

ACL Traumatic Brain Injury Partners Day

February 28, 2023



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



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 and live interpreted in Spanish.
 - Live English captions can be accessed by clicking the “CC” button at the bottom of your Zoom screen.
 - Live Spanish interpretation can be accessed by clicking the “interpretation” button at the bottom of your Zoom screen (world icon). Once in the Spanish channel, please silence the original audio.
 - Se puede acceder a la interpretación en español en vivo haciendo clic en el botón "interpretation" en la parte inferior de la pantalla de Zoom (icono del mundo). Una vez en el canal español, por favor silencie el audio original.
- 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)

Welcome & Introduction



Elizabeth Leef

Project Officer

Administration for Community Living



OPENING REMARKS



Meet Our Speaker



Jill Jacobs

Commissioner

Administration on Disabilities
Administration for Community
Living

The image features a semi-transparent anatomical model of a human skull on the right side, showing internal structures like the brain, sinuses, and nerves. The model is mounted on a stand. The background is a blurred indoor setting, possibly a classroom or laboratory, with shelves and people. On the left side, there is a large, stylized graphic element consisting of overlapping semi-circles in shades of pink and white, with a dark outline. The text "SESSION 1: AGING" is centered in the middle of the image in a bold, white, sans-serif font.

SESSION 1: AGING

Season 1 Speakers



Edwin Walker, JD

*Deputy Assistant
Secretary for Aging*

Administration for
Community Living



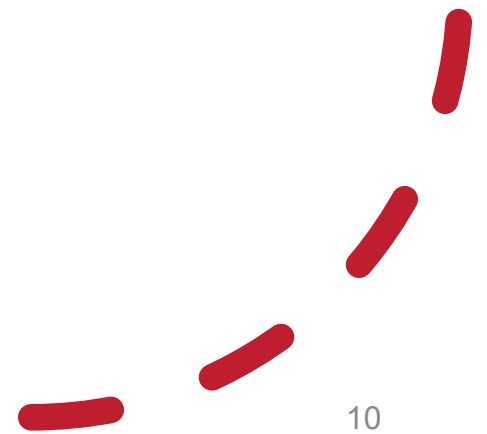
**John D.
Corrigan, PhD**

Director

Ohio Brain Injury
Program



Edwin Walker, JD



Administration for Community Living



- ACL was initially established in April 2012 by bringing together the Administration on Aging, the Office on Disability and the Administration on Developmental Disabilities. In the years since, additional research, service, and information and referral programs have been transferred to ACL from other agencies. ACL is responsible for increasing access to community supports, while focusing attention and resources on the unique needs of older Americans and people with disabilities across the lifespan.
- **Mission**
 - Maximize the independence, well-being, and health of older adults, people with disabilities across the lifespan, and their families and caregivers.
- **Vision**
 - All people, regardless of age and disability, live with dignity, make their own choices, and participate fully in society.

Administration on Aging (AoA)

1965: Three Important Programs Enacted

- Medicare
- Medicaid
- Older Americans Act



“Every State and every community can now move toward a coordinated program of services and opportunities for our older citizens.”

- *President Lyndon B. Johnson, July 1965*



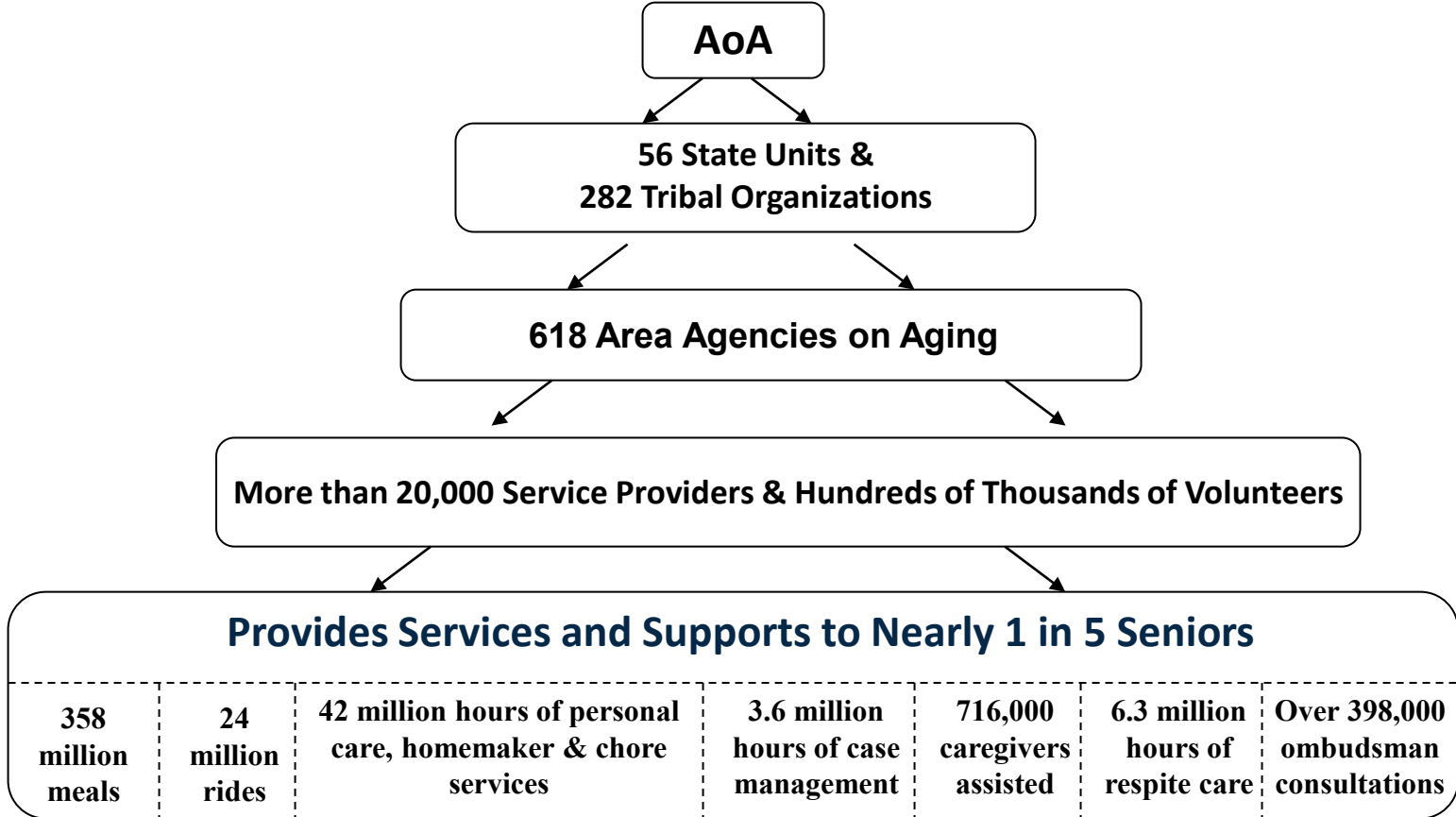
OAA - Seven Titles

- **Title I: Objectives**
- **Title II: Establishes AoA and National Aging Service Network**
- **Title III B: Supportive Services & Senior Centers**
- **Title III C: Nutrition Services**
- **Title III D: Disease Prevention and Health Promotion**
- **Title III E: National Family Caregiver Support Program**

OAA - Seven Titles - Continued

- **Title IV: Discretionary Projects and Programs**
 - (Program Innovations, Training, Demonstrations)
- **Title V: Community Service Employment for Older Americans**
 - (Administered by the Department of Labor)
 - Subsidized Employment & Training for Low Income Seniors 55 and over.
- **Title VI: Programs and Services for American Indians, Alaska Natives & Native Hawaiian Elders**
- **Title VII: Vulnerable Elder Rights Protections**

**The Older Americans Act, Administered by the Administration on Aging (AoA),
Helps Nearly 11 Million Seniors (1 in 5)
Remain at Home through Low-Cost, Community-Based Services
(*\$3 to \$1 Return on Federal Investment*)**



The Older Americans Act

- *Assures that preference will be given to providing services to older individuals:*
 - *With **greatest economic need**; and*
 - *With **greatest social need**;*
- *With **particular attention to**:*
 - ***Low-income**;*
 - ***Low-income minority older individuals**;*
 - ***With limited English proficiency**;*
 - ***Older individuals residing in rural areas**; and*
 - ***Those at risk of institutionalization.***

Who We Serve

- **Poor and Near Poor** (*below 150% Poverty*)
- **Frail and Vulnerable**
 - Lives Alone; Diabetes; Heart Condition; Minority; Rural
- **At Risk for ER visits & Hospitalization:**
 - Over 92% of OAA Clients have Multiple Chronic Conditions
 - Compared to 73% of general older adult population (age = 65+)
 - 69% of Case Management Clients take 5 or more medications daily
- **At Risk for Nursing Home Admission:**
 - 40% of Home-Delivered Nutrition Clients have 3+ Activities of Daily Living (ADL) Impairments
 - 72% of Home-Delivered Nutrition Clients have 3+ Instrumental Activities of Daily Living (IADL) Impairments

Health & Independence: Home & Community-Based Supportive Services

Key Service Data

- 9.9 million hours of adult day care
- More than 3.6 million hours of case management
- 12.6 million calls answered for information about and assistance obtaining services
 - Augmented by National Eldercare Locator & Support Center
- Complemented by Evidence-Based Interventions:
 - Falls Prevention
 - Chronic Disease Self Management Education
 - Diabetes Self Management Training
 - Alzheimer's Disease Supportive Services
- Collaborating with Business Acumen Initiative to transform aging & disability grant recipients into strategic business partners with the healthcare sector

Targeting: Transportation Service Example

- More than half (53%) of seniors using transportation services rely on them for the majority of their transportation needs and would otherwise be homebound.
- Nationally, about 27% of individuals 60 and older live alone. Two-thirds (68%) of OAA transportation users lived alone.
- 14% of transportation riders take 10 or more daily prescriptions, increasing their safety risk of driving
- Nearly three-fourths of transportation clients have annual incomes at or below \$20,000

Health & Independence: Nutrition Services

Congregate (Formula Grant): Meals at Group Sites, Such as Senior Centers

Home-Delivered (Formula Grant): Delivery of Meals & Related Services to Frail Seniors Who Are Homebound

Nutrition Services Incentives Program: Funds Awarded Based on # Meals Served in Previous Year

- Adequate nutrition is necessary for health, functionality and the ability to remain at home in the community.
 - Provide Nutrition Services, Education and Counseling
 - 60% of Home-Delivered & 52% of Congregate Nutrition Clients report the meal is half or more of their food for the day.
 - OAA meals are nutritious and meet the needs of seniors with nutrition ameliorated chronic illnesses (diabetes, hypertension, congestive heart failure)
 - Provide 33% of Dietary Reference Intake
 - Adhere to the Dietary Guidelines for Americans.
- Home-Delivered Nutrition Services provided 140 million meals to nearly 850,000 seniors.
 - Congregate Nutrition Services provided 79 million meals to nearly 1.6 million seniors in a variety of community settings.
 - Nine out of ten home-delivered meal clients reported that receiving meals helped them to continue to live in their own home.
 - Researchers estimate that food insecure older adults are so functionally impaired it is as if they are chronologically 14 years older; a 65 year-old food insecure individual is like a 79 year-old person chronologically.

Caregivers: National Family Caregiver Support Program

Serving 715,000 Caregivers Annually

- Respite Care Services provided caregivers with 6.2 million hours of temporary relief from their caregiving responsibilities.
 - Coordinated with Lifespan Respite Care Program for systems development
 - Access Assistance Services provided 1.15 million contacts to caregivers assisting them in locating services from a variety of private and voluntary agencies.
 - 85% of caregiver clients indicate that without OAA services the care recipient would most likely be living in a nursing home or assisted living.
- 80% of all community-based long-term care is provided by family and friends.
 - In 2014, approximately 34.2 million adult caregivers, or approximately 15 percent of all adults, provided uncompensated care to those 50 years of age and older.
 - A 2014 study by the Rand Corporation estimates the economic value of replacing unpaid caregiving to be about \$522 billion annually (cost if that care had to be replaced with paid services).
 - Coordinating the RAISE Family Caregiving and Supporting Grandparents Raising Grandchildren Advisory Councils



American Indian, Alaska Native, Native Hawaiian Programs

Purpose

- Promote home and community-based supportive services to Native American, Alaskan Native and Native Hawaiian elders.
 - Help to reduce the need for costly institutional care and medical interventions;
 - Responsive to the cultural diversity of Native American communities; and
 - Represent an important part of the communities' comprehensive services.

Native American Nutrition and Supportive Services

- Congregate and Home-Delivered Meals; Information and Referral; Transportation; Personal care; Chores; Health Promotion and Disease Prevention; and other Supportive Services.

Native American Caregiver Support Services

- Assist families and grandparents caring for grandchildren.
- Services that meet a range of caregivers' needs, including information and outreach, access assistance, individual counseling, support groups and training, respite care, and other supplemental services.

