatic Brain Injury

- Advisory Board & Sustainability – Massachusetts
- Increasing TBI survivors on the board
- Update State Regulation

TBI Registry

- Data Group – Tennessee
- ICD9 CM codes conversion to ICD10 CM codes
- Registry to Resources

QUESTIONS: PARTNERSHIPS BETWEEN STATES



BREAK

Up Next:

- Partnerships with federal entities
- A facilitated discussion about forging relationships that last





Future TBI Tuesday Sessions



Register on ACL.gov

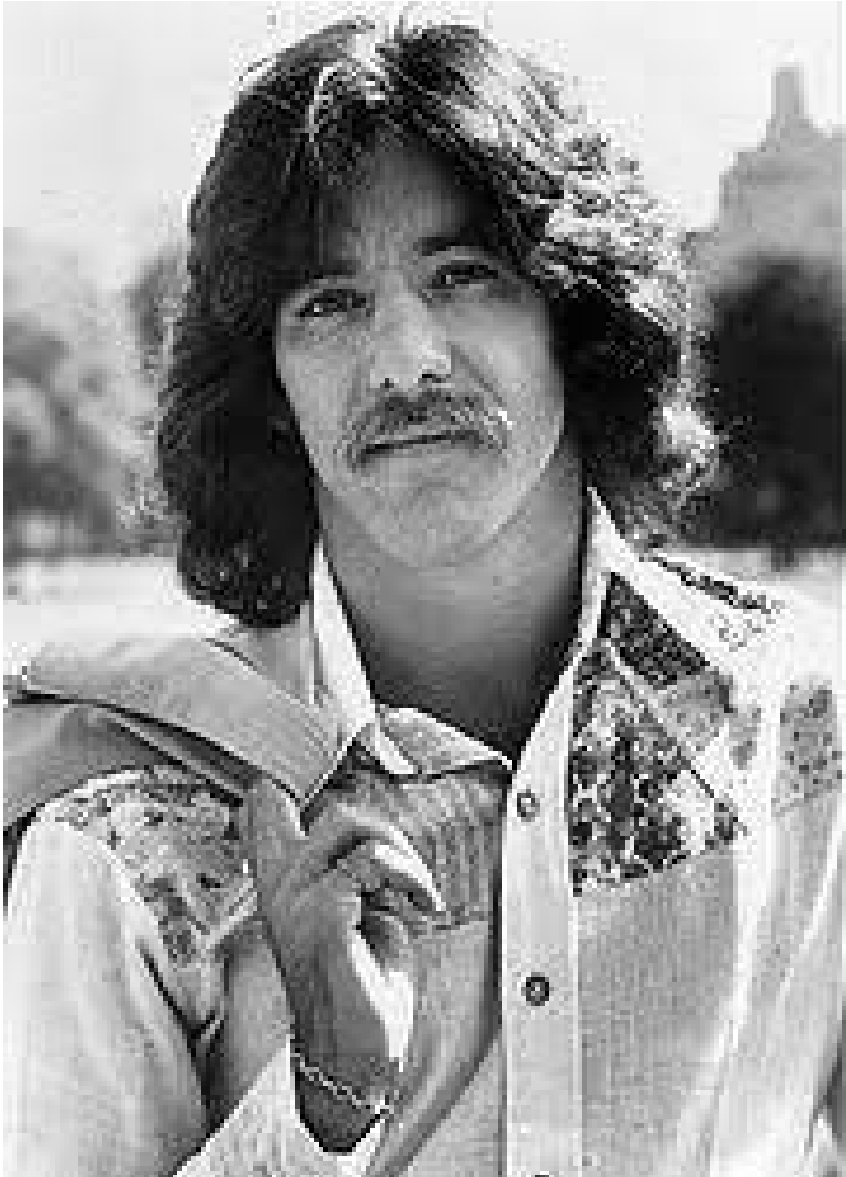
March 23, 2021, 1:00 – 4:00pm (ET)
[Return to Learn: Equal Access to Education for Students with Brain Injury](#)

March 30, 2021, 1:00 – 4:00pm (ET)
[Justice for All: Serving Individuals with Brain Injury Across the Justice System](#)

April 6, 2021, 1:00 - 4:00pm (ET)
[Maximizing the Effectiveness of Advisory Boards Through Full Participation](#)

PARTNERSHIPS WITH FEDERAL ENTITIES





Origins of the Protection & Advocacy System

with Dave Boyer

History of Disability Legal Advocacy Network

- 1975** – Developmental Disabilities Assistance and Bill of Rights Act includes Protection & Advocacy
- 1977** – Planning grants to State (\$20,000)
- 1978** – Protection & Advocacy agencies begin operations with State Designations
- 1984** – Client Assistant Program (CAP) reauthorized as formula grant program
- 1986** – Protection & Advocacy for Mentally Ill Individuals (PAIMI) program enacted (Institutions + 90 days)
- 1991** – PAIR program authorized to formula grant
- 1993** – Assistive Technology subcontracts
- 2001** – Protection and Advocacy for Beneficiaries of Social Security (PABSS) funded
- 2001** – Protection and Advocacy for Individuals with Traumatic Brain Injury (PATBI) Authorized
- 2002** – Protection and Advocacy for Voting Access (PAVA) authorized
- 2018** – Protection and Advocacy for Representative Pay Review authorized

