

ACL Traumatic Brain Injury Stakeholder Day

March 8, 2022



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Community Living, Department of Health and Human
Services, Washington, D.C. 20201

Welcome



Shawn Callaway

Project Officer

Administration for Community Living



Elizabeth Leef

Project Officer

Administration for Community Living





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**.



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)

An anatomical model of a human skull, showing the facial nerves and blood vessels. The model is mounted on a stand and is positioned on the right side of the image. The background is a blurred laboratory or classroom setting.

OPENING REMARKS

Meet Our Speaker



Alison Barkoff

*Principal Deputy
Administrator*

Administration for
Community Living

Session 1-4 Facilitators



Maria Crowley

NASHIA



Judy Dettmer

NASHIA

TBI Technical Assistance & Resource Center (TBI TARC)

- ▶ Managed by the Human Services Research Institute in partnership with the National Association of State Head Injury Administrators (NASHIA)
- ▶ Provides:
 - Technical assistance and support to TBI SPP grantees and funded partners
 - Resources to other stakeholders – including other states, policymakers, providers, people with lived experience with TBI and their family members
 - Logistical support to ACL

The image features a blurred background of a laboratory or classroom setting. In the foreground, an anatomical model of a human head and neck is visible, showing the brain, blood vessels, and spinal column. The model is mounted on a stand. Overlaid on the right side of the image is a large, bold, white text block. On the left side, there is a large, semi-circular graphic element consisting of overlapping light pink and white shapes with a dark outline.

SESSION 1: SURVIVOR ENGAGEMENT STRATEGIES

Session 1 Speakers



**Clifford
Hymowitz**

BI Survivor/Advocate

TBI Advisory Board
and Leadership
Group (TAL-Group)



Kelly Lang

*BI Survivor, Caregiver &
Former Board Member*

TAL-Group



**Maria
Martinez**

BI Survivor/Advocate

TAL-Group



Carole Starr

*TBI Survivor, Speaker,
Author & Advocate*

TAL-Group

Survivor Experiences on Boards

- Describe your best experience as a brain injury survivor serving on a board/committee/task force.
 - What worked?
- Describe your worst experience as a brain injury survivor serving on a board/committee/task force.
 - What didn't work?

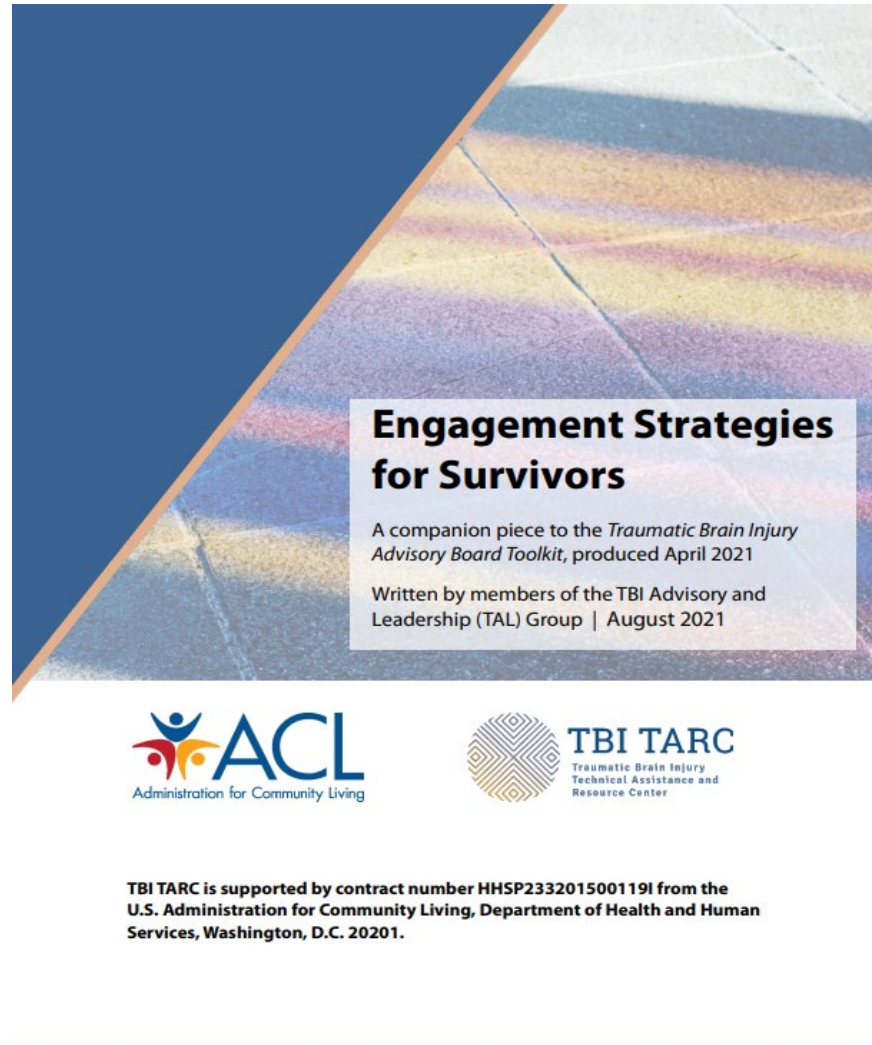
Recruitment/Retention

- As a brain injury survivor, what would be your advice for boards looking for more survivors?
- As a brain injury survivor, why do you stay on a board versus leave?

Advice for Board Chairs

- What's one piece of advice you have for board chairs?

Engagement Strategies for Survivors



This guide is a resource for individuals with brain injury to be fully participating board members. It was developed by the TBI Advisory and Leadership (TAL) group to serve as a companion document to the Traumatic Brain Injury Advisory Board Toolkit available at


<https://acl.gov/sites/default/files/programs/2021-07/Traumatic%20Brain%20Injury%20Advisory%20Board%20Toolkit.pdf>

The guide is available at:

https://acl.gov/sites/default/files/programs/2021-09/TBITARC_EngagementStrategiesForSurvivors_Final_Accessible.pdf

QUESTIONS: SURVIVOR ENGAGEMENT STRATEGIES



The image features a semi-transparent anatomical model of a human skull with visible internal structures like the brain, nerves, and blood vessels. The model is mounted on a stand. The background is a blurred laboratory or classroom setting. On the left side, there is a large, stylized graphic element consisting of overlapping light blue and white curved shapes. The text is centered over the skull model.

**SESSION 2:
DOMESTIC
VIOLENCE AND THE
EFFECT ON
CHILDREN**

Session 2 Speakers



**Monica A.
Lichi**

Ohio Valley Center for
Brain Injury Prevention
and Rehabilitation, The
Ohio State University
Wexner Medical Center



**Rachel
Ramirez**

Center on Partner-
Inflicted Brain
Injury

Ohio Brain Injury Program



Brain Injury & Domestic Violence in Ohio: A Relationship Story

Monica Lichi, MS, MBA, CCRP



John Corrigan, PhD



Monica Lichi, MS, MBA



Brei Miller, MA, AT, CSCS



Beth Windisch, LISW-S



Amy Lawson, RN, MSN

Our Team





Collaboration



**Ohio Brain Injury Advisory
Committee**



**Ohio Domestic Violence Network
Steering Committee /
Community of Practice**

**Alone we can do so
little; together we
can do so much.
– Helen Keller**





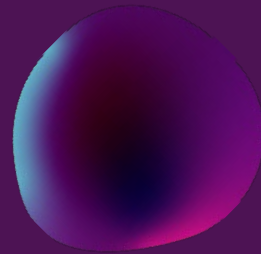
Domestic Violence and Children

Rachel Ramirez, LISW-S



Domestic Violence

A web of coercive behaviors
that are hard to identify until
an adult is trapped





More versions of the power and control wheel available at:

<https://www.theduluthmodel.org/wheel-gallery/>



**Abusers
intentionally
harm the
abused parent
and children in
the home**



**Abusers also
sabotage the
victim's parenting
and their
relationship with
children**

Victims often
blame
themselves for
how their
children have
been impacted



A survivor shares her reflections



PAULA



HOW WERE MY
CHILDREN IMPACTED?