Protection of Vulnerable Elders

Long-Term Care Ombudsman

- 1,301 professional ombudsman and 7,734 volunteers:
 - monitor conditions,
 - investigate complaints,
 - represent resident interests;
 - made quarterly visits to 63% of nursing homes;
 - 26% of assisted living, board and care, and other facilities.
- Ombudsman handled 199,238 resident complaints, 74% were partially or fully resolved.
- Improved consistency with implementation of
 - Regulation (2015);
 - Reauthorization (2016);
 - Data System (2017)

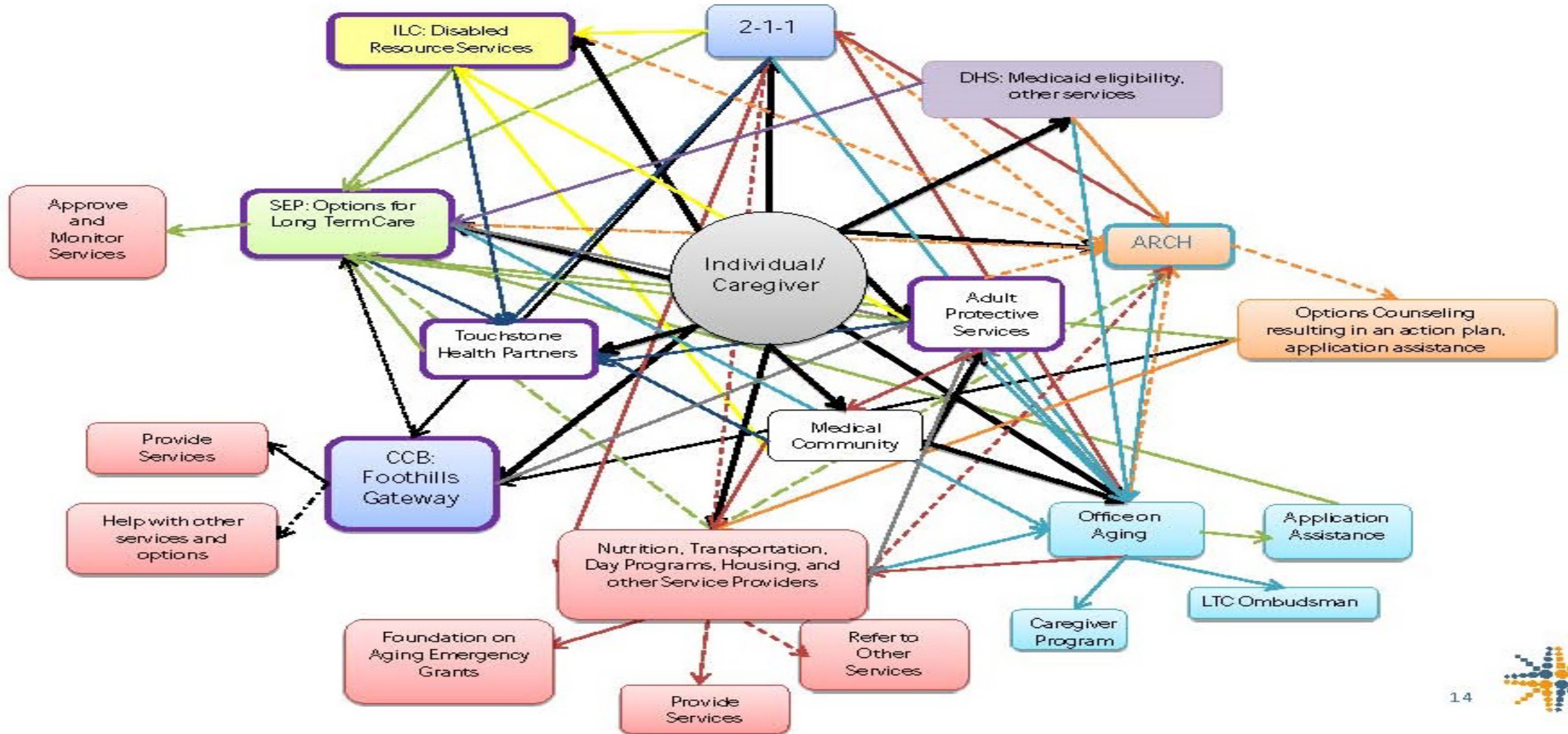
Prevention of Abuse, Neglect & Exploitation

- A minimum 5 million elders are abused, neglected and/or exploited annually.
- Older victims of even modest forms of abuse have a dramatically higher (300%) morbidity and mortality rates.
- OAA focuses on training, education, and coordination with local law enforcement officials, community coalitions, and multidisciplinary teams.
- Elder Justice Act Implementation
 - EJ Coordinating Council
 - National Framework
 - National Center on Elder Abuse
 - National Adult Maltreatment Reporting System
 - APS Guidelines

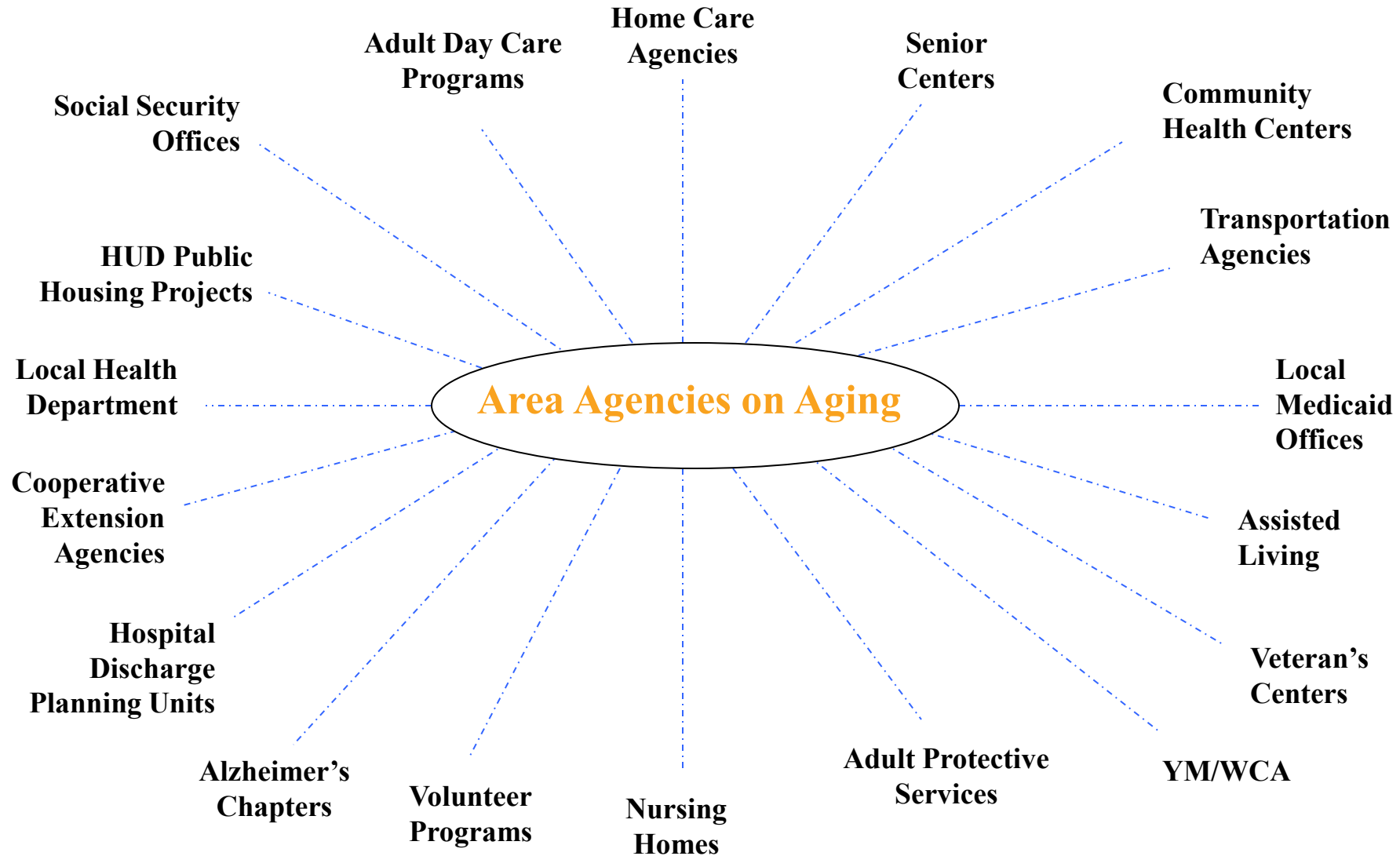
Legal Services

- Provided more than 933,000 hours of legal assistance.
- Top Areas of Legal Assistance:
 - Income Security
 - Health Care Financing
 - Housing
 - Consumer Protection
 - Elder Abuse
- Enhanced Training and Technical Assistance
- Enhanced Data Collection

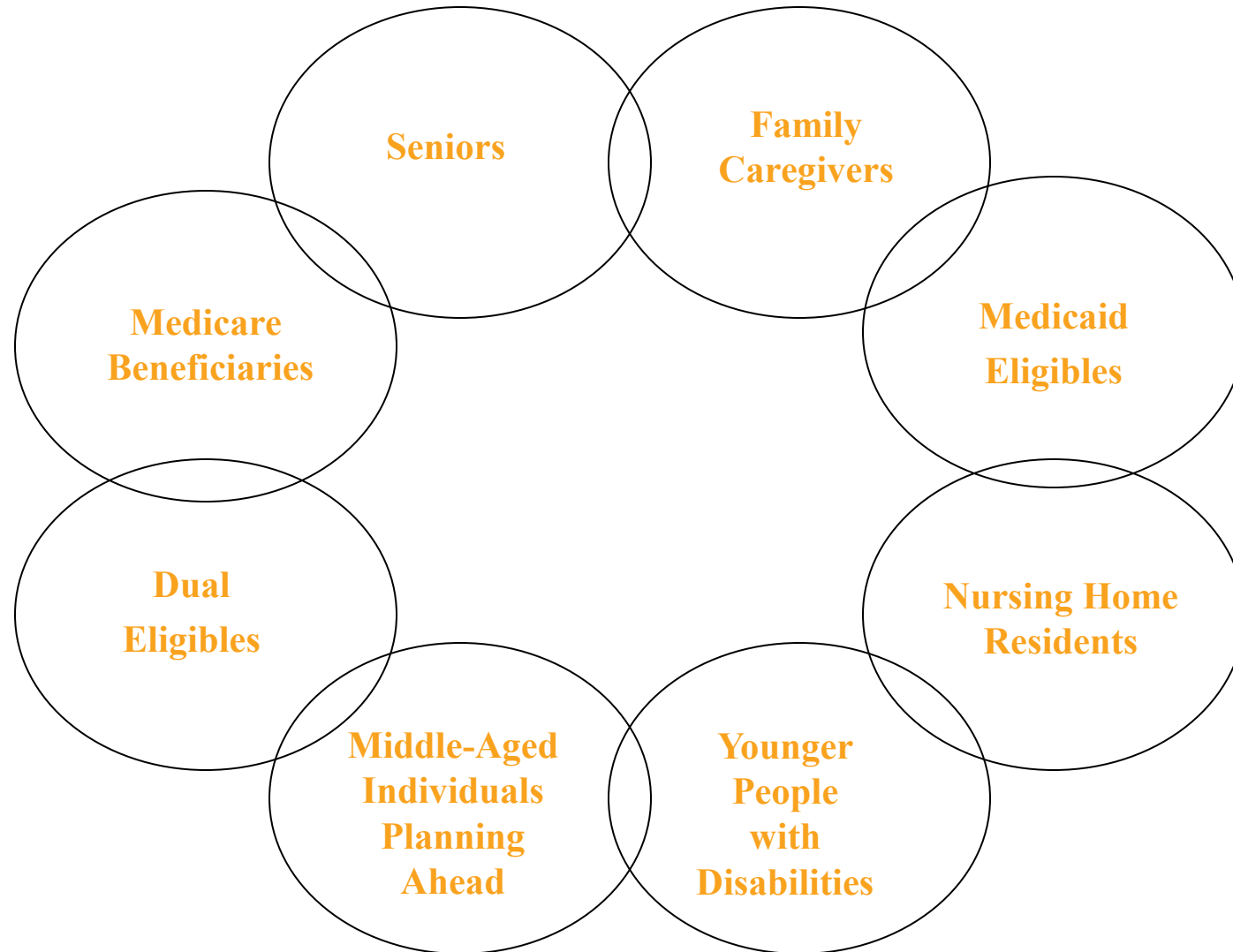
The LTSS Puzzle: The Need for a Coordinated NWD System



Comprehensive & Coordinated Service Delivery Systems



The People We Serve

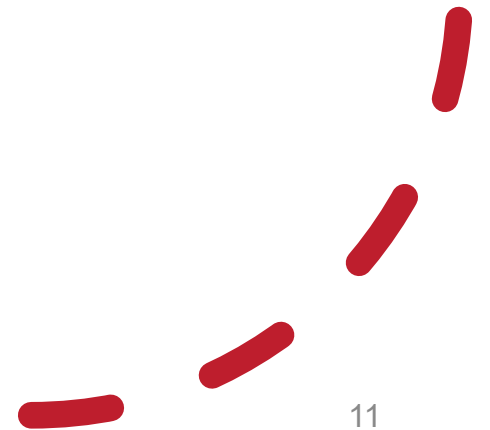




Opportunities for Collaboration

- Core Home and Community-Based Supportive Services Programs
- Falls Prevention Demonstrations
- Falls Prevention Core Programming
- Caregiver Programs
 - Support for Veterans
 - Dementia-Friendly Systems of Care
- National Strategy to Support Family Caregivers

John D.
Corrigan, PhD



Persons with Traumatic Brain Injury Contacting Ohio's No Wrong Door Hotline

John D. Corrigan, PhD

Director, Ohio Brain Injury Program

Professor, The Ohio State University

Persons with TBI Contacting Ohio's No Wrong Door (NWD) Hotline

- With Ohio's Balance Incentive Program initiated "No Wrong Door/Single Entry Point" for inquiries regarding supports to stay in the community.
- Area Agencies on Aging are hubs with nodes that include ILCs and other non-profits (e.g., Easter Seals, United Cerebral Palsy)
- Computer-assisted interview that elicits demographic and other information—also assesses a person's needs.
- Launched in October 2017 and included a screener for lifetime TBI

Lifetime TBI Screening in NWD Hotline Assessments

a. Thinking about any injuries you have had in your lifetime, were you ever knocked out or did you lose consciousness?