Authority

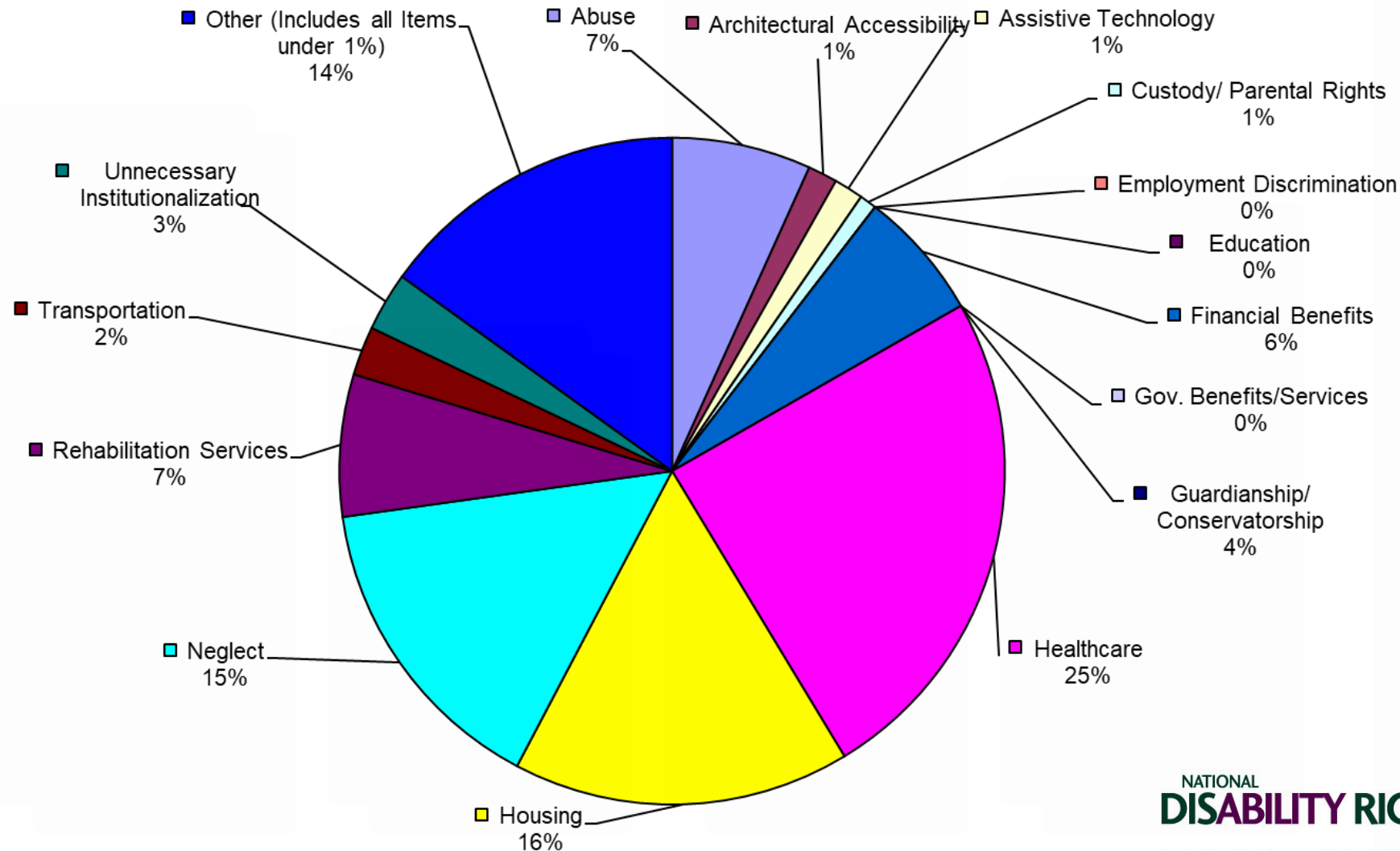
“Pursue legal, administrative & other appropriate remedies”

- Range of Issues
- Ranges of Remedies
- Ability to Respond
- Access Persons, Records, Facilities