Victim parent safety and child safety are almost always inseparable, and the victim parent is key to resilience and recovery for children.

Children are involved in multiple ways

- Get hurt
- See
- Hear
- Intervene
- See the aftermath
- Are told about it



Every child's experience
with domestic violence is as
unique as they are.

Use three lenses:

Development

Resilience

Trauma



Nature
+
Nurture
+
Experiences
=
Developmental
Outcomes

Resilience

The capacity to
recover quickly
from difficulties.

Adapting well in
the face of
adversity.



**DV causes toxic and
traumatic stress to victims
and children**

Ohio Domestic Violence Network Resource: Experiencing Trauma Affects Our Children

This resource is available in a variety of formats and languages on the ODVN website :

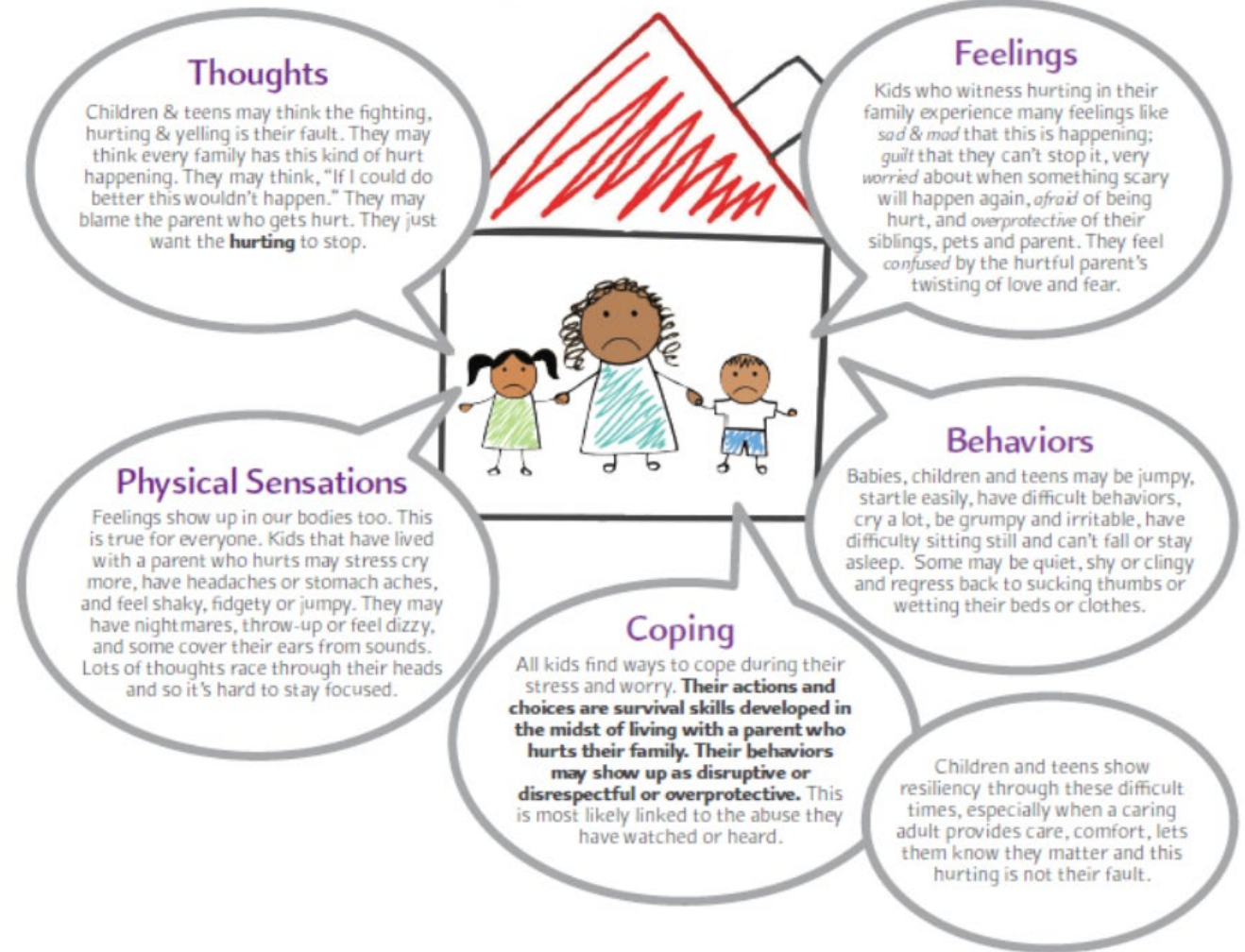
<https://www.odvn.org/order-print-materials/>

When a partner hurts their spouse or partner by causing fear, threats and injury in the relationship; this partner is also hurting their babies, children and teens by putting them in the midst of the threats and harm. They don't create a sense of co-parenting either.

These upsetting and on-going experiences likely create chronic stress, trauma and traumatic responses for the kids and their parent victimized by this type of hurting. Traumatic responses often show up in kid's behavior. But they might not be noticed because their trauma reactions often look disruptive and perhaps disrespectful or they may be really quiet or clingy.

Living with or visiting a parent who batters and hurts puts children on high alert. Trauma causes people to be on high alert throughout the day and night for what could happen to them next.

Experiencing Trauma Affects Our



It matters that you have come to stay here with your children. We are here to support you in comforting your children. Take a look on the back for ideas to support your children that help him or her to feel safer.

Ohio Domestic Violence Network Resource: Play. Move. Imagine. I Matter! I Belong! (Youth Journal)

This resource is available
on the ODVN website :
<https://www.odvn.org/order-print-materials/>

You, as their caring parent, taking the time to try these suggestions, can help regulate their behavior and reactions to things in the present moments.

Rocking & Swinging

Take some time to rock your babies and children or go to the playground and swing. The back and forth repeating motion of rocking is so soothing and calms children.

Humming & Singing

Singing or humming also has been shown to increase the feelings of goodness and control. Picking a favorite family song to sing together to build a stronger connection is a wonderful way to teach healthy coping to your children.

Playing

Every child and teen needs time to play. Moving and playing lets the body heal and gets rid of stress stored inside their bodies, especially when upsetting things have happened to them.

Playing on Floor—Giving younger kids daily times to play on the floor with you where they have your attention is an amazing way to offer your kids support, care and love. This restores a sense of calm in your family.

Sleeping, Eating & Drinking Water

Hungry and tired kids become irritable and have trouble listening, which in turn makes parenting more challenging. It's important every day to feed a child healthy food, make sure they get enough water, and have plenty of rest because it helps manage the many feelings they are experiencing. It also regulates their blood glucose levels so their behavior stays more even.

Breathing

Your breath is your anchor to regulating emotions, shifting moods, and feeling calmer. Stress can cause us to breathe in a rapid way. Practice breathing with your children & teens many times a day. This helps kids learn to manage their sensations and feelings. Breathing in slowly through your nose and out through your mouth 4 or 5 times lowers blood pressure, slows heart rate and brings kids back to a sense of control..

Some parents think it's spoiling them but in fact it helps them to feel safer and calmer inside their bodies. Please stick with it! It's going to take time to heal the hurting that you've all been through.