___ Yes ___ No (IF NO, STOP HERE)

b. What was the longest time you were knocked out or unconscious? (Choose just one; if you are not sure please make your best guess.)

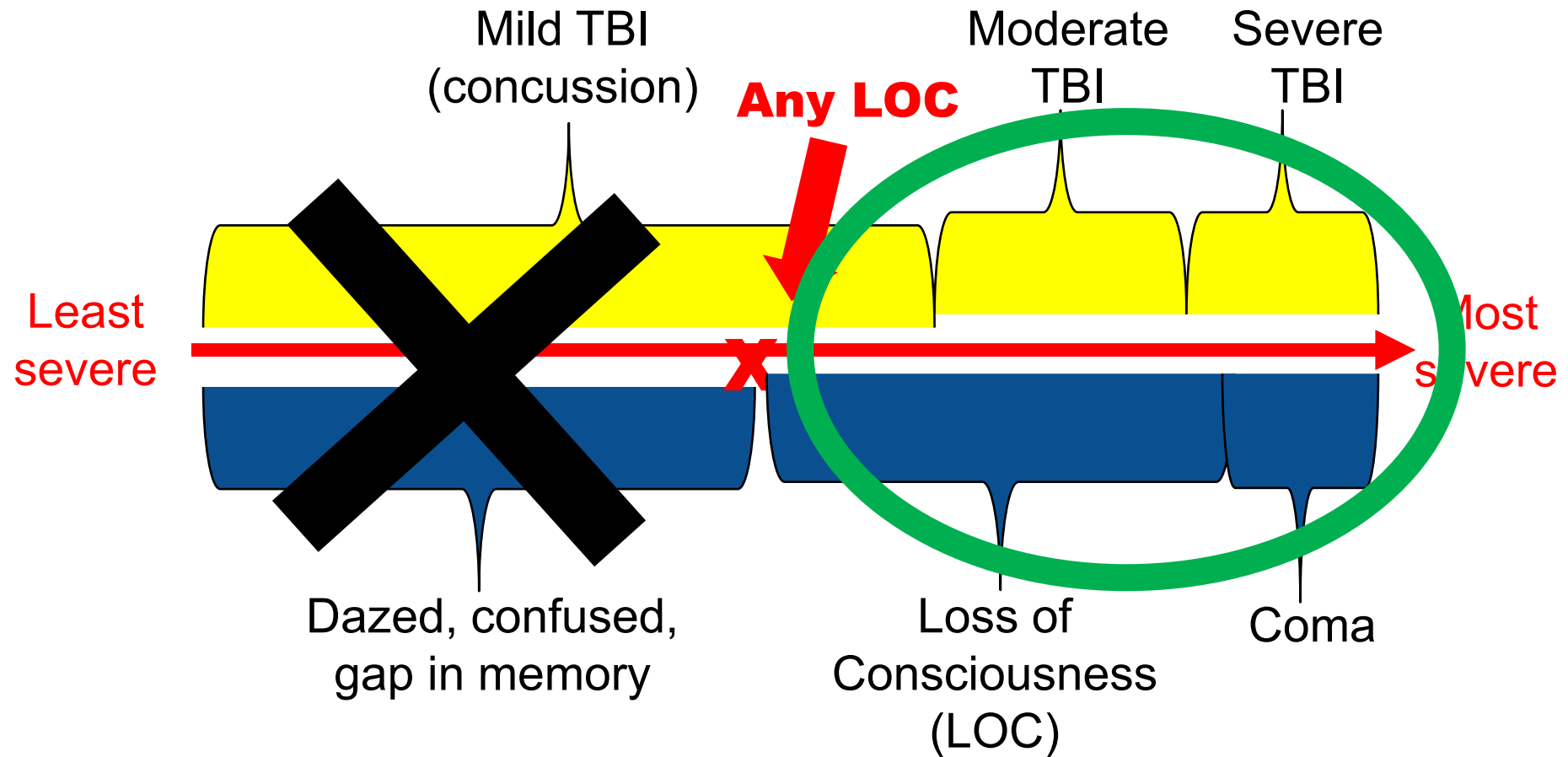
___ knocked out or lost consciousness for *less than 30 min*

___ knocked out or lost consciousness *between 30 min and 24 hrs*

___ knocked out or lost consciousness for *24 hrs or longer*

c. How old were you the first time you were knocked out or lost consciousness? ___ years old

The Continuum of TBI Severity



Ohio NWD Hotline Screening October 2017-February 2022

- 65,000 callers given screening questions
- 3 of 4 are 60 years old or older
- **CAUTION:** Approximately half of records did not have assessment data
- **MORE CAUTION:** Method for reimbursing providers for conducting the survey changed:
 - More assessments administered after the change
 - Prevalence of positive TBIs *increased* markedly

How Representative?

(respondents ≥ 21 years old)

	All TBI with LOC	21-59 yrs. old	60+ yrs. old
Ohio BRFSS*	15.0%	16.4%	12.3%
Ohio NWD	16.3%	28.2%	12.0%

* 2018 & 2019 Ohio Behavioral Risk Factors Surveillance System

Utility?

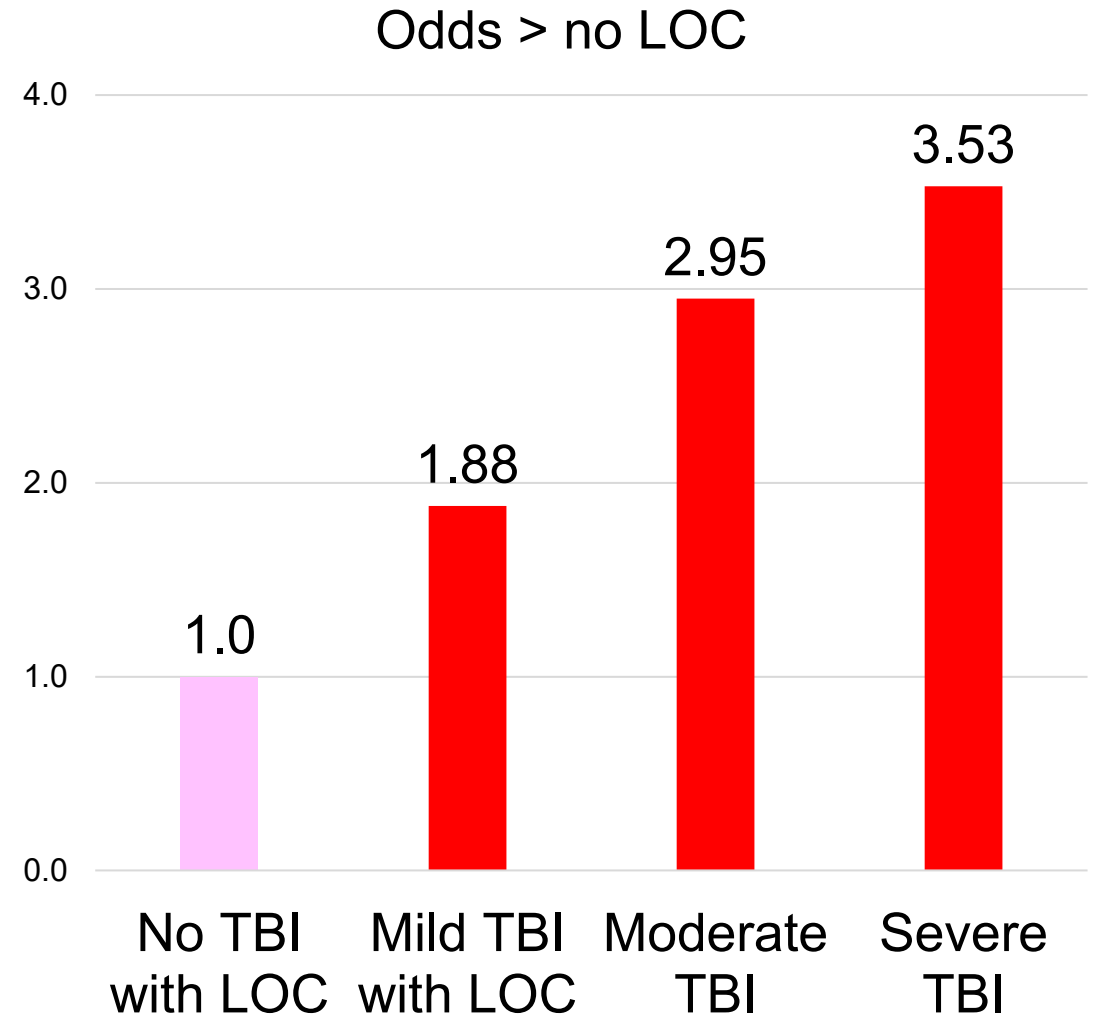
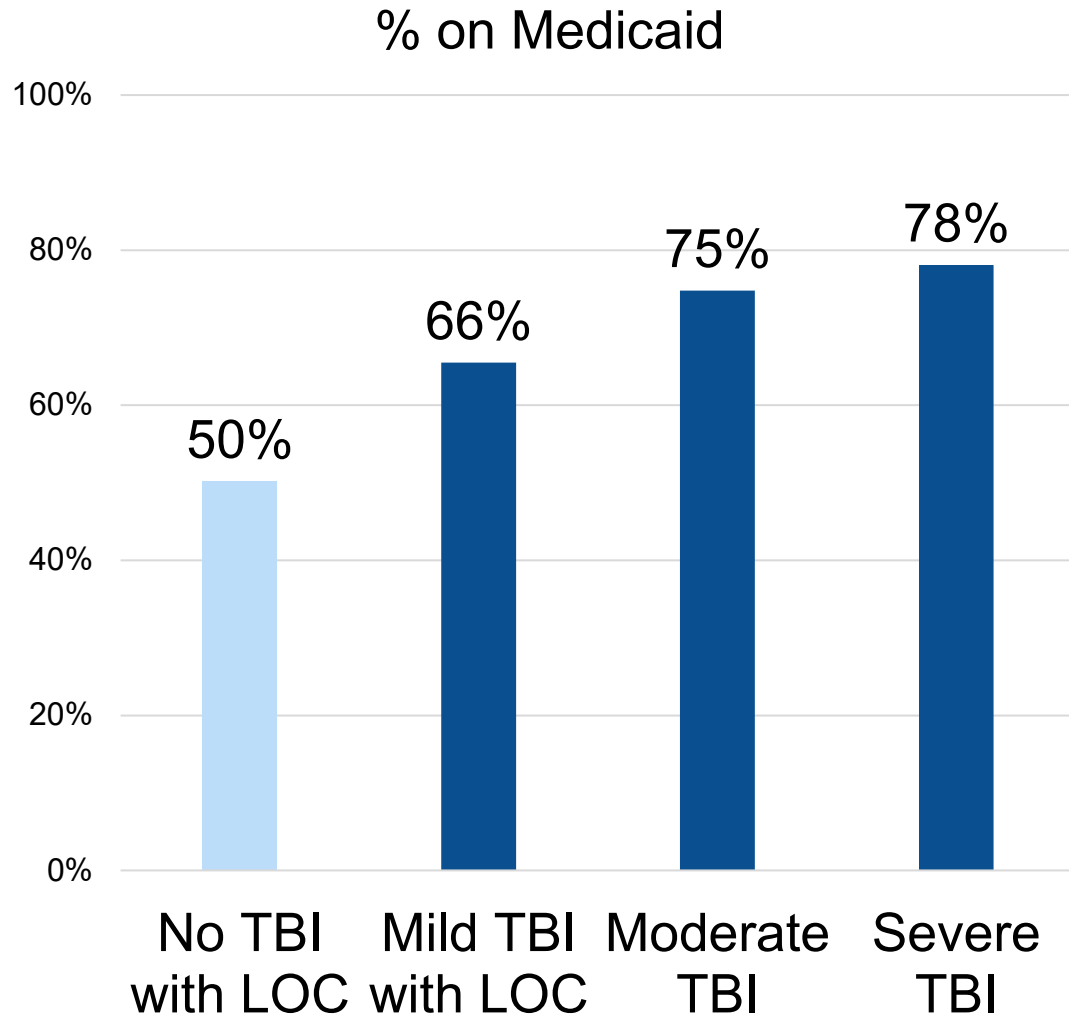
- Not good for epidemiological inference (e.g., population prevalence)
- Can be examined for frequency of TBI among callers who are assessed
- Needs can be evaluated for their relationship with history of TBI

