TBI Tuesdays

Sustainable Partnerships: Forging Relationships That Last

March 16, 2021
Welcome to Today’s TBI Tuesday Session

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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

Overview of the Sustainable Partnerships Work Group

• 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  

**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
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 assuring 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 to 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 in their initiatives.

Continued...
QUESTIONS:
WORKGROUP & PRODUCTS
PARTNERSHIPS WITHIN A STATE
Maryland
Example
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 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
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
Long Term Supports & Services Expanded

- **ECF & CHOICES PROGRAMS**
  - UnitedHealthCare: Webinar Training Series. Discussions on how to expand across departments.
  - Amerigroup: Webinar Training Series. Webinars recorded and incorporated into new hire orientation processes.
  - BlueCare of TN: Webinar Training Series. Discussions underway on having training certified and expansion across Blue Cross Blue Shield of TN.
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
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
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
Continuum of Remedies

- Information and Referrals
  - Training Consumers – Professional
    - Self – Advocacy Skills
  - Counseling and Advice
    - Negotiation and Mediation
  - Administrative Action
    - Individual Litigation
  - Monitoring
    - Media Advocacy
    - Interaction with Policymakers
  - Class Action
    - Legislative Advocacy
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

- Healthcare: 25%
- Housing: 16%
- Neglect: 15%
- Transportation: 2%
- Rehabilitation Services: 7%
- Unnecessary Institutionalization: 3%
- Other (Includes all items under 1%): 14%
- Abuse: 7%
- Architectural Accessibility: 1%
- Custody/Parental Rights: 1%
- Employment Discrimination: 0%
- Education: 0%
- Financial Benefits: 6%
- Gov. Benefits/Services: 0%
- Guardianship/Conservatorship: 4%
Highest Intervention Strategy

- **Short Term Assistance**: 70%
- **Negotiation**: 12%
- **Investigation/ Monitoring**: 7%
- **Systemic/ Policy Activities**: 1%
- **Mediation/ Alternative Dispute Resolution**: 1%
- **Admin. Hearing**: 5%
- **Legal Remedy/ Litigation**: 3%
- **Class Action Suits**: <1%
- **Legal Remedy/ Litigation**: 3%
- **Class Action Suits**: <1%
- **Legal Remedy/ Litigation**: 3%
- **Class Action Suits**: <1%
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- **Legal Remedy/ Litigation**: 3%
- **Class Action Suits**: <1%
Reasons for Closing Case Files

- All Issues Resolved in Client’s Favor: 48%
- Some Issues Resolved in Client’s Favor: 23%
- Services Not Needed Due to Death/Relocation/Other: 1%
- Individual Not Responsive to Agency: 3%
- Case Lacked Legal Merit: 6%
- Conflict of Interest: <1%
- Lack of Resources: 2%
- Agency Withdrew From Case: 2%
- Not Within Priorities: 1%
- Other Representation Obtained: 3%
- Other: 2%
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

- **2003**: AoA & CMS First Wave of ADRC Discretionary Grants
- **2005**: Money Follows the Person
- **2007**: 10 CMS Hospital Discharge Planning grants to ADRC states
- **2008**: VHA Partnership: VD-HCBS
- **2010**: Affordable Care Act: *CCTP, Balance Incentive Program, $50 Million ADRCs, MDS Section Q*
- **2012-2016**: In 2012, ACL, CMS and VHA fully adopted No Wrong Door (NWD) Model and funded 8 states for implementation
- **2018**: In 2018, ACL, CMS and VHA fund 10 states for Business Case & ROI Development
- **2020**: In 2020, ACL developed the Strategic Framework for Action to support state efforts in sustaining the aging and disability network and improve healthcare outcomes
- **New Partners/Buyers**
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 functions were one of five areas in which states showed the most progress in the 2020 LTSS Scorecard.

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

Executive Office of Elder Affairs

MASS OPTIONS

Aging and Disability Resource Consortia's
- Independent Living Center
- Aging Agencies
  - Options and Benefits Counseling
  - Access to Statewide LTSS

Info & Referrals
- 1-844-422-6277
- www.MassOptions.org

New Start Brain Injury Community

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

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

BRAIN INJURY ASSOCIATION OF MASSACHUSETTS

MRC

Massachusetts Rehabilitation Commission

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

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
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.](#)
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.
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 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 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 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, 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 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 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, 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 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.