Emotional & Physical Safety Planning With Children & Teens

If your child or teen needs support when they feel overwhelmed by too much or because of the changes, then making a plan for your child might help. If you are concerned or would like more ideas please know advocates are here to talk with you and your kids. We can also offer community referrals for extra support or counseling too.

Catch Them Doing Good

Finding times to support your children and catch them doing the right thing can go a long way in guiding your children and teens. So much of what they heard before leaving was filled with cruelty and mixed messages. Children and teens can benefit from such positivity and hope.

Give Hugs & Calm Responses

When domestic violence has happened in a family, hands and harsh words have so often caused hurting. Kids can feel safer with positive attention filled with hugs and peaceful responses from their caring parent.

Talk With Your Babies, Children & Teens

Kids need to hear from you, their caring parent that you understand upsetting things have changed their family. When each of you has been through fear, isolation and ever-changing rules, you can talk with them about what they worry about most, and what they miss most. You can praise them for being brave through all of this even though each child may have mixed feelings about leaving.

Music & Dance

When times are demanding, get your kids to moving in the right direction by using music, dancing or marching. You'll create a positive feeling which brings laughter too! It can be easier on you then time outs and taking away things. Building kids up and showing them that you can create fun while expecting them to listen, works during times of change and loss.



Create & Keep Basic Routines

Having routines or doing the same thing each morning and night creates a sense of safety and consistency. This is important because the abusive person has always changed the rules and disrupted routines.

Inspire Hope & Joy

Kids need built back up after living with an abusive parent who has caused hurt for all of you. Finding the little joys in your day can encourage children to use their strength this way too. Kids like to be helpful. Praise them when they are pitching in!

You and each of your children deserve respect, kindness and safety in your lives!

This publication was supported by a Victim of Crime Act (VOCA) grant award administered by the Ohio Attorney General's Office. Victims of federal crimes will be served. Provided by The Ohio Domestic Violence Network's Youth Institute. Contact soniaf@odvn.org



An advanced service provision approach providing guidance and tools to raise awareness on brain injury



CARE

CONNECT • ACKNOWLEDGE
RESPOND • EVALUATE

Trauma-informed

toolbox to help you raise awareness on brain injury caused by violence



C

CONNECT with survivors by forming genuine and healthy relationships

A

ACKNOWLEDGE that head trauma and mental health challenges are common, provide information and education to survivors, and identify short and long term physical, cognitive, and emotional consequences,

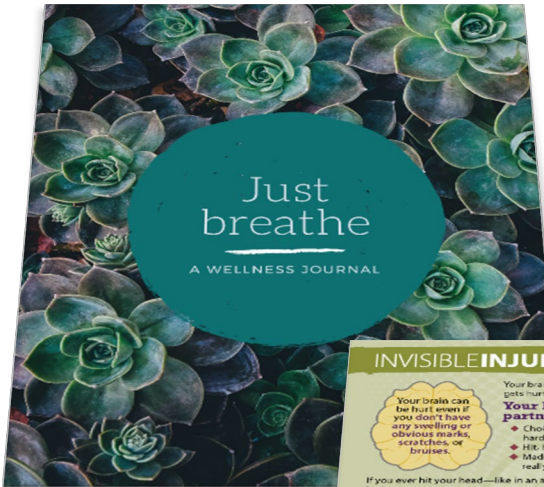
R

RESPOND by accommodating needs related to traumatic brain injury, strangulation and mental health challenges, and provide effective, accessible referrals and advocacy for individuals who need additional care

E

EVALUATE accommodations and referrals and touch base regularly to see if adjustments need to be made

CARE tools at www.odvn.org



INVISIBLE INJURIES When Your Head is Hurt While Experiencing Domestic Violence

Your brain plays a role in everything your body does. So when it gets hurt, it can change everything. **Your brain could have been hurt if your partner ever...**

- Choked or strangled you, or did something that made it hard to breathe
- Hit, hurt, punched, or kicked you in the head, neck, or face
- Made you fall and you banged your head, or shook you really hard

If you ever hit your head—like in an accident, tripping, falling—that could have hurt your brain, too.

This violence can cause a head injury, which happens when there is a change in how your brain normally works. Your brain can be affected for a few minutes, hours, or days... but sometimes it's weeks, months, years, or forever.

You Are NOT ALONE

Strangulation causes a head injury and hurts your brain! Strangulation is dangerous and deadly...

...even if you have no marks—most people don't... even if you don't pass out... even if you don't feel like it's a big deal—it is.

You can be unconscious in seconds, and die within minutes.

It's not over when it's over. People often thought they were going to die. It's a traumatic experience that affects our body, thoughts, and feelings.

It can impact your life for a long time. These injuries can make it more difficult for your brain to do many things it needs for you to live your daily life, get and keep a job, and be healthy.

If you have been strangled, your partner is over 7 times more likely to kill you.

7X



HAS YOUR HEAD BEEN HURT?

It can affect your life in many different ways. Head and neck help, but you might need additional care, especially if your head has hurt more than once.

Has your partner...

- Hit you in the face or head?
- Tried to choke or strangle you?
- Made you fall and you hit your head?
- Shaken you severely?
- Done something that made you have trouble breathing or pass out?

Are you having physical problems?

- Headaches?
- Fatigue, feeling confused, or irritable?
- Changes in your vision?
- Ringing in your ears?
- Dizziness or having problems with balance?
- Pain in your head or neck?

Are you having trouble with...

- Concentrating or paying attention?
- Making plans?
- Remembering things or keeping things organized?
- Getting things done?
- Finding words or following conversations?

IF YOU SAID YES, YOU HAVE A HEAD INJURY!

Talk to a domestic violence advocate at www.odvncares.org

¿HA SUFRIDO UNA LESIÓN EN LA CABEZA?

Esto puede afectar su vida de muchas maneras diferentes. Si descansa y al tiempo asiste, pero es posible que necesite ayuda adicional, especialmente si ha sufrido una lesión en la cabeza más de una vez.

¿Su pareja...

- Le ha golpeado en la cara o en la cabeza?
- Le ha tratado de asfixiarlo o estrangularlo?
- Le hizo caer y usted se golpeó la cabeza?
- Le ha sacudido bruscamente?
- Le ha hecho algo que le haya causado problemas para respirar o desmayarse?

¿Tiene problemas físicos?

- ¿Fatiga?
- ¿Aturdimiento, confundido o desorientado?
- ¿Cambios en su visión?
- ¿Zumbido en sus oídos?
- ¿Mareado o tiene problemas de equilibrio?
- ¿Dolor en su cabeza, cara o cuello?

¿Tiene problemas con...

- ¿Para poner atención?
- ¿Para hacer planes?
- ¿Para recordar cosas o mantenerse organizada?
- ¿Para terminar de hacer las cosas?
- ¿Para seguir las conversaciones?
- ¿Para sentirse motivada?
- ¿Para controlar sus emociones?

SI CONTESTÓ SI A CUALQUIERA DE LAS OPCIONES MENCIONADAS, USTED PUEDE HABER SUFRIDO UNA LESIÓN GRAVE EN SU CABEZA.

Hable con un defensor de violencia doméstica o visite www.odvn.org.

CARE Head Injury Accommodations
Staff Completing Checklist

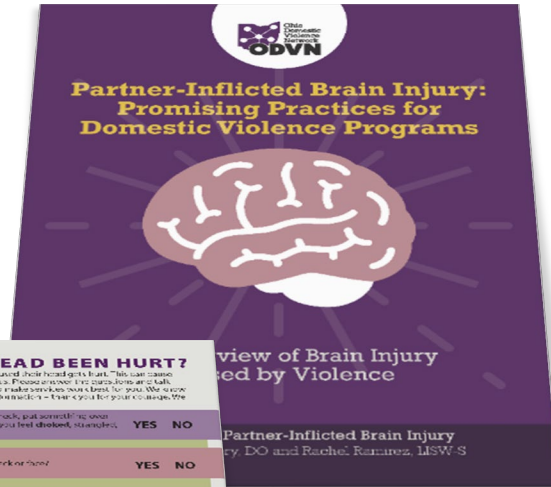
Survivor Name: _____ Date: _____

DON'T FORGET: CONNECT FIRST!