TBI among Ohio NWD Callers

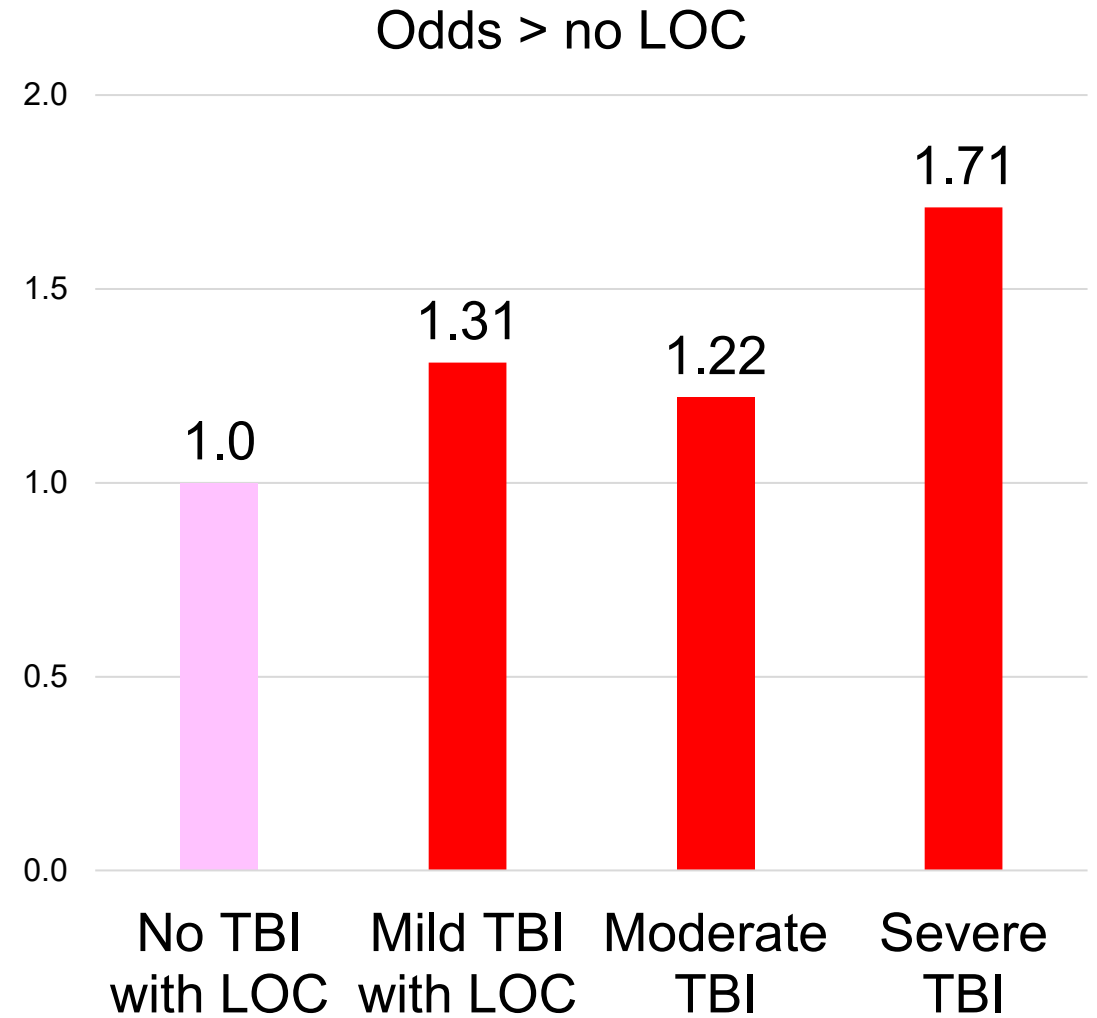
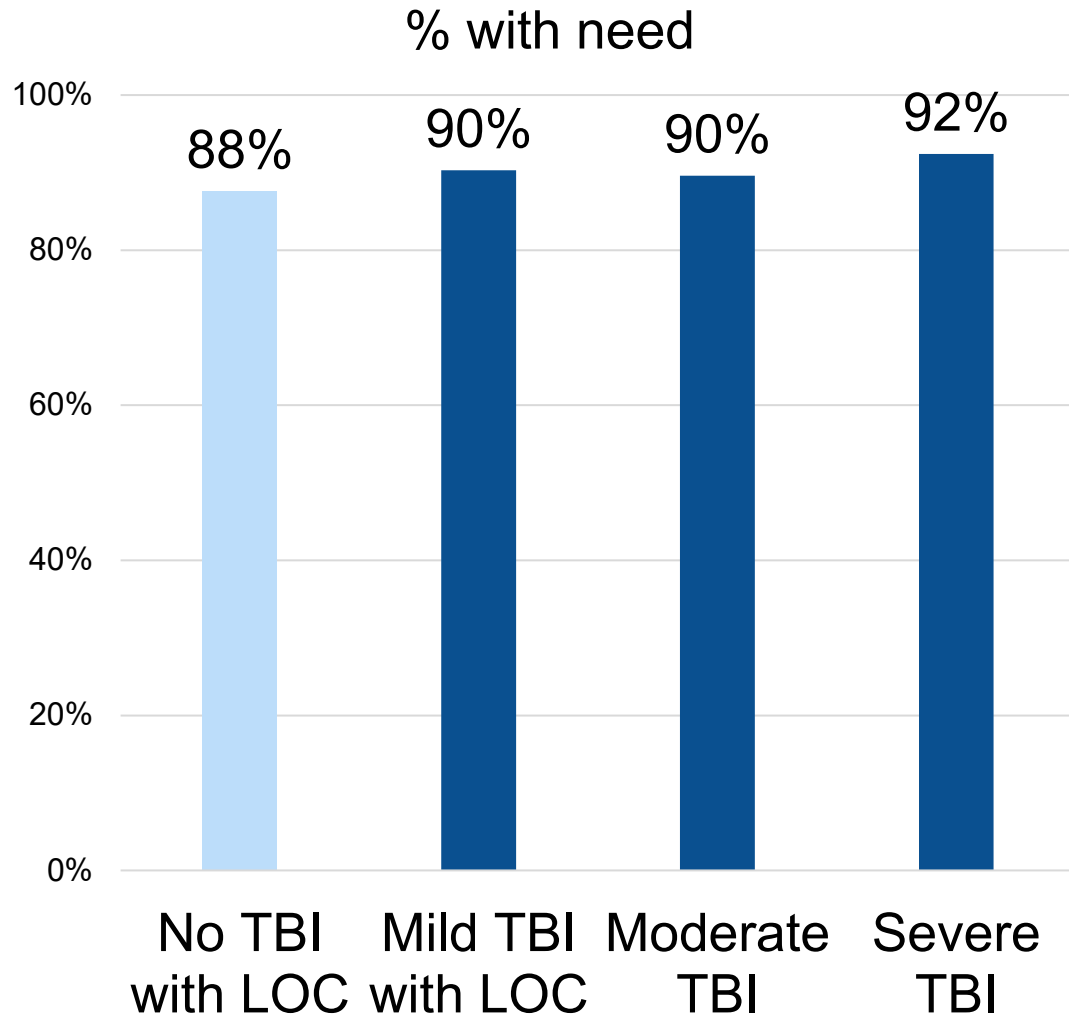
March 2020-August 2022
(>28,000 callers assessed)

- 37 callers per week have a history of TBI with loss of consciousness
- 9 callers per week had at least 1 moderate or severe TBI in their lifetime