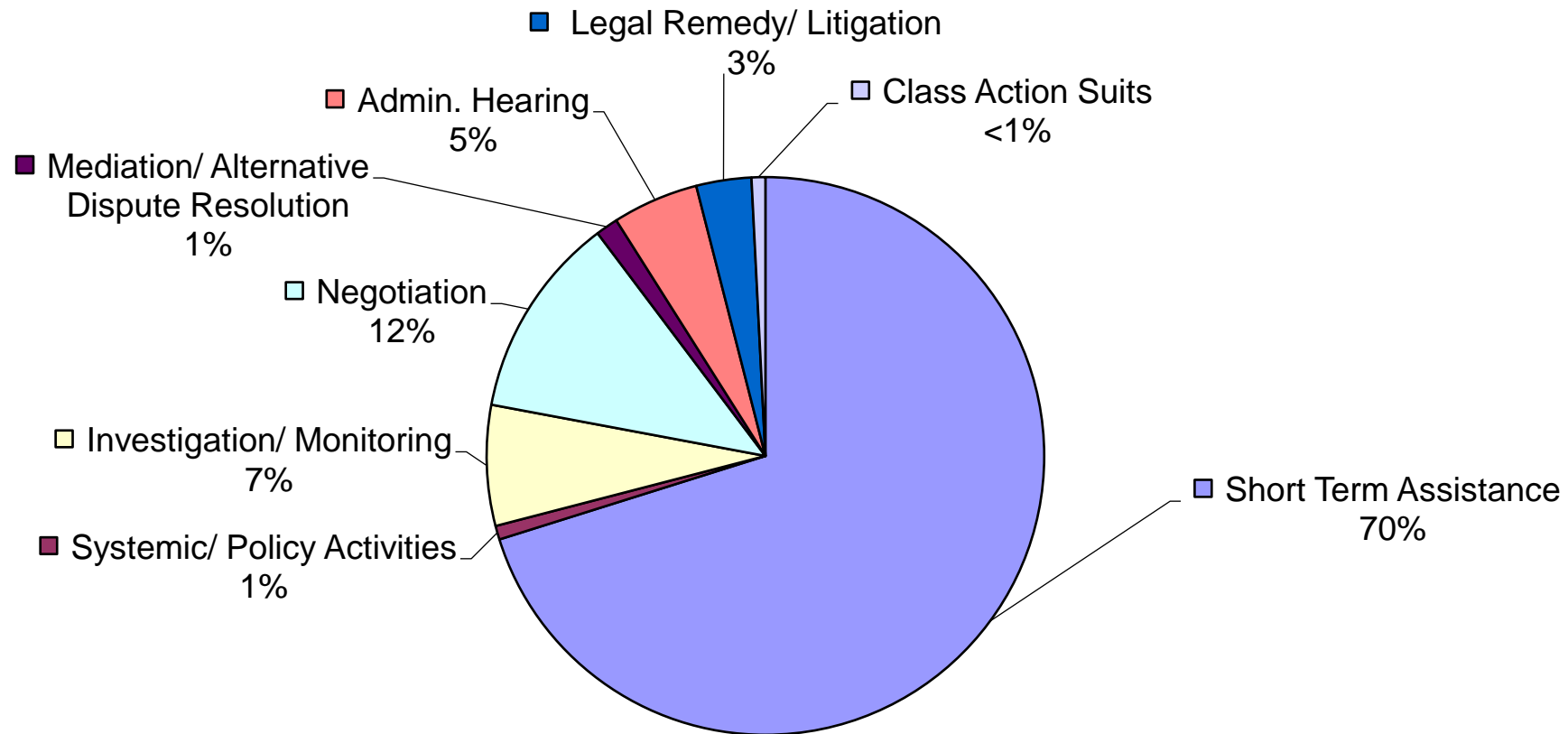
Protection and Advocacy for individuals with traumatic brain injury – by the numbers

- Information and referrals: 7,243
- Training Activities: 1,358 (44,000 attended)
- Materials Disseminated: 225,000
- Individual cases: 1,006
- Policies changed: 138
- Non-Class Action Lawsuits: 18
- Class Action Lawsuits: 6