Common Brain Injury Accommodations

- Have flexible staff schedules or open hours where people can drop in without an appointment
- Put signs up in your building that point towards exits, kitchen, bathroom, etc.
- Slow down information, plan for additional time
- Do a mind map of resources (identifying sources of support, agency involvement, agencies they would like to work with, medical providers, etc) and have a hard copy for assistance
- Repeat things frequently and have them repeat back to you, in their own words, what you talked about
- Provide written information and document conversations as much as possible, for recall
- Provide calendars, notebooks and checklists to help with memory
- Check in with survivor often, particularly in the beginning of their stay

Identify some "go to" people that can assist with...



Has your head been hurt?

Search your own memory about your head gets hurt. This can cause injuries that aren't always obvious. Please answer the questions or talk with a healthcare provider to make sure you have the best care for your condition. We are here to support you.

C Have you ever been hit or hurt in the head, neck or face? **YES NO**

H Have you ever been bit or hurt in the head, neck or face? **YES NO**

A After you were hurt, did you ever feel dazed, confused, dizzy or "in a fog" for several hours, or have trouble remembering things, or not remember what happened, or feel like you had "blacked out" the above conversations? **YES NO**

Has any of the above happened recently? If yes, how long ago? **YES NO**

Has any of the above happened more than once? **YES NO**

T Are you currently having trouble with anything below? Circle all that apply.

PHYSICAL	EMOTIONS	THINKING
Headaches	Worried or fearful	Remembering things
Lower grades than before the injury	Feeling nervous	Understanding things
Blurry vision	Feeling sad or angry	Following directions
Ear ringing	Feeling stressed	Getting things done
Balance problems	Feeling like you can't breathe	Organizing things
Head pain	Feeling like you can't think	Getting things done
Double vision	Feeling like you can't focus	Getting things done
Neck pain	Feeling like you can't relax	Getting things done
Stiff neck	Feeling like you can't sleep	Getting things done
Difficulty swallowing	Feeling like you can't eat	Getting things done
Difficulty talking	Feeling like you can't talk	Getting things done
Difficulty hearing	Feeling like you can't hear	Getting things done
Difficulty seeing	Feeling like you can't see	Getting things done
Difficulty smelling	Feeling like you can't smell	Getting things done
Difficulty tasting	Feeling like you can't taste	Getting things done
Difficulty feeling touch	Feeling like you can't feel	Getting things done
Difficulty feeling temperature	Feeling like you can't feel	Getting things done
Difficulty feeling pain	Feeling like you can't feel	Getting things done
Difficulty feeling pressure	Feeling like you can't feel	Getting things done
Difficulty feeling vibration	Feeling like you can't feel	Getting things done
Difficulty feeling movement	Feeling like you can't feel	Getting things done
Difficulty feeling position	Feeling like you can't feel	Getting things done
Difficulty feeling direction	Feeling like you can't feel	Getting things done
Difficulty feeling distance	Feeling like you can't feel	Getting things done
Difficulty feeling time	Feeling like you can't feel	Getting things done
Difficulty feeling space	Feeling like you can't feel	Getting things done
Difficulty feeling color	Feeling like you can't feel	Getting things done
Difficulty feeling sound	Feeling like you can't feel	Getting things done
Difficulty feeling light	Feeling like you can't feel	Getting things done
Difficulty feeling heat	Feeling like you can't feel	Getting things done
Difficulty feeling cold	Feeling like you can't feel	Getting things done
Difficulty feeling dry	Feeling like you can't feel	Getting things done
Difficulty feeling wet	Feeling like you can't feel	Getting things done
Difficulty feeling soft	Feeling like you can't feel	Getting things done
Difficulty feeling hard	Feeling like you can't feel	Getting things done
Difficulty feeling smooth	Feeling like you can't feel	Getting things done
Difficulty feeling rough	Feeling like you can't feel	Getting things done
Difficulty feeling sticky	Feeling like you can't feel	Getting things done
Difficulty feeling slippery	Feeling like you can't feel	Getting things done
Difficulty feeling heavy	Feeling like you can't feel	Getting things done
Difficulty feeling light	Feeling like you can't feel	Getting things done
Difficulty feeling fast	Feeling like you can't feel	Getting things done
Difficulty feeling slow	Feeling like you can't feel	Getting things done
Difficulty feeling loud	Feeling like you can't feel	Getting things done
Difficulty feeling quiet	Feeling like you can't feel	Getting things done
Difficulty feeling bright	Feeling like you can't feel	Getting things done
Difficulty feeling dim	Feeling like you can't feel	Getting things done
Difficulty feeling hot	Feeling like you can't feel	Getting things done
Difficulty feeling cold	Feeling like you can't feel	Getting things done
Difficulty feeling warm	Feeling like you can't feel	Getting things done
Difficulty feeling cool	Feeling like you can't feel	Getting things done
Difficulty feeling comfortable	Feeling like you can't feel	Getting things done
Difficulty feeling uncomfortable	Feeling like you can't feel	Getting things done
Difficulty feeling safe	Feeling like you can't feel	Getting things done
Difficulty feeling unsafe	Feeling like you can't feel	Getting things done
Difficulty feeling secure	Feeling like you can't feel	Getting things done
Difficulty feeling insecure	Feeling like you can't feel	Getting things done
Difficulty feeling confident	Feeling like you can't feel	Getting things done
Difficulty feeling unconfident	Feeling like you can't feel	Getting things done
Difficulty feeling happy	Feeling like you can't feel	Getting things done
Difficulty feeling sad	Feeling like you can't feel	Getting things done
Difficulty feeling angry	Feeling like you can't feel	Getting things done
Difficulty feeling calm	Feeling like you can't feel	Getting things done
Difficulty feeling nervous	Feeling like you can't feel	Getting things done
Difficulty feeling relaxed	Feeling like you can't feel	Getting things done
Difficulty feeling focused	Feeling like you can't feel	Getting things done
Difficulty feeling unfocused	Feeling like you can't feel	Getting things done
Difficulty feeling motivated	Feeling like you can't feel	Getting things done
Difficulty feeling unmotivated	Feeling like you can't feel	Getting things done
Difficulty feeling interested	Feeling like you can't feel	Getting things done
Difficulty feeling uninterested	Feeling like you can't feel	Getting things done
Difficulty feeling curious	Feeling like you can't feel	Getting things done
Difficulty feeling uncurious	Feeling like you can't feel	Getting things done
Difficulty feeling excited	Feeling like you can't feel	Getting things done
Difficulty feeling unexcited	Feeling like you can't feel	Getting things done
Difficulty feeling surprised	Feeling like you can't feel	Getting things done
Difficulty feeling unsurprised	Feeling like you can't feel	Getting things done
Difficulty feeling shocked	Feeling like you can't feel	Getting things done
Difficulty feeling unshocked	Feeling like you can't feel	Getting things done
Difficulty feeling amazed	Feeling like you can't feel	Getting things done
Difficulty feeling unamazed	Feeling like you can't feel	Getting things done
Difficulty feeling impressed	Feeling like you can't feel	Getting things done
Difficulty feeling unimpressed	Feeling like you can't feel	Getting things done
Difficulty feeling disgusted	Feeling like you can't feel	Getting things done
Difficulty feeling undisgusted	Feeling like you can't feel	Getting things done
Difficulty feeling horrified	Feeling like you can't feel	Getting things done
Difficulty feeling unhorrified	Feeling like you can't feel	Getting things done
Difficulty feeling appalled	Feeling like you can't feel	Getting things done
Difficulty feeling unappalled	Feeling like you can't feel	Getting things done
Difficulty feeling outraged	Feeling like you can't feel	Getting things done
Difficulty feeling unoutraged	Feeling like you can't feel	Getting things done
Difficulty feeling angry	Feeling like you can't feel	Getting things done
Difficulty feeling unangry	Feeling like you can't feel	Getting things done
Difficulty feeling annoyed	Feeling like you can't feel	Getting things done
Difficulty feeling unannoyed	Feeling like you can't feel	Getting things done
Difficulty feeling irritated	Feeling like you can't feel	Getting things done
Difficulty feeling unirritated	Feeling like you can't feel	Getting things done
Difficulty feeling frustrated	Feeling like you can't feel	Getting things done
Difficulty feeling unfrustrated	Feeling like you can't feel	Getting things done
Difficulty feeling exasperated	Feeling like you can't feel	Getting things done
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Rachel Ramirez,
LISW-S