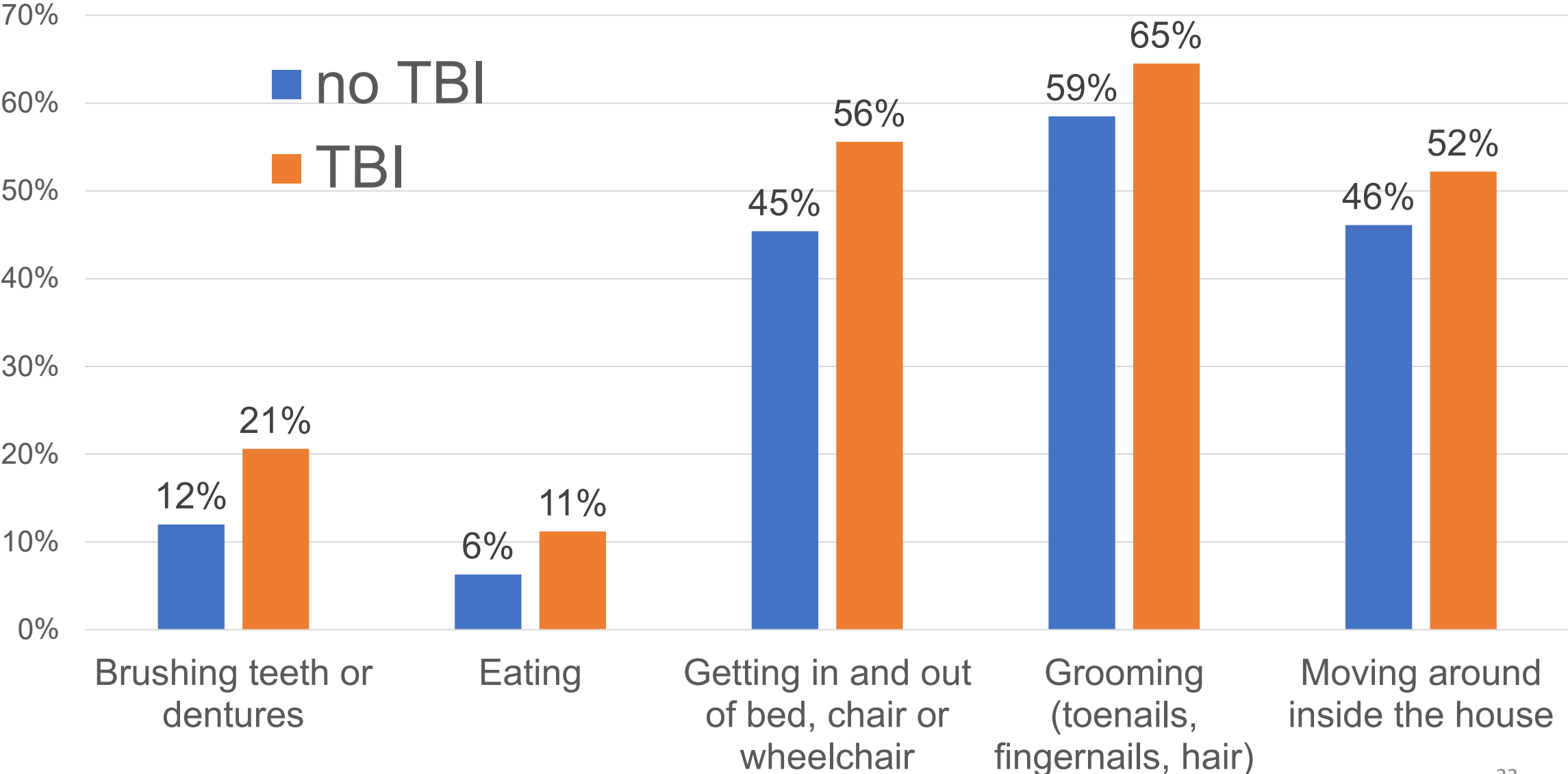
Currently on Medicaid



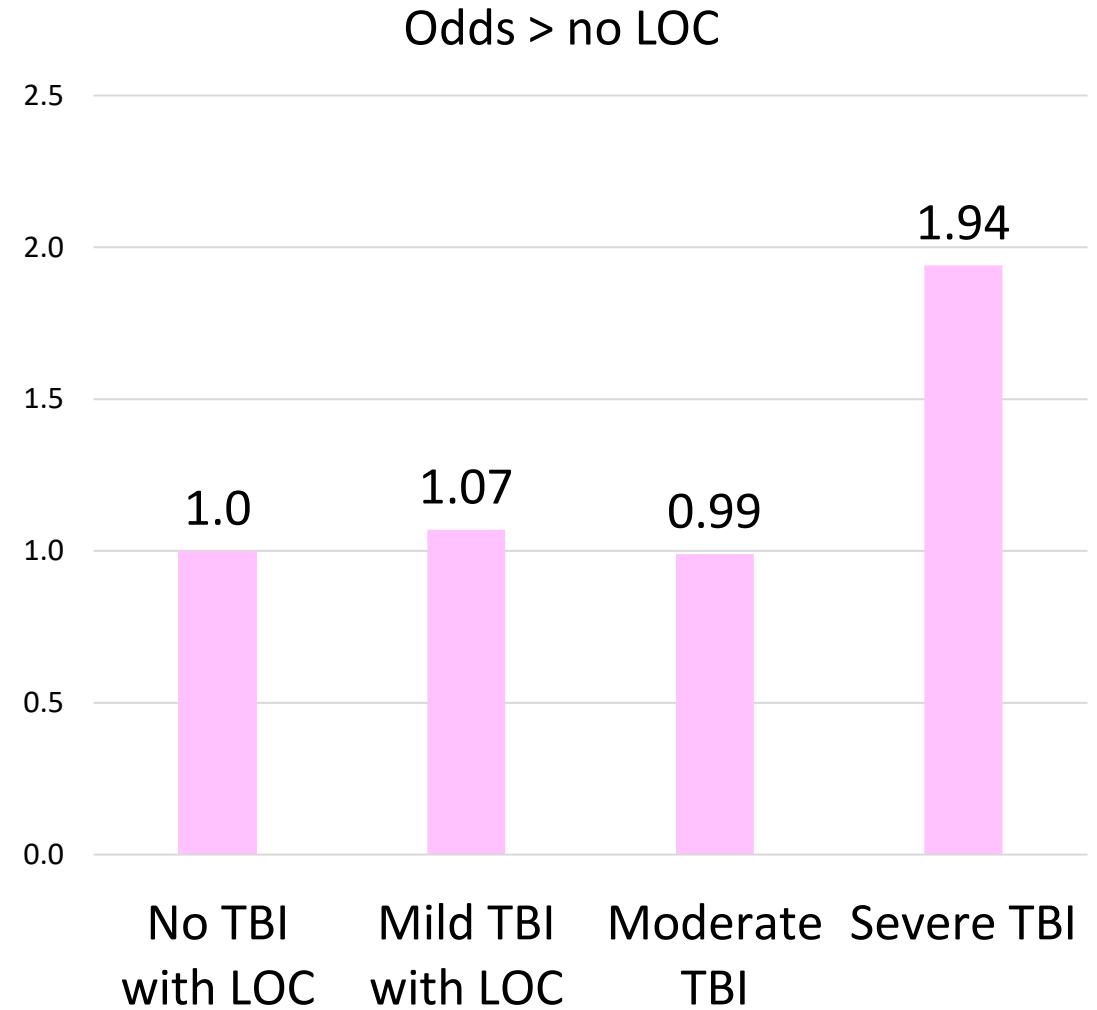
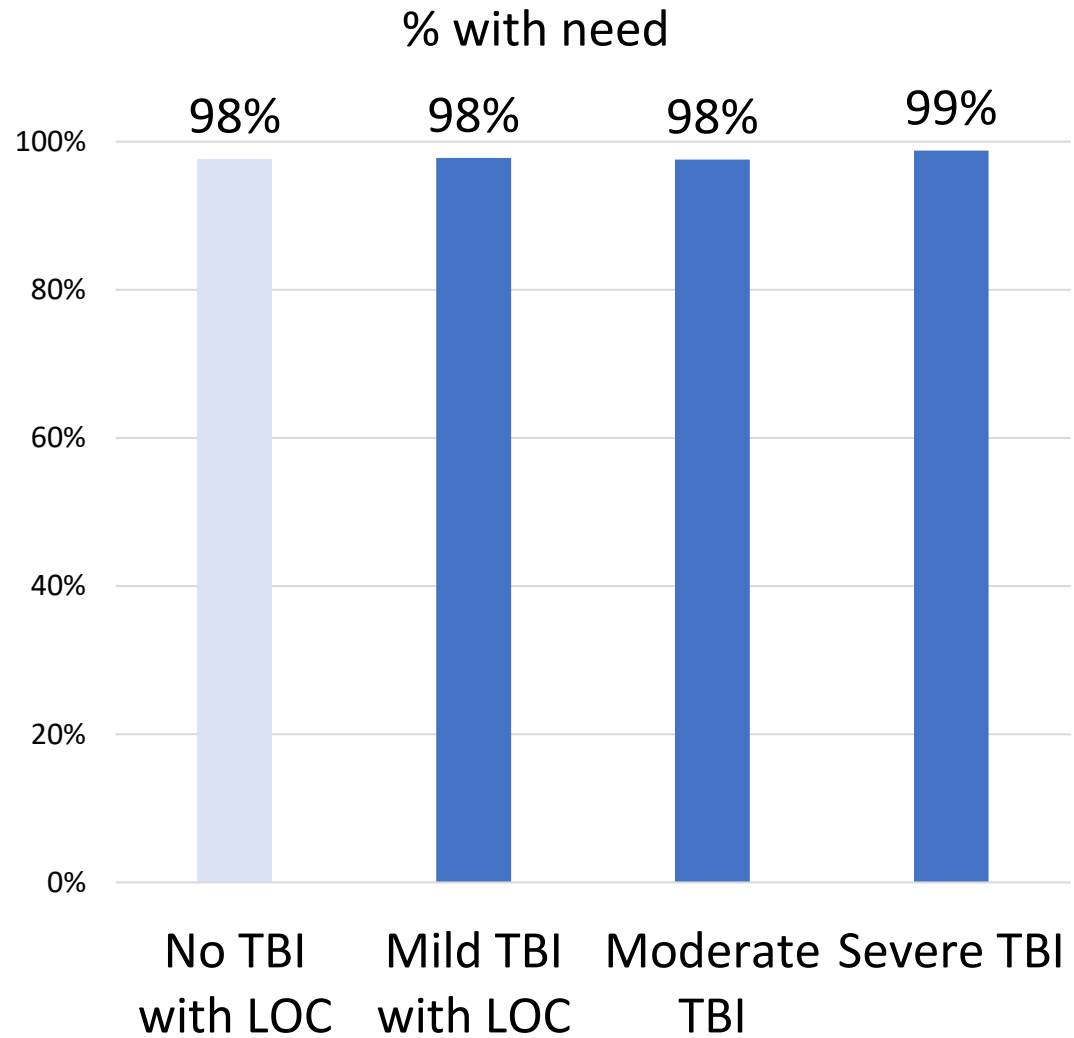
Activities of Daily Living