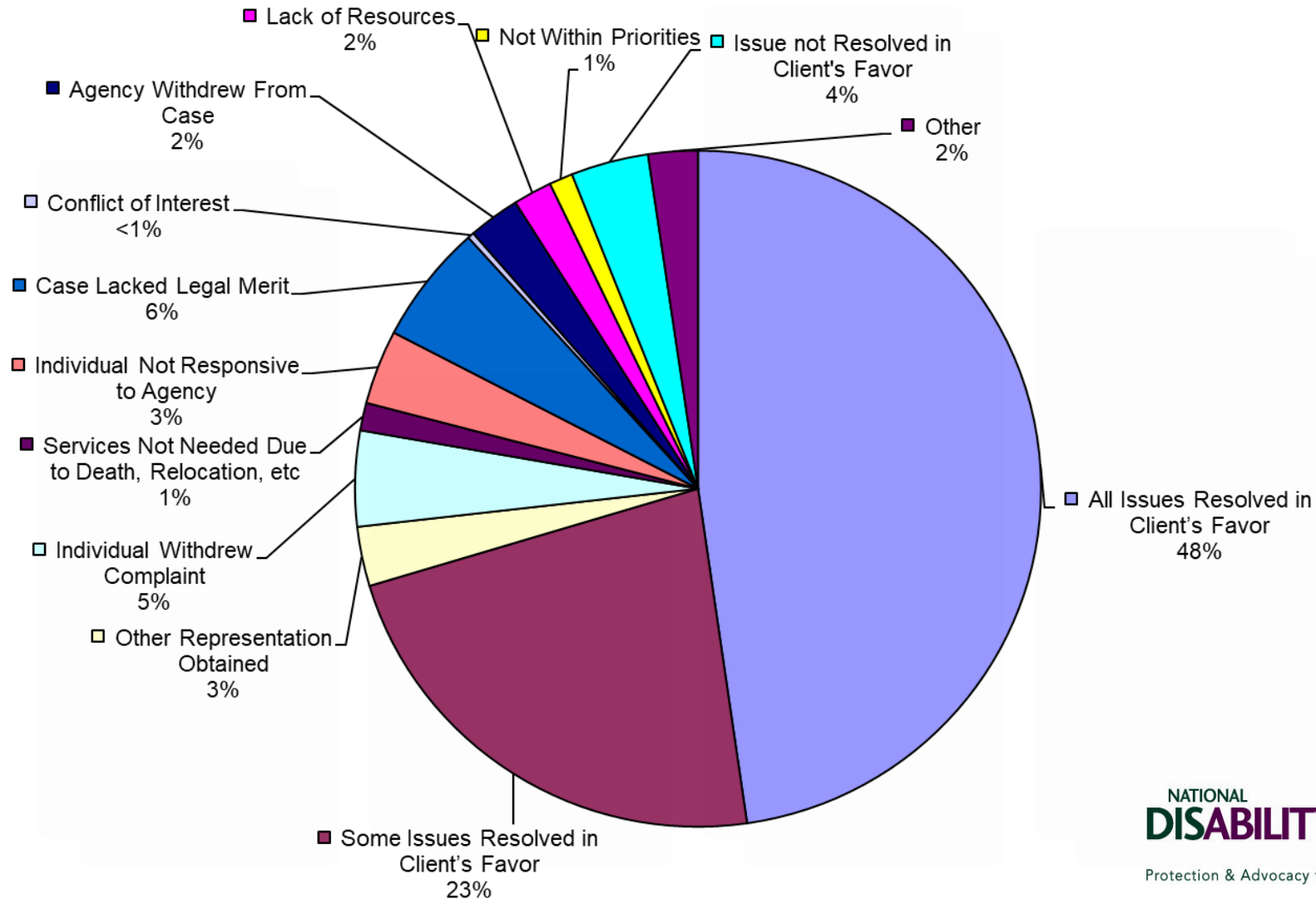
Problem Areas of Services Provided



Highest Intervention Strategy



Reasons for Closing Case Files



Cooperation

“How can we get in touch
with our P&A?”

Contact

David Boyer

Managing Attorney for Community Integration

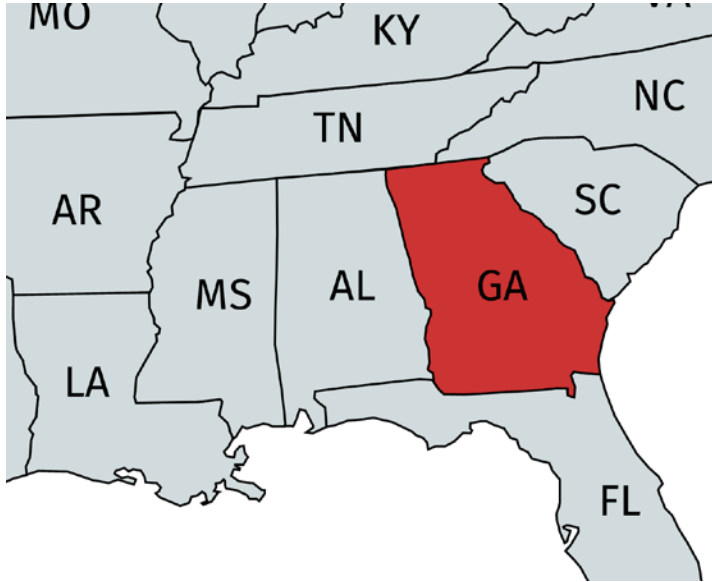
National Disability Rights Network

david.boyer@ndrn.org

Georgia Example



Brain & Spinal Injury Trust Fund Commission/ Protection and Advocacy/Ombudsperson Partnership



- The BSITFC frequently partners with agencies throughout the State of Georgia
- P&A and Ombudsperson representatives participate on Advisory Committee
- P&A representative participates on Children & Youth Committee and was also a part of the State Plan subcommittee
- Partnership is sustained through information sharing and being a resource for one another.

PARTNERSHIPS WITH AGING AND DISABILITY RESOURCE CONSORTIUM (ADRC)





NWD System Collaboration



NWD System Vision



A single system available to **all populations** who need or may at some point need LTSS and **all payers** who help to finance LTSS.



The NWD System seamlessly connects individuals to the full range of LTSS community-based options available.