Founder and
Director
The Center on
Partner-Inflicted
Brain Injury

rachelr@odvn.org



Ohio
Domestic
Violence
Network

QUESTIONS: DOMESTIC VIOLENCE AND THE EFFECT ON CHILDREN

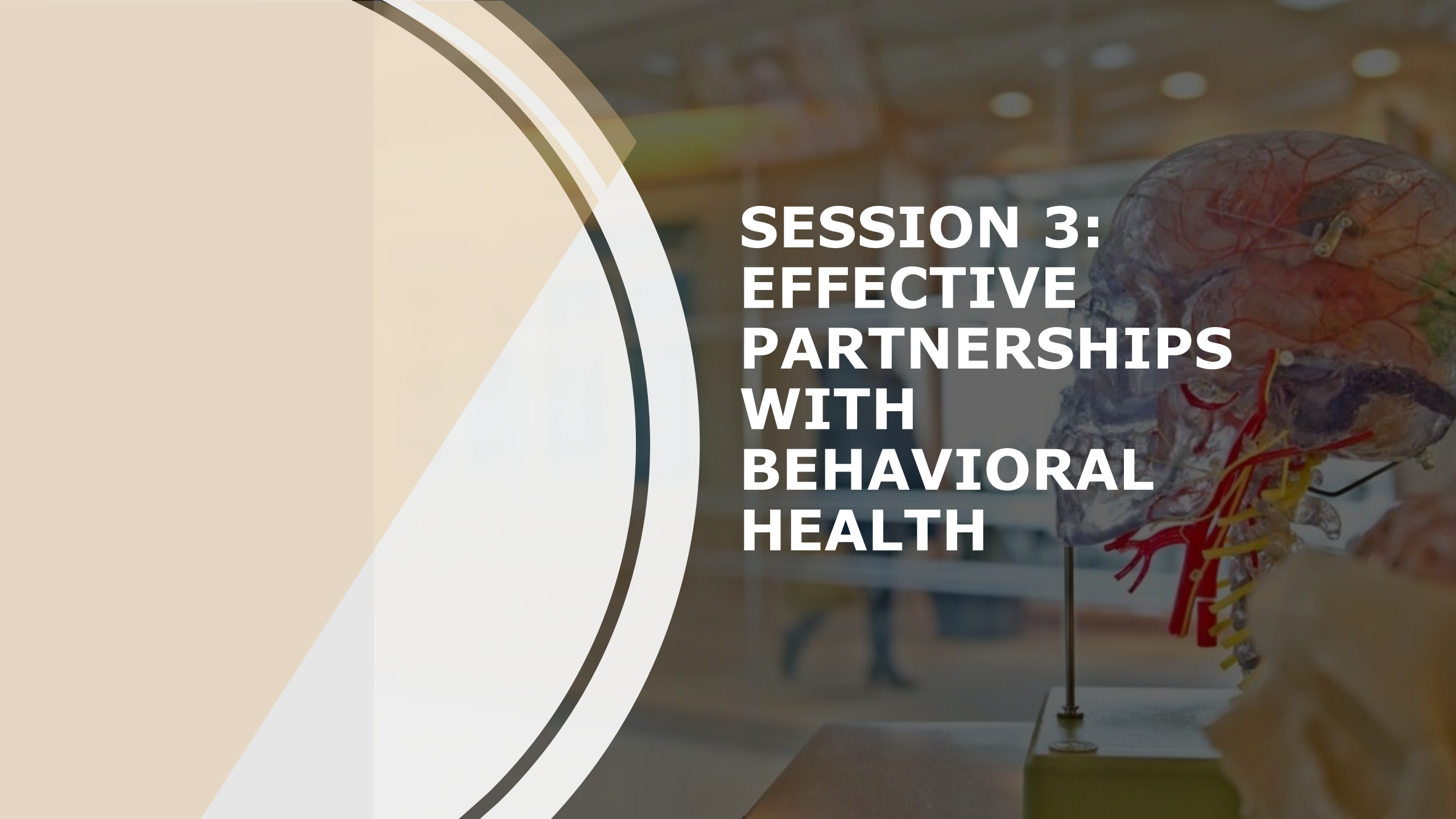


BREAK 1

Up Next:

- Session 3: Effective Partnerships with Behavioral Health
- Session 4: Strategies for Using and Leveraging Data



The image features a semi-transparent anatomical model of a human head and neck, showing the brain, facial nerves, and vascular system. The model is mounted on a stand. The background is a blurred laboratory or classroom setting. On the left side, there are large, overlapping circular graphic elements in shades of beige and white. The text is overlaid on the right side of the image.

**SESSION 3:
EFFECTIVE
PARTNERSHIPS
WITH
BEHAVIORAL
HEALTH**

Alabama
Department of
Rehabilitation
Services and
Alabama
Department of
Mental Health

EFFECTIVE TBI PARTNERSHIPS WITH BEHAVIORAL HEALTH

Meet our Presenters



ALABAMA DEPARTMENT OF
MENTAL HEALTH



KIMBERLY G. BOSWELL
COMMISSIONER
ALABAMA DEPARTMENT OF MENTAL HEALTH

Meet our Presenters (cont.)



Alabama Department of
REHABILITATION SERVICES

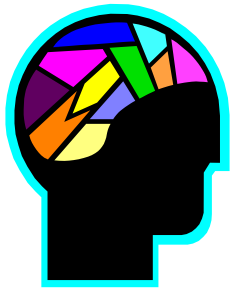
April B. Turner, MS, CRC

State Head Injury Coordinator

Alabama Department of Rehabilitation Services



**ALABAMA DEPARTMENT
OF REHABILITATION
SERVICES
TBI PROGRAM STRUCTURE**



ADRS TBI Navigation Program- Helpline/Referral Line

ADRS Adult TBI Program (ICBM)

