

TRAUMATIC BRAIN INJURY (TBI) STATE PARTNERSHIP GRANTS

Driving change to improve the lives of people with TBI

With funding from ACL's TBI state partnership grants, states:



BUILD

awareness that anyone — in an instant — can become a person with a TBI.



CREATE

plans, programs, systems, and resources to support people with TBI.



CONNECT

people to screening and diagnosis, treatment, and supports.



COLLABORATE

with partners to amplify impact.

30+ state grants, working together to create a national system.

50% or more of each state's advisory board are people with TBI.

GRANT PROJECTS ARE FLEXIBLE, ALLOWING EACH PROJECT TO ADDRESS UNIQUE NEEDS IN THEIR STATE, BUT ALL ARE REQUIRED TO CONDUCT FOUR CORE ACTIVITIES:

- **Screening:** Helping people get the proper diagnosis so they can get the right treatment and support.
- **Training:** Educating professionals to recognize TBI and respond appropriately.
- **Information and Referral:** Helping people learn about services and providers available to them.
- **Facilitating Access to Services:** Assisting with applications, service coordination, and more to help people get the services they need.



Grantees build partnerships to sustain their projects and expand their reach.

This can include collaboration with organizations and providers in fields such as:

- Disability and aging services
- Behavioral health
- Law enforcement/corrections
- Emergency services
- Child welfare
- Domestic violence response
- Home and community-based services
- Housing
- Veteran services

**NEARLY 1.6 MILLION
TBIs are sustained
in ONE year in the U.S.**

~ TBIMS National Database

**Screening, treatment,
and support are
essential.**

Without a proper diagnosis, there is no proper treatment. Without treatment and support, a person may live in pain or be unable to work or live independently. For some, the consequences are tragic, and screening, treatment, and support may have led to better outcomes. For example, a disproportionate number of incarcerated people have TBIs. In fact, a large study found that 60% of offenders had a history of TBIs.

WHAT PROFESSIONAL TRAINING FOR PROVIDERS — AND THE CORRECT DIAGNOSIS EARLIER — COULD HAVE MEANT TO NONA.

Nona was abused as a child. Her mother would throw her into walls or down the stairs. As a result, she suffered from headaches, tinnitus, double vision, and balance issues, but they weren't recognized as symptoms of a TBI. When she would fall or couldn't ride a bike, she was called a klutz. When she struggled in school due to her symptoms, her teachers said she wasn't trying hard enough. She saw many doctors, had many diagnoses, and often was treated with medications that made her symptoms worse.

When she was 50, she saw a new eye doctor, who noticed that she had spinal fluid collecting behind her eyes and putting pressure on her optic nerve. Recognizing that as a symptom of a brain injury, he referred her for additional evaluation, which confirmed his suspicion of TBI. With the correct diagnosis, Nona finally received proper treatment — a stent inside her brain to help fluid drain — as well as the support services she needed. As a result, she could finally work, play, and lead a full life. She now works as a fierce advocate for those with brain injuries in Alaska. She serves on the Alaska Traumatic and Acquired Brain Injury Advisory Council (a grantee in ACL's TBI program).

This story illustrates the importance of training medical providers to recognize symptoms of TBI as early as possible — and the impact that screening and proper treatment can have on an individual's ability to live a full life.