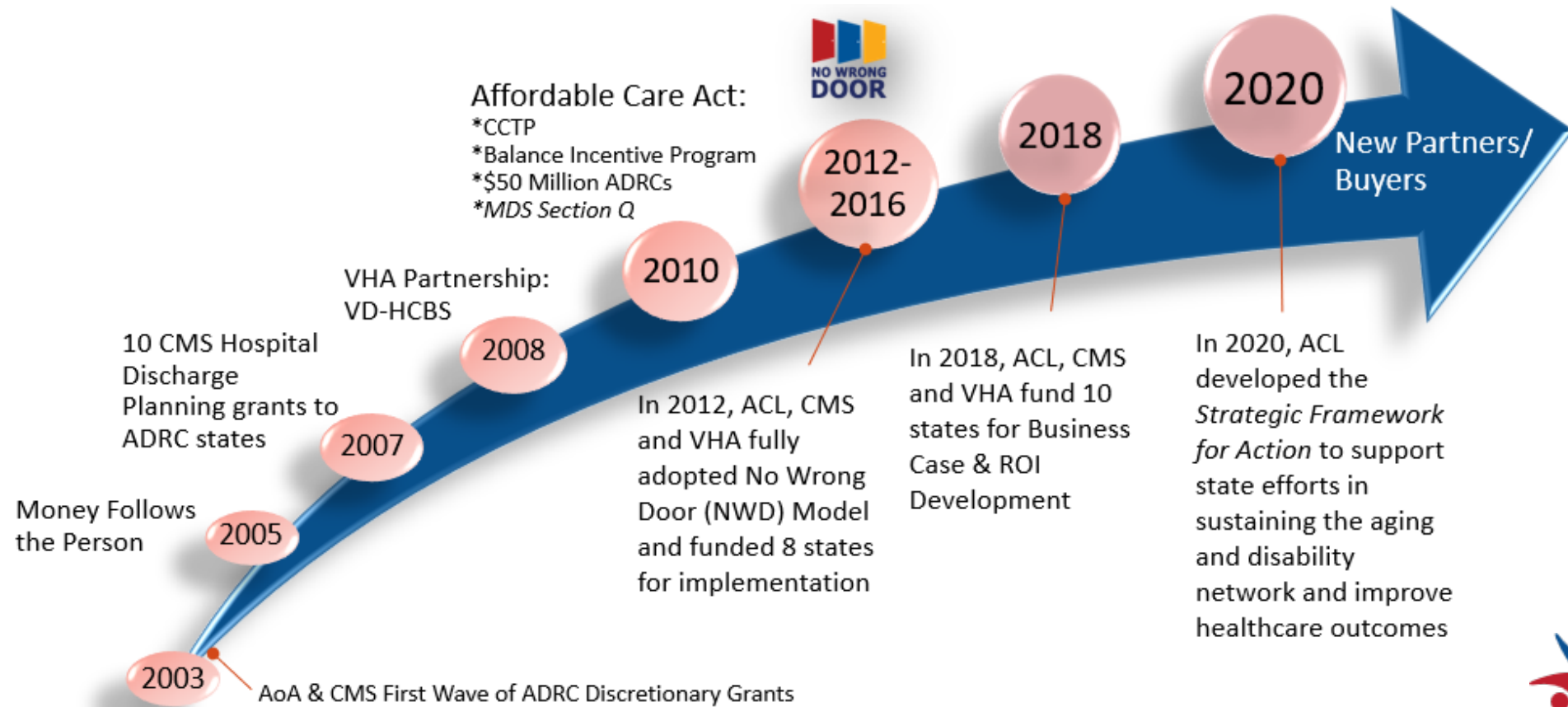


Through a network of community-based organizations (CBOs), NWD expands access to services and supports, **helping individuals and their caregivers** navigate resources they need with a **person-centered approach**.



Coordinated at the state level by a strong governance structure to coordinate policy, technology/data infrastructure and resource allocation across the network of CBOs.

Evolution of the ADRC/NWD System Vision



Every state is different

But every state has HCBS infrastructure supporting access

State Leadership

Agencies, Boards, Councils,
Governance, Structure,
UCEDDs, AT

CBOs

AAAs, ADRCs*, CILs, Network
Lead Entities

Policy

Executive Orders, Workforce
Credentialing, Standards

Access Workforce

I&R, Person-Centered Planners,
and SHIP, Options, and Peer
Counselors

Technology

Consumer Portal, 1-800
numbers, E&E Platform, 211

Funding/Sustainability

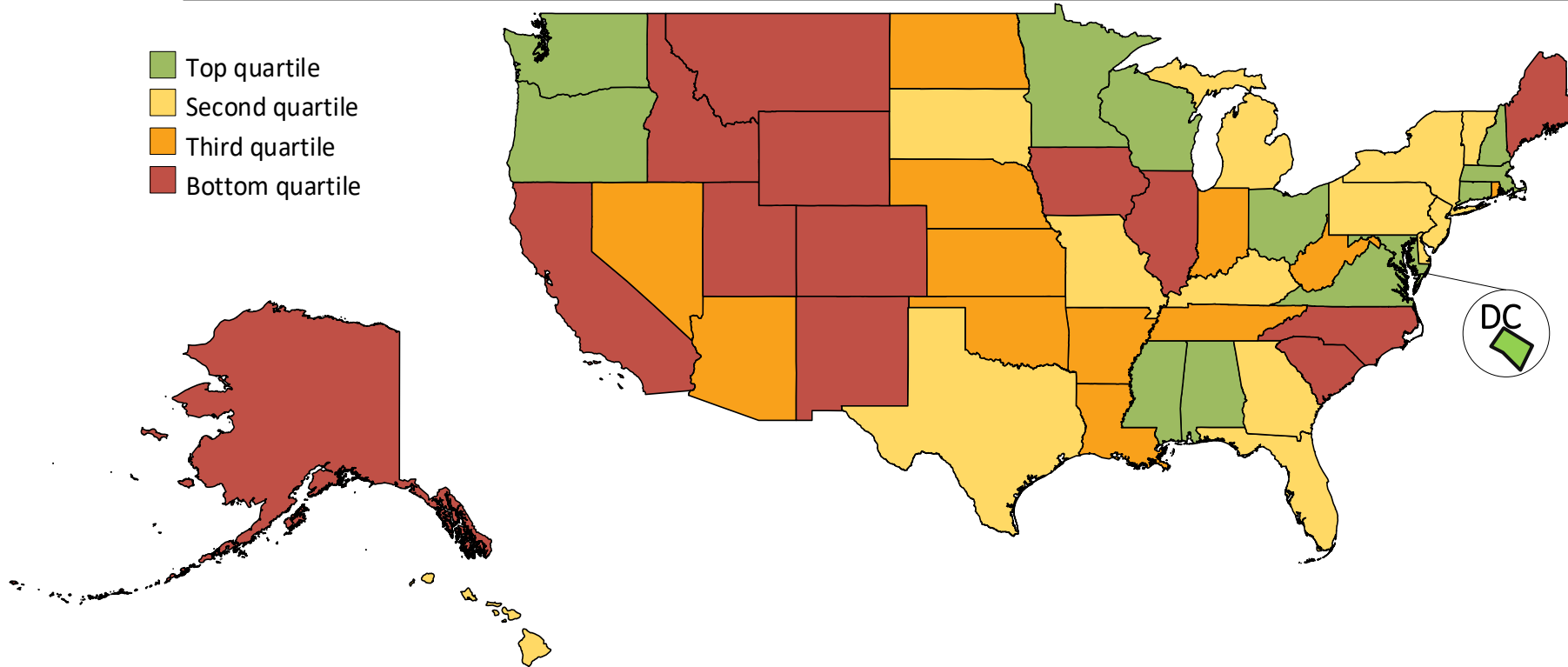
Federal, State, Local, Medicaid
Administrative Claiming