ADRS Vocational Rehabilitation Service

ADRS Children's Rehabilitation Service

ADRS State of Alabama Independent Living Program & Waivers

Alabama Head Injury Foundation

ALABAMA CORE TBI SERVICE SYSTEM

**ALABAMA DEPARTMENT
OF MENTAL HEALTH
STRUCTURE**

ALABAMA DEPARTMENT OF MENTAL HEALTH

Call for Services

ADVOCACY

1-800-367-0955

AUTISM

1-800-499-1816

DEVELOPMENTAL DISABILITY

1-800-361-4491

MENTAL ILLNESS

1-800-367-0955

PEER SUPPORT

1-800-832-0952

SUBSTANCE USE

1-844-307-1760

www.mh.alabama.gov

**HOW DID THE PARTNERSHIP
BETWEEN ADRS-TBI PROGRAM AND
ADMH BEGIN?**

**WHY WOULD ADMH WANT TO
PARTNER WITH THE TBI PROGRAM?**

**WHY DOES ADMH BELIEVE
THE PARTNERSHIP IS
IMPORTANT?**

**STRATEGIES FOR PARTNERSHIP FOR
OTHER STATES TO TAKE BACK TO THEIR
TBI AND MENTAL HEALTH PROGRAMS**

**ADRS TBI PROGRAM-
DOORS THAT OPENED
AFTER PARTNERING**

**THE TBI/BEHAVIORAL
HEALTH LEADERSHIP
TEAM**

**FINDING PREVALENCE: SCREENING,
TRAINING & DISSEMINATING
FINDINGS**

Screening for TBI in Mental Health and Substance Use Disorder Settings

- Mental health and substance use disorder (SUD) providers are likely unknowingly serving individuals with traumatic brain injury (TBI).
- The prevalence of TBI among those seen in behavioral health settings is unknown.
- Alabama Department of Rehabilitation Services (ADRS) and Alabama Department of Mental Health (ADMH) partnered to determine the need for and feasibility of screening for TBI in mental health settings and to examine the scope of TBI among mental health and SUD consumers.

What we did:

- Mental Health Advisory TBI Workgroup formed
- Pilot sites selected
- TBI screening data form developed
- Screening conducted (Sept 2020 – Mar 2021)
- Follow-up survey with screening employees (Apr 2021)

Pilot Sites

- East Alabama Mental Health Center (MCH) Chemical Addictions Program
- East Alabama MHC Outpatient Clinic
- Spectracare
- Bryce Hospital



186 people screened



Female



Non-Caucasian



22-59 years old



Employed



Uninsured



Veteran



History of TBI was associated with...

Diagnoses

- Childhood Mental Disorder
- Cognitive Disorder
- Dissociative Disorder
- Personality Disorder
- Psychotic Disorder
- Trauma/Stress Disorder

Drug Use

- Tobacco
- Over the Counter Drugs
- Cocaine
- Hallucinogens

Medications

- Antipsychotics
- Mood Stabilizers

Risk factors for TBI in pilot sample

- History of suicide attempt
- Severe mental illness and medications used to treat those illnesses
- NOT gender – In general population, men are 2x more likely than women to have history of TBI

Those with a suicide attempt were 2.6x more likely to have a history of TBI.

Those diagnosed with a trauma disorder were 1.14x more likely to have a history of TBI.

Screening for TBI in behavioral health settings should be routine



Screening for TBI in behavioral health settings should be routine

- High prevalence of TBI among those screened (32%)
- This is 3x more than in the general population in developed countries
- EAMH Chemical Addictions Program had more people screen positive for TBI than other pilot sites

Screeners were primarily therapists and all held a Master's degree



83% Were aware their facility treated individuals with head injuries

Were not aware of behavioral interventions/accommodations for those with TBI at their facility



46% Reported their facility intake does not currently include head injury questions

Were not aware of State of Alabama's TBI Helpline



Screening Tools

Ohio State University (OSU) online screener training
"What if There's A TBI?" online video training

- 67% completed OSU training
- 49% were trained by another employee on OSU screener
- 75% completed "What if..." training
- Almost all screeners thought both trainings were helpful

Support and Training

67% Unsure if they have support they need to work with head injury survivors

Somewhat disagree they currently have the updated training needed work with head injury survivors

62% Do not know next step in treatment if their patient screens positive for previous head injury

75% Do not know next step in treatment if their patient screens positive for previous head injury

- > Almost all thought screener questions were easy to understand
- > Most thought adding the screener questions to their current intake would be easy

COVID-19 did affect the number of individuals that could be screened, but did not affect the way individuals were screened

What worked in screening process

- Meeting with clients individually
- Meeting with clients face-to-face
- Quiet area for screening
- Yes/No questions
- Questions that are easy to understand
- Check boxes
- General, not specific, head injury causes/ages

What did not work in screening process

- Questions that were too specific
- Not enough time for screening process
- Wasn't clear if medical chart could be used for info
- Questions were repetitive if no history of head injury
- Patients struggled to remember details

Implementation of a TBI screening tool in behavioral health settings is feasible. Pilot testing was successful in spite of COVID-19. Data pages were mostly complete and captured key TBI information with minimal training necessary.

Recommendations Additional mental health staff training • Focus on patients with severe mental illness, history of suicide, and/or history of addiction • Establish ADMH's definition of head injury/TBI/acquired brain injury • Statewide implementation of TBI screening tools • Guidance on next steps after TBI identification

Future Directions Create TBI Navigation System to assist with TBI education • Develop short, effective training on TBI, definition and resources • Distribute TBI screening tools along with training for next steps • Explore/expand best practices for those with severe head injury in MH/SUD setting • Establish policy on screening, identification, and definition of head injuries within ADMH • Create TBI peer/caregiver support/mentorship program



ACL Federal/State Partnership Traumatic Brain Injury Grant 2019-2021. This project was supported, in part, by grant number 90285G0044-01-00 from US Administration for Community Living, Department of Health and Human Services, Washington, DC, 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.

September 2021

The Screening for TBI in Mental Health and Substance Use Disorder Settings infographic. This was created as a tool to demonstrate Alabama's pilot study findings related to screening, supports and recommendations. It can be downloaded here: http://www.alabamatbi.org/uploads/1/3/8/3/13834569/admh_pilot_study_findings_2021-compressed.pdf

**PARTNERING GOING
FORWARD**

Positive TBI Screening-What now?
Accommodations/Behavior Interventions for Mental Health Professionals



What If There's A
Traumatic Brain Injury?



FREE TRAININGS FOR BEHAVIORAL
HEALTH STAFF

Traumatic Brain Injury & Behavioral Health

Traumatic Brain Injury Definition

Traumatic Brain Injury is a common neurological condition that results from an external force to the head that alters normal brain function.

The four lobes of the brain include: Frontal, Temporal, Parietal and Occipital Regions.

Once there is enough force to the head from a blow, shake or blast, the brain can jiggle like Jell-o within the skull to cause bruising, bleeding, swelling and/or lack of oxygen to the brain.

The TBI requirement of an external force clearly separates it from other acquired brain injuries that occur after birth such as stroke, tumor, anoxia, or shock.

TBI Facts... Effects from a TBI may be temporary or permanent. No two brain injuries are alike. Male incidence is 2 to 1 versus female and after the 1st TBI, the chance of having a 2nd TBI is 3X greater.

Causes of Traumatic Brain Injuries:

- Falls in Younger Children and Older Adults
- Vehicle & Recreational Boating Accidents
- Intimate Partner Violence
- Sports-Related Injuries
- Combat Injuries
- Shaken Baby Syndrome/Child Abuse
- Near Drownings
- Gang Violence/Criminal Activities
- Firearms/Gun Shots
- Overdose/Strangulation

Severity

TBI varies greatly in severity based on the effect on brain function. Alteration in function can range from a brief, temporary disruption in thinking such as being dazed or confused, to being in a coma during which the brain is not able to respond to pain or other strong stimuli. All levels require recovery after a hospital discharge.

Toll Free TBI Helpline 1-888-879-4706

The classifications of TBI include 3 Levels:

1. Mild (also known as concussion, occurs in 80% of head injuries)
2. Moderate (10-13% of head injuries)
3. Severe (8-10% of head injuries)

Effects of TBI

Lasting effects of a TBI depend on whether there are multiple injuries, at what age they occur, and whether the individual already has another source of compromise to brain function.