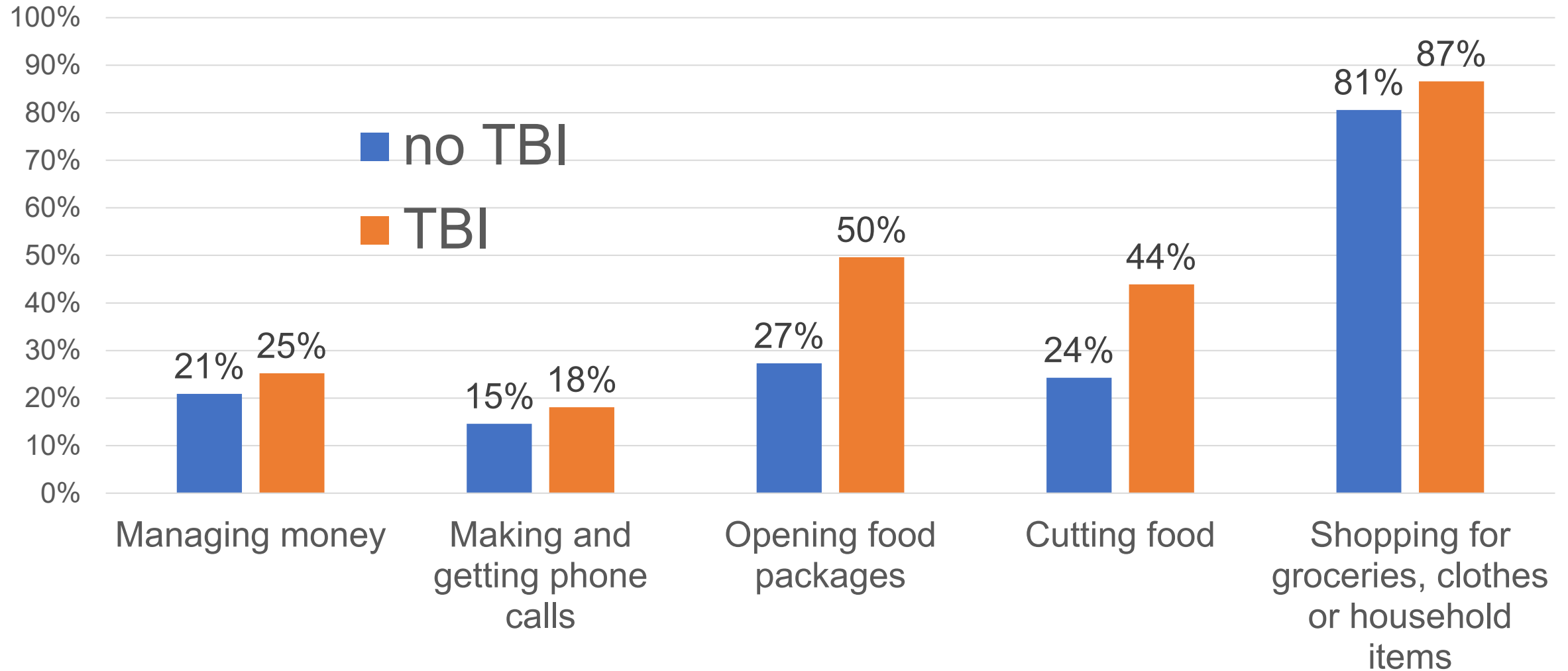
Selected Activities of Daily Living



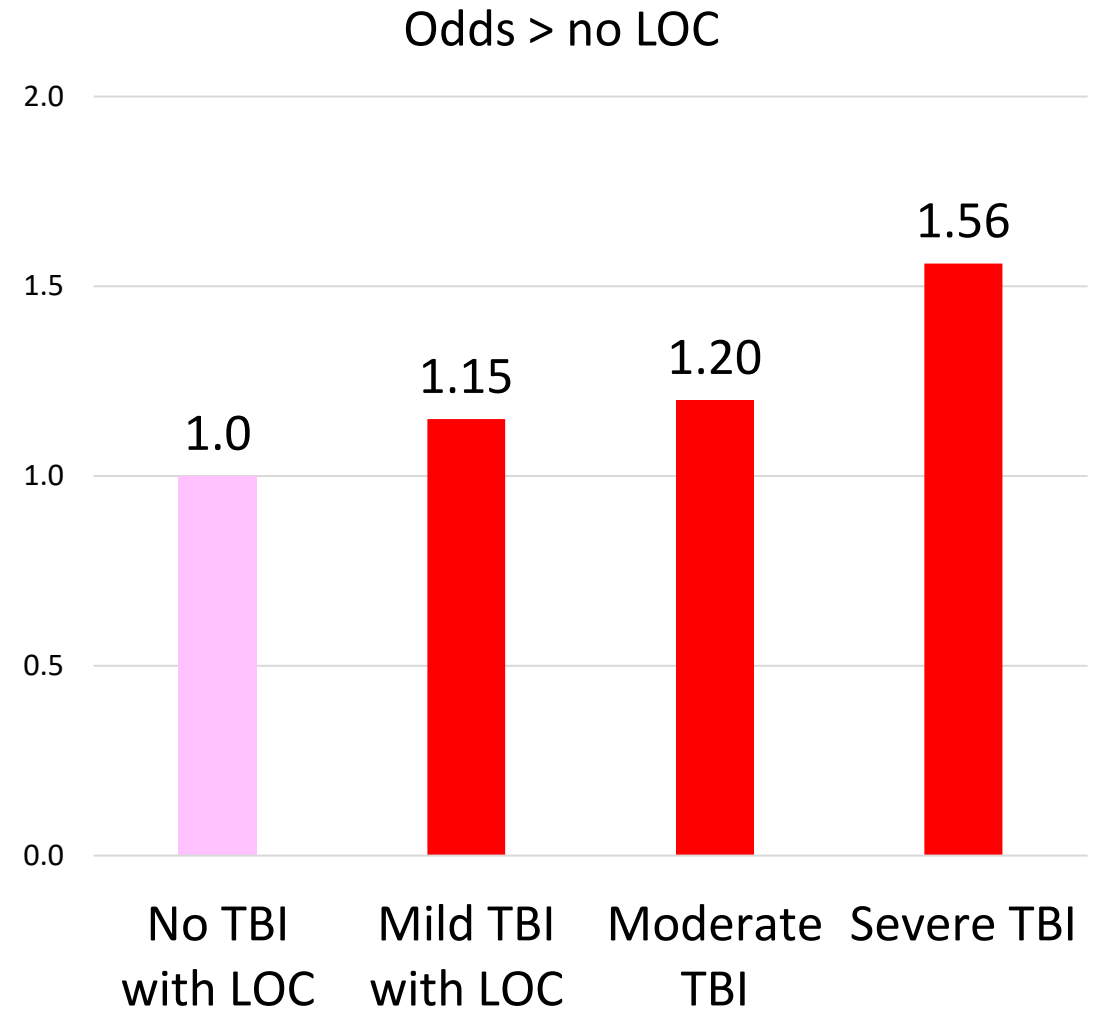
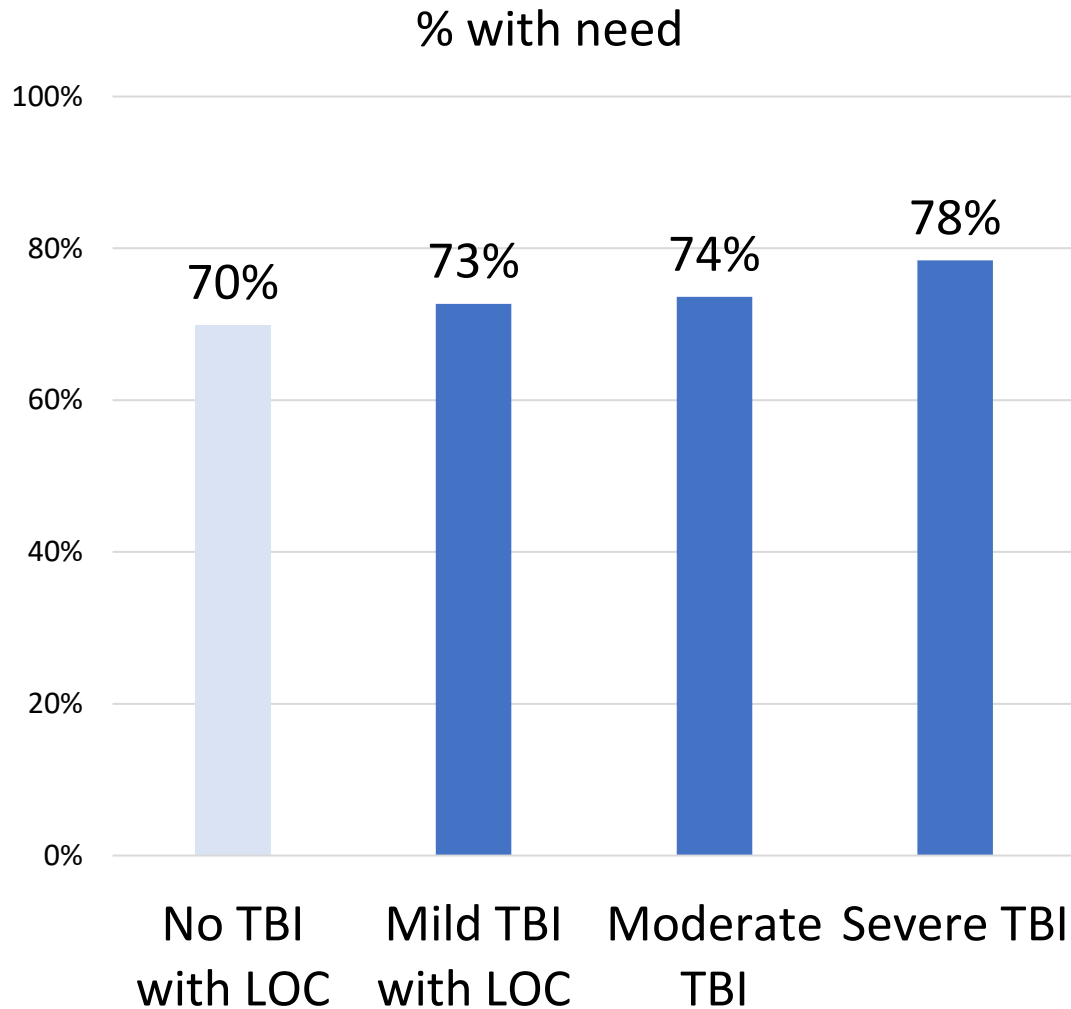
Instrumental Activities of Daily Living



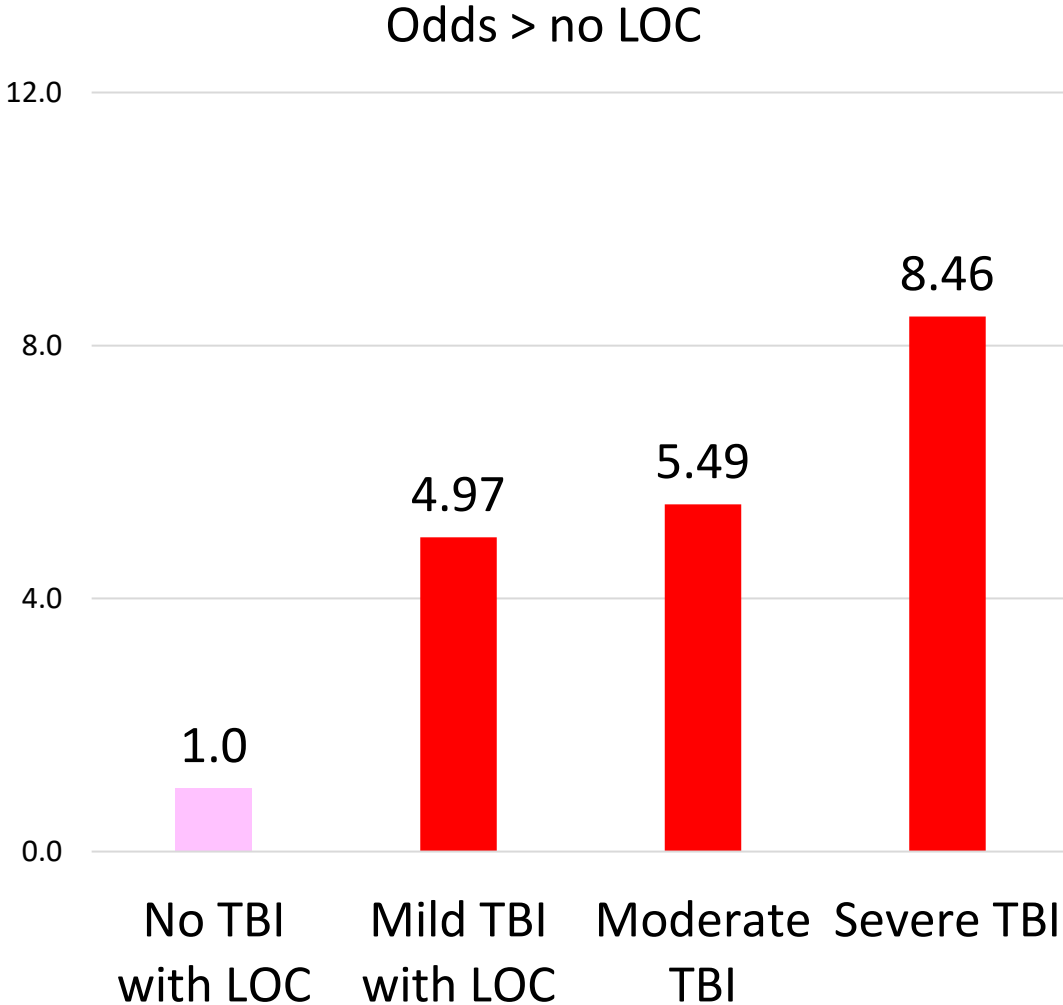
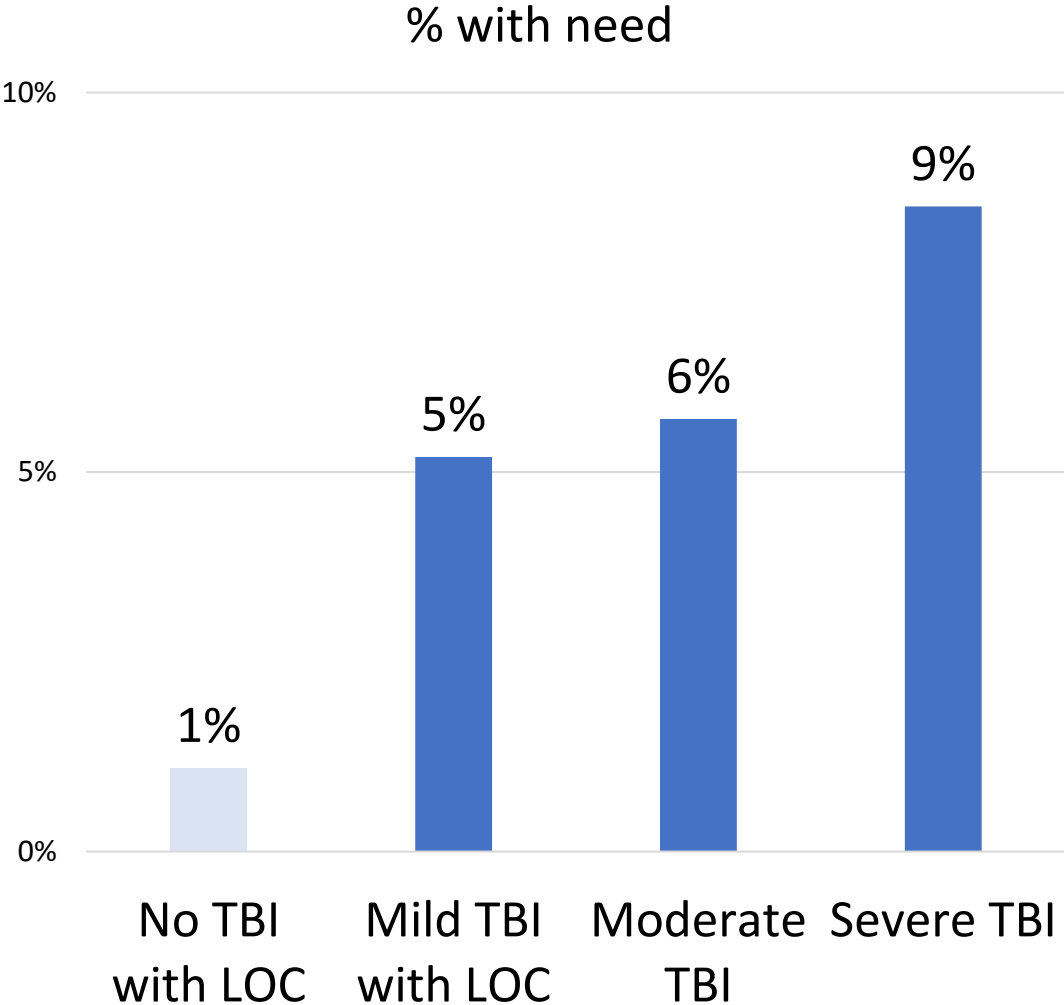
Selected Instrumental Activities of Daily Living