Services

I&R, Options Counseling,
Nutrition, Transportation,
Housing

* ADRCs, authorized under Title II of the OAA, are local organizations that have met a threshold/criteria designated by the state

NWD Metric Scorecard Rankings



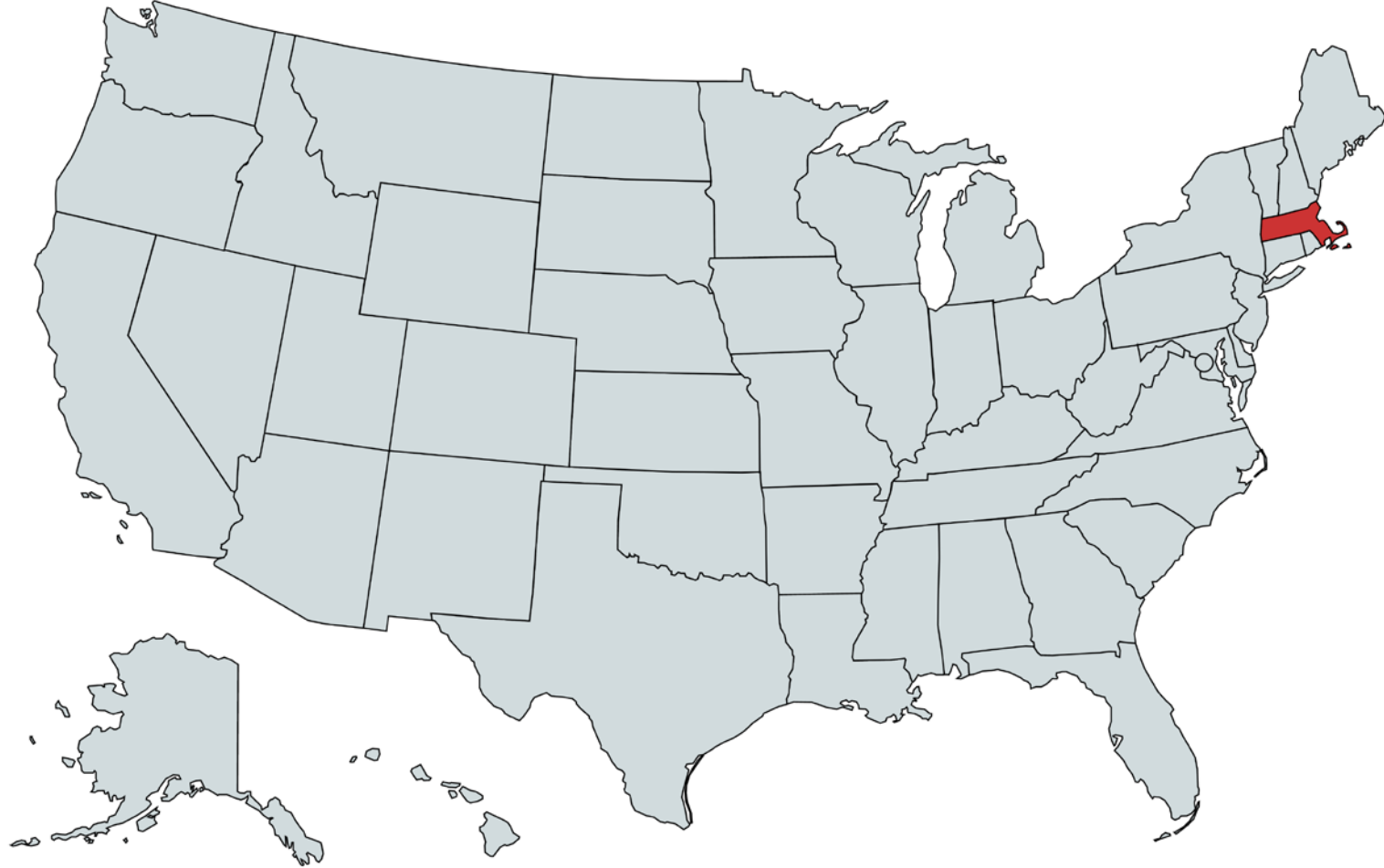
NWD functions were one of five areas in which states showed the most progress in the 2020 LTSS Scorecard.

[NWD Key Takeaways Report](#)

Top 5 States	Ohio, New Hampshire, Washington, Massachusetts, and Minnesota
Bottom 5 States	California, New Mexico, Utah, North Carolina, and Wyoming

Massachusetts

Example



Successful Factors in ADRC Partnerships

1

- Leadership support
- Understanding of priorities
- Understanding of shared population
- Understanding of each others' limitations
- Identified common needs

2

- Open to creating working opportunities
- Representation in local and regional meetings, boards
- Grant collaboration
- Reciprocated consultation

3

- Ongoing cross training
- Ongoing screening
- Cross-system referrals
- Leveraging resources

No Wrong Door



- Info & Referrals
 - 1-844-839-7154
 - www.biama.org
- Support Groups
- Advocacy
- Educational opportunities



- Info & Referrals
- (617) 204-3665
 - MRC Connect
 - Disability benefits determination
 - Transitioning out of facilities
 - Supports living in the community
 - Employment/education
 - Specialized brain injury services
 - Brain injury training



New Start Brain Injury Community



- Info & Referrals
- (774) 530-6220
 - About the Center

- Club House model
- Intensive Case Management for SUD-BI population (pilot)