Effects can be temporary, and others can be permanent.

Neurobehavioral Effects may include:

Thinking and Processing Effects:

- Memory Loss
- Problem-Solving or Reasoning
- Comprehension
- Impaired Judgment
- Language/Aphasia
- New Learning

Sensory Effects:

- Sensitivities to Light, Noise, Hot and Cold
- Hearing and Vision Impairments
- Diminished Taste or Smell

Physical Effects:

- Extreme Fatigue
- Headaches
- Sleep Disturbance
- Seizures
- Balance/Coordination
- Weakness on One Side/Paralysis
- Slurred or Impediment in Speech



www.alabamatbi.org

Behavioral Effects:

- New Onset or Increased Depression/Anxiety
- Impatience/Impulse Control (short fuse)
- Increased Self-Focus
- Socially Inappropriate Behaviors/Expressive Language
- Aggression or Agitation
- Perseveration (stuck on a word, item or subject)
- Irritability or Frustration
- Social Isolation
- Difficulty Initiating
- Unrelated Laughter or Crying
- Lack of Awareness of Excessive Talking or Personal Boundaries

Behavioral Health Treatment for Individuals with TBI

There is a **need to recognize** individuals with a problematic history of TBI. A diagnosis of TBI **should not** undermine an individual's ability to participate in or benefit from common treatments.

If a behavioral health provider is TBI informed and **engaged from the start** - appropriate referrals, accommodations and treatment will follow.

Extensive Expertise is **not** required to make simple adjustments or accommodations in treatment. Simple adjustments depend on a previous diagnosis, pre-injury functioning, severity, and after-effects of each injury.

All Behavioral Health services should begin with a **brief TBI Screener Questionnaire**. Allow yourself time to consider the effects from the head injury or injuries and which simple accommodations are to be made **before the treatment begins**.

Considerations in Treatment:

- Unintentional multiple missed appointments and non-compliance
- Need for repeated instructions to ensure comprehension
- Focusing on deficits
- Extreme fatigue and processing overload
- Lack of emotion or flat affect does not equal lack of interest
- Increased sensitivity to common medications

Considerations in Treatment (contd.):

- Unintentional low motivation and non-commitment to change
- Large amounts of group work or memorization of multiple steps

To achieve better results, A Treatment Plan should address:

1. A Daily Schedule
2. Cognitive Activity
3. Medication Review
4. Sleep
5. Nutrition
6. A Supportive Environment

TBI Protocols or a TBI Gold Standard in Treatment should include:

1. A Brief Screener or questionnaire that asks about History of Head Injuries
2. Simple Accommodations for Neurobehavioral Effects
3. A Holistic Approach - for dual diagnosis and co-occurring conditions
4. Creation of person-centered supports
5. Supports to increase TBI Self-Advocacy by including location and utilization of TBI State Programs, TBI Specialists, Advocacy Organizations, and/or Peer Specialists.

For TBI Screener Information and TBI Information & Support, contact: <http://www.alabamatbi.org/>



Alabama Department of REHABILITATION SERVICES



ACL Federal/State Partnership Traumatic Brain Injury Grant 2019-2021. This project was supported, in part, by grant number 90285G004-01-00 from US 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.

Alabama's TBI and Behavioral Health Handout for state Mental Health system providers and staff.

It can be downloaded here: <http://www.alabamatbi.org/mental-health.html>

FOR MORE
INFORMATION

WWW.ALABAMATBI.ORG

WWW.REHAB.ALABAMA.GOV/TBI

WWW.MH.ALABAMA.GOV

QUESTIONS: EFFECTIVE PARTNERSHIPS WITH BEHAVIORAL HEALTH





**SESSION 4:
STRATEGIES
FOR USING
AND
LEVERAGING
DATA**

Session 4 Speakers



Chris Miller

Director

Virginia Department of
Aging and Rehabilitative
Services, Brain Injury
Services Coordination
Unit



**Matthew
Breiding**

Team Lead

Centers for Disease
Control and Prevention,
Division of Injury
Prevention

Registry Data (slide 1 of 2)

- Outreach
 - In partnership with the Brain Injury Association of Virginia
 - Return rate of approximately 3%
- How else can we use this data?
 - To prepare federal grant application
 - To analyze geographic, demographic, transition or other trends
 - To provide preliminary information for legislative action
 - To compare with other data sources

Registry Data (slide 2 of 2)

From the Virginia Trauma Registry

Table 2. Number of patients with brain injury by GCS severity level and year, 2018-2020, Virginia

Year	GCS 3-8	GCS 9-12	GCS 13-15	Missing	Total
2018	859	340	6,615	1,006	8,820
2019	903	323	6,842	799	8,867
2020	979	325	6,678	720	8,702
Total	2,741	988	20,135	2,525	26,389

No Wrong Door Partnership

- Embedding modified OSU TBI Screening questions into NWD
- Tags to identify BI resources – better access for customers + better data from the system
- Where do people live who are – and who are not - looking for BI information
- What else are they looking for?
- Track referrals from provider to provider
- Individuals with BI also able to self-refer
- Social Isolation and social determinants of health

No Wrong Door Easy Access

WELCOME TO VIRGINIA EASY ACCESS

A **No Wrong Door Virginia** resource

Service Finder Search
POWERED BY VIRGINIANAVIGATOR

Life's challenges can feel so heavy.

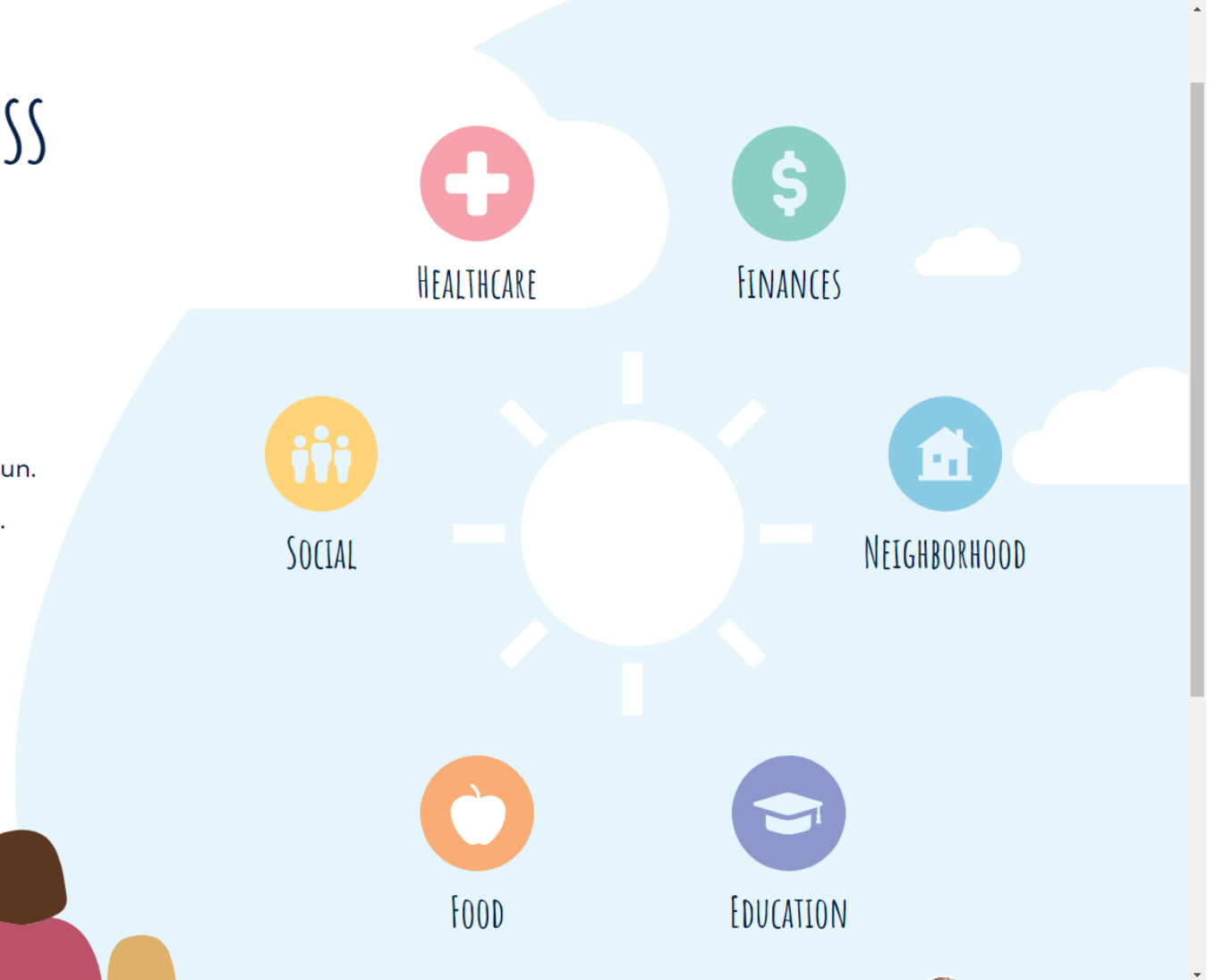
When we support each other, the load is lighter.