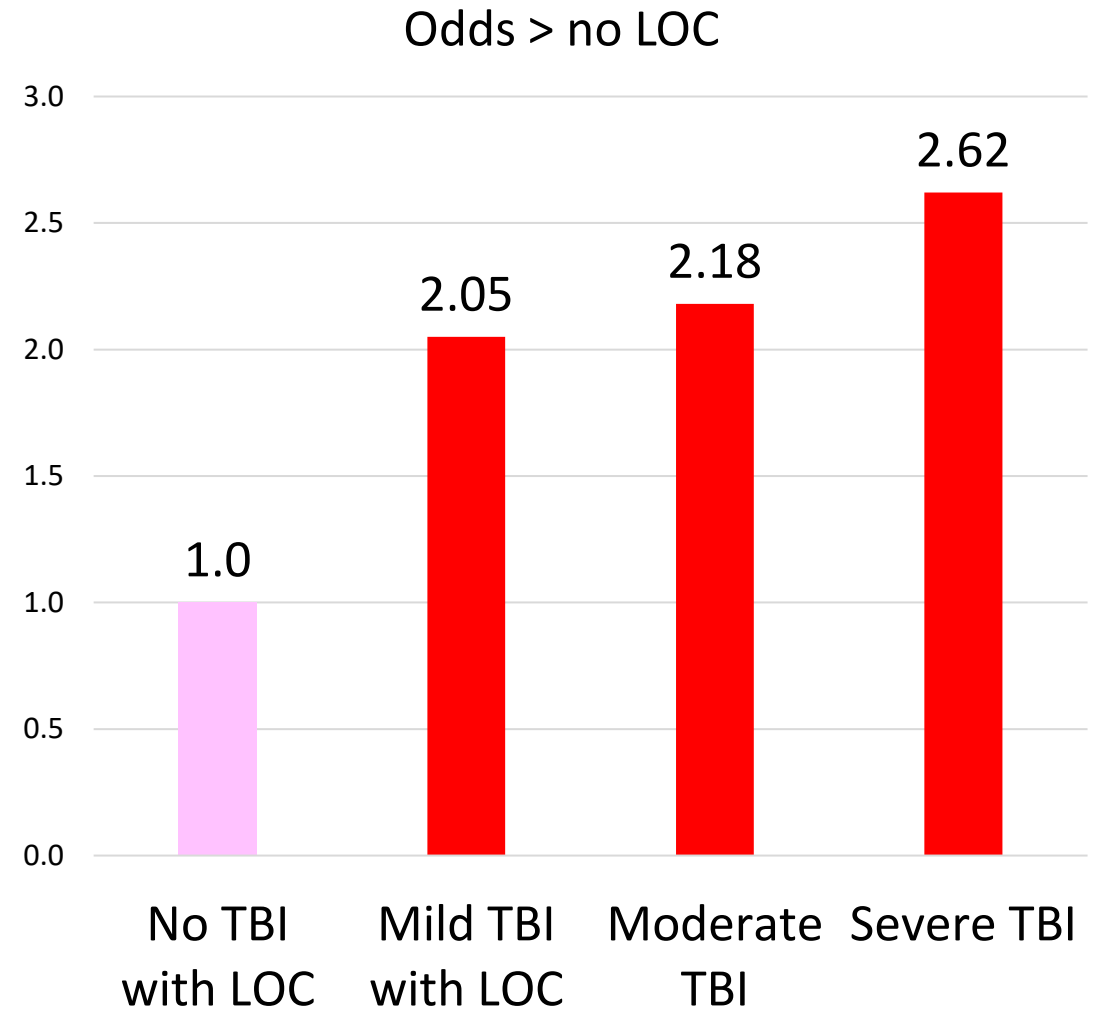
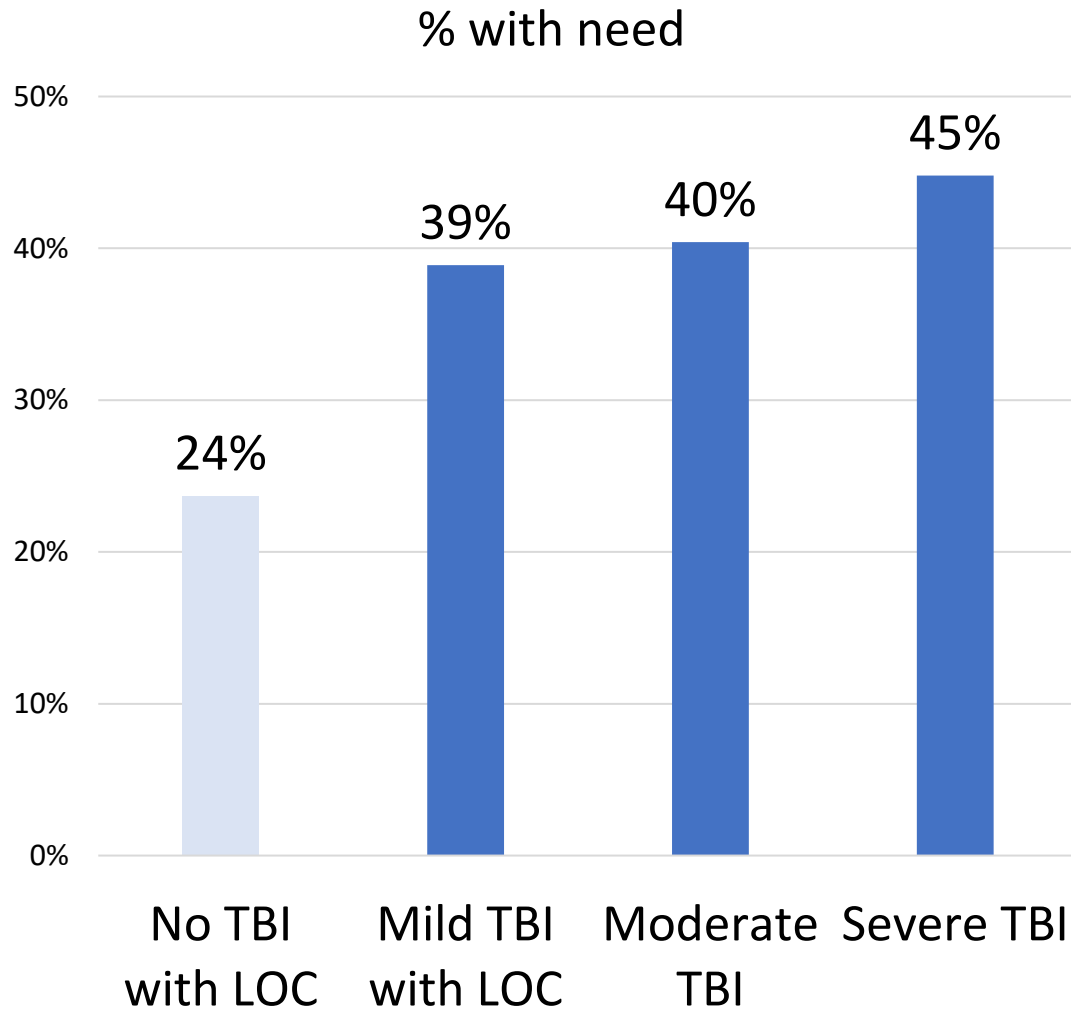
Assistance Taking Medications



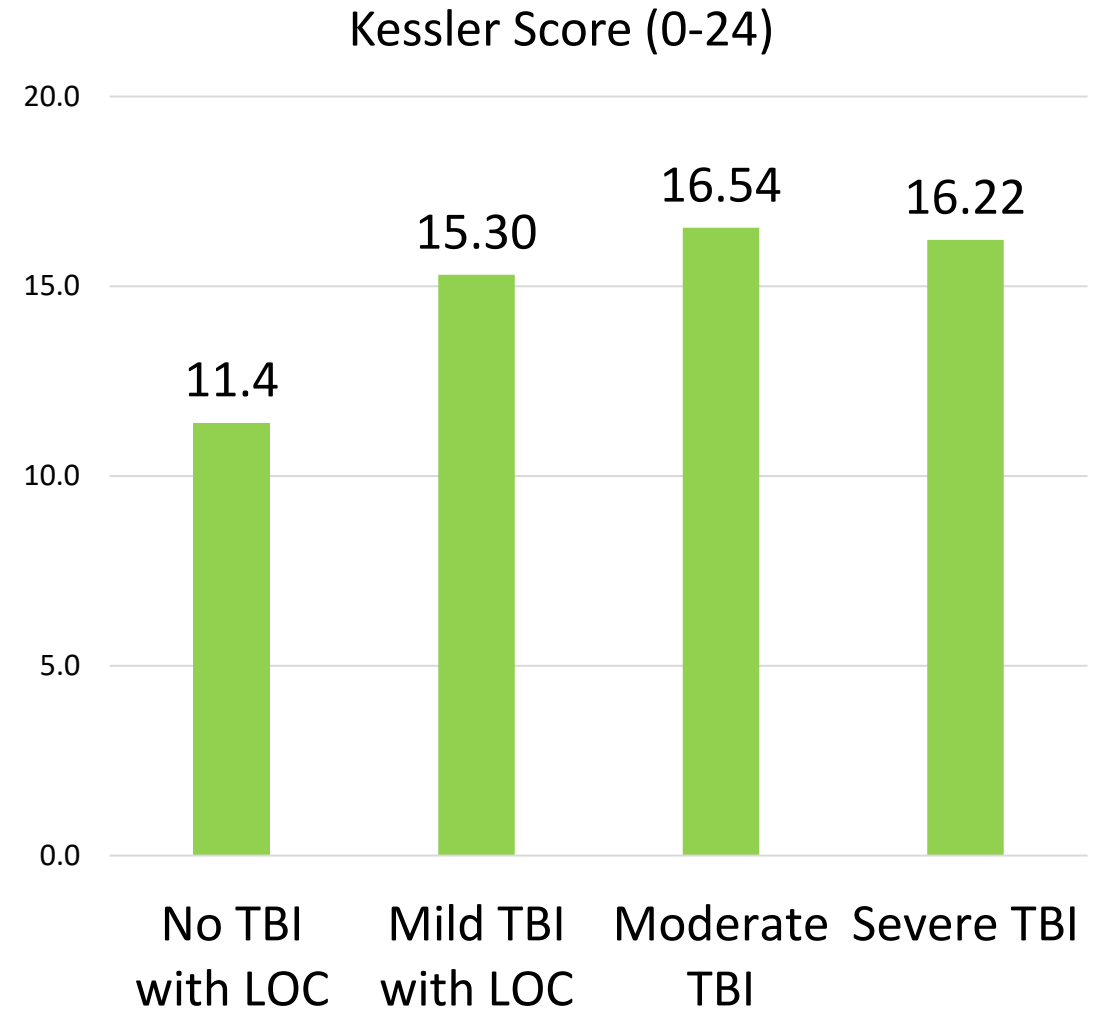
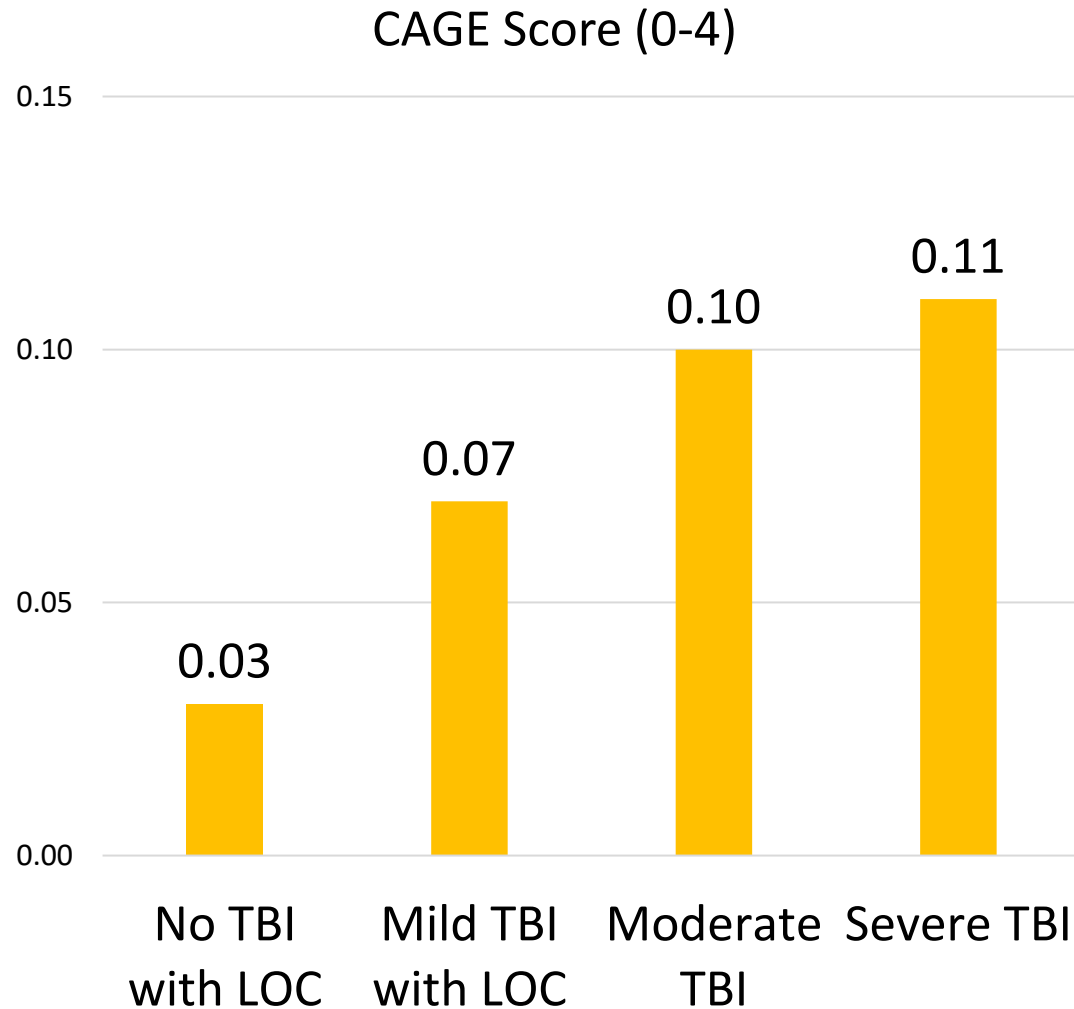
Seizure Management



Requires Skilled Nursing Services



CAGE Alcohol Addiction and Kessler Psychological Distress



Bottomline: TBI among Ohio NWD Callers

March 2020-August 2022
(>28,000 callers assessed)

- 37 callers per week have a history of TBI with loss of consciousness
- 9 callers per week had at least 1 moderate or severe TBI in their lifetime

Implications for Partnerships

NETS: Network Engagement, Training & Support

- Identify existing health or social service system serving persons with brain injury (whether they know it or not)
- Engage the leadership regarding the need to increase staff competence for working with persons with brain injury
- Provide training to raise staff awareness and skills to identify and accommodate needs
- Support staff via consultation and on-going training

Partnerships

- Aging & Disability Resource Network
 - Area Agencies on Aging
 - Independent Living Centers
- Ohio Long-term Care Ombudsman Program
- Medicaid Managed Care Organizations

QUESTIONS: AGING SESSION



An anatomical model of a human head and neck, showing the skull, brain, and various vessels and nerves. The model is mounted on a stand. The background is a blurred laboratory or classroom setting. A large, stylized graphic element consisting of overlapping light blue and white curved shapes is on the left side of the image.