Executive Office of Elder Affairs



Info & Referrals

- 1-844-422-6277
- www.MassOptions.org

Aging and Disability Resource Consortia's

- Independent Living Center
- Aging Agencies
 - Options and Benefits Counseling
 - Access to Statewide LTSS

QUESTIONS: PARTNERSHIPS WITH FEDERAL ENTITIES



| FACILITATED DISCUSSION





Real-Time Evaluation Questions

- Please take a moment to respond to these seven evaluation questions to help us deliver high-quality TBI TARC webinars
- If you have suggestions on how we might improve TBI TARC webinars, or if you have ideas or requests for future webinar topics, please send us a note at TBITARC@hsri.org

Future TBI Sessions

March 23, 2021, 1:00 – 4:00pm (ET)

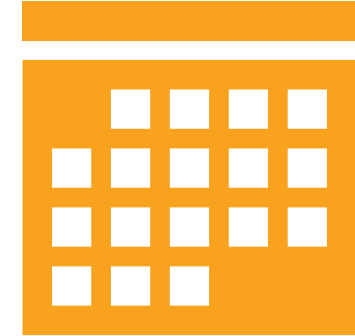
"Return to Learn: Equal Access to Education for Students with Brain Injury." [Register for the session.](#)

March 30, 2021, 1:00 – 4:00pm (ET)

"Justice for All: Serving Individuals with Brain Injury Across the Justice System." [Register for the session.](#)

April 6, 2021, 1:00 - 4:00pm (ET)

"Maximizing the Effectiveness of Advisory Boards Through Full Participation." [Register for the session.](#)



Thank You.

The Traumatic Brain Injury Technical Assistance and Resources Center (TBI TARC) is an initiative from the Administration for Community Living that helps TBI State Partnership Program grantees promote access to integrated, coordinated services and supports for people who have sustained a TBI, their families, and their caregivers. The Center also provides a variety of resources to non-grantee states, people affected by brain injury, policymakers, and providers.



| MEET THE PRESENTERS



Dave Boyer

Protection and Advocacy

National Disability Rights Network (NDRN)

david.boyer@ndrn.org



Dave Boyer, JD, provides training and technical assistance in the areas of abuse and neglect in community settings, access authority, housing, monitoring and investigations, associational standing, veteran issues, and traumatic brain injuries. Additionally, he provides assistance to the network on issues related to the Protection and Advocacy for Traumatic Brain Injuries (PATBI).

Prior to joining NDRN, Dave was the Director of Investigations at the Florida P&A, Disability Rights Florida. Dave has litigation experience in the areas of criminal justice, fair housing, community integration, and education. He obtained his BA in psychology from THE Ohio State University, his MA (ABD) in clinical psychology from Ohio University, and his JD from Florida State University.

Joseph Lugo

Director, Office of Network Advancement
U.S. Administration for Community Living

Joseph.Lugo@acl.hhs.gov



Joseph L. Lugo serves within the Center for Innovation & Partnership within the U.S. Administration for Community Living. He is currently serving as Director for the Office of Network Advancement. Joseph joined AoA in 2006 and has served as the Team Lead for multiple initiatives including Aging & Disability Resource Center (ADRC), No Wrong Door System, Person Centered Counseling Training Program and Veteran Directed Care Program.

Prior to joining ACL, Joseph served in the Division of Planning, Research & Development at the Illinois Department on Aging (IDoA). In his tenure at the IDoA, he led the rollout of Illinois' ADRC initiative, Illinois' implementation of the National Family Caregiver Support Program and served as Bureau Chief over the aged/disabled Medicaid waiver program. His experience prior to this time was as a budget analyst for the Office of Management and Budget under the Executive Office of the Governor.

He received a master's degree in gerontology in 2002 and a graduate certificate in public management practices in 1997 both from the University of Illinois at Springfield. In conjunction with the Wharton School of Business, he participated in the Global Leadership and Organizational Behavior Effectiveness Research Program (GLOBE) and Dwight D. Eisenhower Leadership Program. In addition, Joseph was selected as James H. Dunn Fellow in 1997 and a Learning to Lead Fellow in 1995.

Joseph and his wife Michelle reside with their family in Bristow, Virginia.

Kenisha Tait

Grant Program Manager

Brain and Spinal Injury Trust Fund Commission

kenisha.tait@dph.ga.gov

Kenisha Tait is the Traumatic Brain Injury Grant Program Manager with the Brain and Spinal Injury Trust Fund Commission in Atlanta, Georgia. She previously worked as a Health and Nutrition Specialist for an Early Head Start Partnership Program. Kenisha is an experienced trainer who holds a Better Brains for Babies Certification.



Maggie Ferguson, CBIS

Brain Injury and Disability Program Manager

Iowa Department of Public Health

Maggie.Ferguson@idph.iowa.gov



Maggie Ferguson, CBIS is the Brain Injury and Disability Program Manager at the Iowa Department of Public Health (IDPH) and has served in this role since 2013. She has spent approximately 20 years in various capacities advocating for and supporting individuals with disabilities and their families. Currently, that includes directing initiatives to improve concussion management among Iowa youth; improve the health of Iowans with disabilities through increased physical activity, better nutrition and reducing obesity; and increase the use of evidence-based falls prevention programs.

In addition to her duties at IDPH, Maggie currently serves on the board of directors for the National Association of State Head Injury Administrators.