When we share ideas, our minds open.

When we light the way for someone else, hope shines like the sun.

Remember, you're not alone. You're right where you need to be.

This is about making a better life. Let's get started.



Shared Outcomes (slide 1 of 2)

Current Brain Injury Scorecard Measures aren't relevant
Measures aren't clearly defined

The screenshot shows a web browser displaying the 'Brain Injury Outcomes Scorecard' page on the DARS website. The page header includes the DARS logo and 'OFFICE for DISABILITY PROGRAMS Division for Community Living'. A navigation menu contains 'About Us', 'Programs and Services', 'BIS Programs Scorecard', 'Events Calendar', and 'DARS Homepage'. The main content area is titled 'Brain Injury Outcomes Scorecard' and contains the following text:

The Department for Aging and Rehabilitative Services recognizes that deficits in non-vocational life areas may adversely affect the ability of a person with a brain injury to gain and/or maintain employment.

Community providers throughout the State are partially funded by the Department for Aging and Rehabilitative Services through State General Funds to provide Community Support Services. These services involve intensive one-to-one education and training to assist a person with a brain injury to live and participate as independently as possible in home, work, and community settings of their choice. Funded providers submit quarterly reports of how they are serving providers with brain injury in the following areas:

- Community Impact
- Independent Living
- Residential Settings
- Productive Activity
- Emotional and Behavioral Health

To the right of the text is a map of Virginia divided into six regions: Northern Virginia Area, Blue Ridge Area, Capital Area, Southwest Area, Southern Area, and Tidewater Area. Below the map is a button labeled 'Select a location'.

At the bottom of the page, a green banner reads 'Community Support Services'.

Shared Outcomes (slide 2 of 2)

- Over 3 years all 8 state-funded Case Management and Clubhouse/Day Support programs will develop individual logic models and outcome measurement plans
- DARS and the 8 programs will then create a set of shared outcome measures on which all will keep data
- Outcomes to be shared at the state and regional level on the BI Dashboard
- Opportunities for federal, state, and local funding, program development, and policy development

Virginia's Plan for Data Sharing

“Data by itself is rich, but not a complete picture. There are still gaps. So we make a lot of presumptions that may not be accurate. Sharing data across agencies, systems, or programs fills in those gaps and develops a complete picture from which good decisions can be made to benefit people living with traumatic brain injury.”

Amol Karmarkar PhD.

Virginia Commonwealth University

TBI Model Systems

The Goal of the Data Plan



- Data is siloed across state agencies and community organizations
- Can we build connections that will help improve access to services and service delivery?
- How would more complete data impact decision making by statewide agencies?

The data plan will help to:

- Draft a more accurate picture of services needed after brain injury and the methods used to distribute those services.
- Help establish an outline for communication between statewide agencies concerned with the outcomes and services for individuals after traumatic brain injury.
- Eliminate health disparities in access to care for individuals with TBI
- Evaluate the impact of the COVID-19 Pandemic

A Look At Existing Databases

Name	Agency	Inclusion Criteria	Unique ID ^a	TBI ID	Short-term Outcome	Long-term Outcome
Virginia Statewide Trauma Registry (VSTR)	VDH	-Trauma admissions	-Name -Address -MRN	ICD9/10 AIS	-Discharge Disposition -Death Status -Complications	None
All-Payer Claims Database (APCD)	VHI	-All Medicare claims -~40% Private insurance claims	None	ICD9/10	-Complications	Info on follow-up inpatient/outpatient visits to be determined
VCU Traumatic Brain Injury Model System (VCU-TBIMS)	VCU NIDILRR	-Inpatient Rehab -Informed Consent	-Name -Address -MRN	TBIMS study definition (below)	-Discharge Disposition -FIM/Care Tool -DRS at discharge	Neuropsych Employment Psychosocial Functional Rehospitalizations
RSA-911	DOE	Administrative determination	-Name -Address -DOB	Self-report	None	Employment
Brain Injury Association of Virginia (BIAV)	BIAV	Clients	-Name -Address -DOB	Self-report	None	Information request

Data Sharing to Improve Brain Injury Services Summit

Next Steps – Ideas for Integration and Harmonization

- Who has data related to brain injury and how are they using it?
- How could sharing it improve access and services?
- What is the first step?



TBI State Partnership Program Data Workgroup

Participating States

- Alaska
- Alabama
- California
- Colorado
- Idaho
- Iowa
- Maryland
- Nebraska
- Ohio
- Rhode Island
- Virginia

Potential Workgroup Focus Areas

- Improving registry use for outreach
- Tracking services after hospitalization
- Analysis of data in NWD systems
- Using registry data for social determinants of health
- Developing shared measures across states
i.e. developing a set of BRFSS questions to
be used by all states

Best Practices for Using TBI Registries to Connect People to Services

BEST PRACTICES FOR USING TBI REGISTRIES TO CONNECT PEOPLE TO SERVICES: A NATIONAL GUIDE

Prepared by the
National Association of State Head Injury Administrators
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For the Administration for Community Living
TBI State Partnership Grant Workgroup on
Using Data to Connect People to Services

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This guide includes:

- A history and purpose of TBI registries
- An overview of the systems using data to connect individuals with TBI to services
- Core elements and practices for development and support of a TBI data registry
- Common barriers that states face to obtain meaningful and accurate data
- An assessment of questions asked (data collected) by state registries across the US
- Other useful sources of data

QUESTIONS: STRATEGIES FOR USING AND LEVERAGING DATA



BREAK 2

Up Next:

- Federal Partners Update
- Wrap-up





**SESSION 5:
FEDERAL
PARTNERS
UPDATE**

Session 5 Facilitator



**Rebecca
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QUESTIONS: FEDERAL PARTNERS UPDATE



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

Real-Time Evaluation Questions (cont.)

- 1. Overall, how would you rate the quality of this webinar?**
- 2. How well did the webinar meet your expectations?**
- 3. Do you think the webinar was too long, too short, or about right?**
- 4. How likely are you to use this information in your work or day-to-day activities?**
- 5. How likely are you to share the recording of this webinar or the PDF slides with colleagues, people you provide services to, or friends?**

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.



TBI SPP
Traumatic Brain Injury
State Partnership Program