Scott Collins

Brain Injury Services Branch Manager
Department of Aging and Independent Living of Kentucky
donald.collins@ky.gov



Scott Collins serves as the Brain Injury Services Branch Manager with the Department of Aging and Independent Living in Frankfort, Kentucky. He has spent the past 7 years in various roles within the TBI Trust Fund. He works closely with case managers, vendors and individuals with brain injury to help maintain services that enable these individuals to stay in their homes and communities with their families and friends. He handles all contracts and budgetary issues to ensure funding is available and maintained. He also carries out a liaison role between the Community Options Branch and other organizations in matters pertaining to program policies/procedures, initiative, and client care issues. He finally coordinates with various cabinet departments on related task force and committees, and he responds to programmatic inquiries via email or phone from the general public, governmental officials, or other jurisdictions.

Anastasia Edmonston

Project Coordinator

Maryland Behavioral Health Administration

anastasia.edmonston@maryland.gov



Anastasia Edmonston, MS CRC currently serves as the Project Coordinator for the Maryland Behavioral Health Administration's Federal Traumatic Brain Injury Partner Grant. She coordinates initiatives such as training on the topics of traumatic brain injury, person-centered thinking and planning to professionals who work in the fields of aging, mental health and addiction (with a focus on the link between addiction and brain injury) and law enforcement. She has worked in the field of rehabilitation services for individuals with traumatic and acquired brain injuries for over 30 years in both inpatient and outpatient services, as a case manager, program coordinator, advocate and vocational rehabilitation counselor. She obtained her MS in rehabilitation counseling from Boston University, is a Certified Rehabilitation Counselor, as well as a certified Mental Health First Aid Instructor. She is also a Certified Person Centered Thinking Trainer through the Learning Community for Person Centered Practices. She also received training and mentoring from Diane Greider around principles of person-centered planning. She earned a post-graduate certificate in instructional systems development from the University of Maryland, Baltimore County in 2014.

Gabriela Lawrence-Soto

Learning and Development Coordinator
Massachusetts Rehabilitation Commission
Office of Learning and Development
gabriela.Lawrence-soto@massmail.state.ma.us



Gabriela Lawrence-Soto is the Learning and Development Coordinator for the Office of Learning and Development at the Massachusetts Rehabilitation Commission (MRC), the lead State agency for traumatic brain injury services, who also helps individuals with disabilities to live and work independently. Ms. Lawrence-Soto has been part of the senior management team for brain injury services within the Community Based Services department of the Massachusetts Rehabilitation Commission since 2014. She was the former grant Project Manager for the agencies last two ACL grant cycles. Prior to her time with MRC, Ms. Lawrence-Soto worked with various populations—including at-risk, low-income, youth, and older adult populations, as well as people with disabilities. She has case management experience supporting individuals living with a brain injury and other neurological disorders in Massachusetts. She also has experience with resource facilitation, staff development, training, program management and partnership-building across human service systems. Ms. Lawrence-Soto is a Certified Options Counselor for MA. She holds a bachelors of liberal arts from Hamilton College and is currently pursuing a master's degree in program and project management from Brandeis University. Ms. Lawrence-Soto has been a member of the National Association of State Head Injury Administrators since 2014. She has continuously served on the NASHIA Training and Education committee since 2015. And has served as Secretary for the NASHIA Board of Directors since 2017.

Jolayemi Ahamiojie

Injury Prevention Project Coordinator
Rhode Island Department of Health
Jolayemi.Ahamiojie@health.ri.gov



Jolayemi Ahamiojie is a public health official at the Rhode Island Department of Health. She serves as the Violence and Injury Prevention Coordinator where she works to prevent intentional and unintentional injuries such as intimate partner violence, traumatic brain injury, transportation safety, and child abuse. As a program coordinator, she is a member of several committees such as the Permanent Advisory Commission on Traumatic Brain Injury, Traffic Safety Coalition and Delta Impact.

Ashley Bridgman

Program Director

Tennessee Department of Health

Ashley.N.Bridgman@tn.gov



Ashley Bridgman, MS, NPAS, SRAS, is the Traumatic Brain Injury (TBI) Program Director at the Tennessee Department of Health. Ashley works closely with vendors around the state that provide home and community-based services for persons with brain injuries. She oversees all TBI program activities including the TBI registry, service coordination, TBI Advisory Council and return to learn/return to play activities. In addition, she monitors contracts and provides technical assistance to vendors across the state.

Ashley received her bachelor's degree in exercise science at Western Kentucky University. She has also obtained her master's in kinesiology and health promotion with a specialty in exercise physiology at the University of Kentucky. She is currently completing her master's in public health at East Tennessee State University and is a 2020-2021 long-term trainee with the Vanderbilt Consortium LEND (Leadership Education in Neurodevelopmental Disabilities) Program.

Paula Denslow, CBIS

Program Director
Tennessee Disability Coalition
paula_d@tndisability.org



Paula Denslow is a Certified Brain Injury Specialist (CBIS) and has been with the Tennessee Disability Coalition since 2003 as the director of two federal grant-funded programs, one under the Health Resources and Services Administration and the current one through ACL's Traumatic Brain Injury State Partnership Program. Paula is a member of the National Collaborative on Children's Brain Injury and the National Association of State Head Injury Administrators and currently serves on the Board for the Children's Emergency Care Alliance of Tennessee.

Paula began her brain injury journey in 1996, when her oldest son sustained a brain injury at the age of 14. Six years later, her youngest son's injury occurred due to a motor vehicle collision. These injuries were the beginning of a lifelong family journey. As a parent of three and "Grammy" of four, Paula strives to raise awareness of the potential short- and long-term impacts navigated by people living with brain injury, their families and those who play a supportive role. She brings both personal and professional experiences to her role.