SESSION 2: EMPLOYMENT

Session 2 Speakers



**Amy Gonzalez,
MS**

Project Manager

Disability Employment
Technical Assistance
Center



Eileen Kelly

TBI Program Manager

Minnesota Department
of Human Services

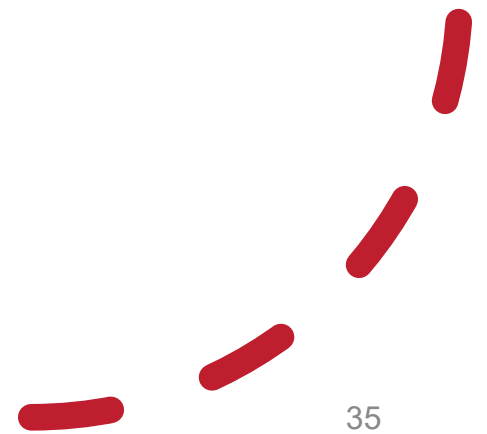


**Jill Ferrington,
CRC, CBIS**

*Technical Assistance
Advisor*

National Association of
State Head Injury
Administrators

Amy
Gonzalez,
MS



Today's Agenda

- DETAC Overview
- Employment Resources
- New TA Opportunity
- Wrap-up



What is the Disability Employment TA Center (DETAC)?

- Five-year contract, funded by the [Administration on Disabilities](#)
- [Goals](#)
 - Increase CIE outcomes for people with disabilities touched by the grantee network
 - Increase economic self-sufficiency
 - Enhance grantee partnerships
- Themes: Systems change, innovation, and collaboration
- [Grantees](#): CILs, DD Councils, P&As, UCEDDs, TBI Programs and PNs-CCE

The Beginning

- Facilitated an environmental [landscape assessment](#)
 - Met with AoD staff, grantees, families, and self-advocates
 - Reviewed publicly available data
- Drafted landscape assessment report and appendices for each grantee
 - [Appendix V](#): Traumatic Brain Injury State Partnership Programs
 - [Additional Appendices](#)

Modes of Technical Assistance

- [National Community of Practice Webinars](#)
 - [Join](#) the Community of Practice!
- [Podcasts](#)
- [Blogs](#)
- [Publications](#)
- Learning Management System
 - [Sign-up](#)
- Results in Systems Excellence ([RISE](#)) e-Learning Communities
 - Time-limited
 - Topically focused
 - Peer to peer involvement
 - High-impact



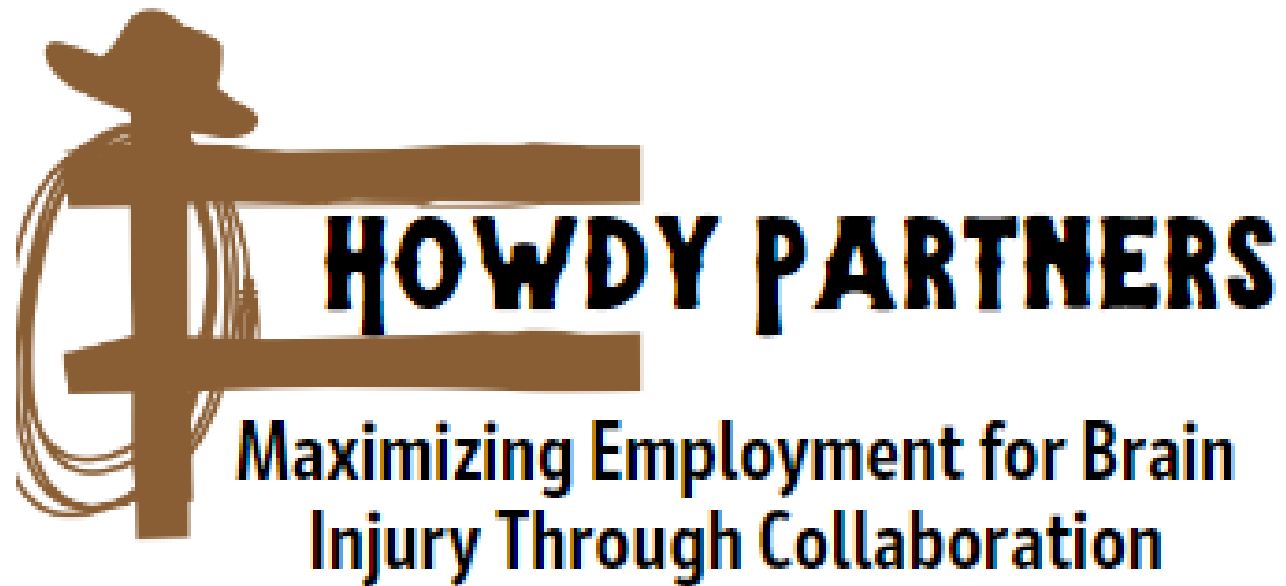
DETAC Resources – Briefs

- *You Can Work after Brain Injury, Improving your Employment Success*
- *Become a Champion for Employment! Guiding People with Brain Injuries Towards Work*
- *Building Capacity for Financial Well-Being*
- *Self-Employment Brief*
- *Engaging Families and Raising Employment Expectations*
- *Why Employment Matters: A Resource Guide by and for Self-Advocates Interested in Pursuing Employment*

DETAC Resources – Podcasts and Blogs

- [The Business Side of Things: Employment and Brain Injury](#)
- [The New Normal](#)
- [Reflecting Upon a Site Visit from Rhode Island's Self-Employment Initiative](#)
- [Job Retention After Brain Injury: Why it Makes Sense](#)
- [Assessing Brain Injury Needs – While Keeping the Job Seeker Engaged](#)
- [The Power of Technological Accommodations](#)

Exciting New TA Opportunity: RISE e-Learning Community – Coming Soon



Dates:

- July 20, 2023
- July 27, 2023
- August 3, 2023
- August 10, 2023

Reach Out!

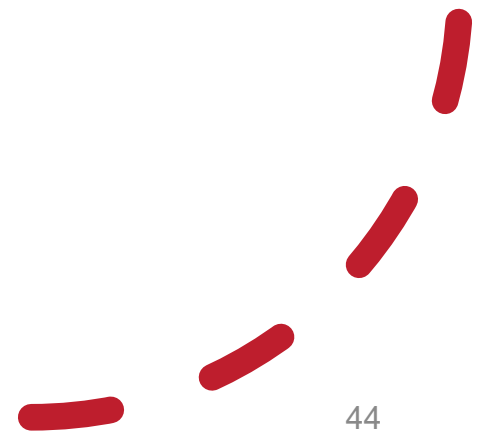
- Amy Gonzalez, M.S.
Project Manager
Email: Consultamg.llc@gmail.com;
AodEmploymentTA@Gmail.com
- [Website](#)
- [Submit TA Requests](#)



THANK
you



Eileen Kelly



TBI TA Work Group Member

- Systems Change: Build the competencies of professionals at all levels with lived experience
- Innovation: Build network capacity to focus on CIE and economic advancement strategies with experience
- Collaboration: Amazing unique talents and contributions of the AoD grantee network



Story (slide 1 of 2)

Case example:

- Employment: A head of the household in their 40's worked happily as a machinist and carried all health insurance for his partner and 2 children.
- Brain Injury: This person suffered a stroke.
- Benefit counseling: Emergency Benefits



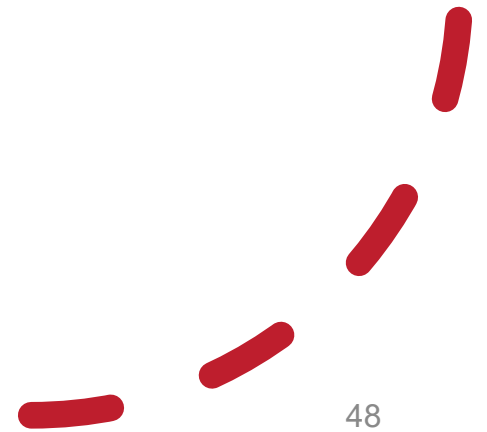


Story (slide 2 of 2)

Case example continued:

- Customized employment development
- Economic stability through disability
- Re-employment
- Follow up, follow up, follow up

Jill
Ferrington,
CRC, CBIS



Employment Matters

improved quality of life
quality of life
social network
sense of community
health
workforce talent
income
self-confidence



Potential Employment Barriers – People with Lived Experience

- Uncertainty about where to start the process
- Concerns about abilities after brain injury
- Myths about working while on benefits
- Frustrations with employment program paperwork and processes
- Confusion about what jobs might be a fit

You Can Work After Brain Injury: Improving your Employment Success

A Resource for Individuals who have Experienced a Brain Injury and want to Continue or Pursue Work

September 2021

Disability Employment Technical Assistance Center-TBI-1

Overview

Jobs come in all shapes and sizes. Success with work is based on a good match of your skills and abilities with activities in the right environment. Brain injury can affect how you think, learn, remember, move, act, and feel. Your skills and challenges are unique and might impact finding the best job for you. There are resources to help you in your job search as well as continued support on your job. The first step is figuring out your needs, asking for support, and then knowing what resources are available to help you.



Exhibit 1. Benefits of Work

Work provides us with...			
A Sense of Pride & Purpose, and the Satisfaction of Contributing	Independence	Money & Financial Security	Friends, Colleagues, and Community Relationships

Starting or Returning to Work

After brain injury, it might be possible to return to a former job with or without support. If that is not possible, you might pursue work in a different setting. Think about working for a new company or even going back to school for a while to learn a new skill.



There are many ways to be employed -- find out what fits for you!



<https://aoddisabilityemploymentcenter.com/you-can-work-after-brain-injury-improving-your-employment-success/>



Potential Barriers – Being Encouraged to work by Community Providers

- Uncertain how to start a work conversation with people living with brain injury
- Unfamiliar with employment resources and potential accommodation strategies
- Unclear about what kind of job matching options exist
- Lack of available evidence to dispel the myths which discourage beneficiaries from working



Become A Champion for Employment! Guiding People with Brain Injuries Towards Work

*A Resource for Supporting Individuals with a Brain Injury
Continue or Pursue Work*

September 2021

Disability Employment Technical Assistance Center-TBI-2

Overview

Work provides us with more than just a source of income. We derive a sense of pride and purpose, independence, social support, and personal identity from being employed. All these factors contribute to our overall emotional and physical health. Helping individuals with brain injury become successfully employed can change many aspects of a person's life.

Work provides all of us with:			
A Sense of Pride and Purpose	Independence	Money	New Friends

Brain Injury

A brain injury is an internal or external event that affects how the brain works. Temporary or long-term cognitive, emotional, and physical challenges caused by brain injury can impact a person's ability to think, learn, remember, move, act, and feel. Each brain injury is as unique as the person who sustains the injury and may impact their ability to find and maintain work. Nearly 2.9 million people sustain a new traumatic brain injury (TBI) each year¹, and an estimated 13.5 million individuals live with challenges due to TBI in the United States. The need is even greater when factoring in those who have experienced other types of injury to the brain such as oxygen deprivation, aneurysm, disease, etc. Brain injury is also often "hidden;" challenges go unseen, discounted, or forgotten, which can impact job performance. Sometimes a person does not even know they have had a brain injury because it was never identified or was misdiagnosed, but the challenges still exist.

People in the same situation as you have found that accommodations on the job help them manage brain injury difficulties or challenges. Let me show you a great on-line resource to learn more at the Job Accommodation Network.



https://aoddisabilityemploymentcenter.com/wp-content/uploads/2021/10/DETAC-2021-TBI-2_Final_508.pdf





Potential Barriers – Employment Service Providers

- Concern about the need for a full neuropsychological evaluation for those identified with brain injury
- Unsure about the array of accommodations and assistive technology options
- Likelihood of working with a person who has experienced an unrecognized brain injury
- Uncertainty about how to address brain injury symptoms interfering with program participation or job search

Considerations for Working with Individuals with Brain Injury: A Guide for Employment Service Providers

March 2022
DETAC-2022-TBI-1
Authored by [NASHIA](#)

Overview

Employment is more than what we do; for many, it is our identity. Additionally, the employment of people with disabilities is seen not only as a civil rights issue, but also as a practical factor for business. However, in 2020, the US Bureau of Labor Statistics reported that 17.9 percent of individuals with a disability were employed, down from 19.3 percent in 2019. For those without a disability, 61.8 percent were employed in 2020, down from 66.3 percent in 2019. Unemployment rates for persons with and without a disability both increased from 2019 to 2020, to 12.6 percent and 7.9 percent, respectively. Data on both groups for 2020 reflect the impact of the coronavirus (COVID-19) pandemic and efforts to contain it. But the numbers are vastly different between the two groups, and there is a critical need to shrink that gap.¹

Individuals with brain injury comprise a significant portion of the disability community. Nearly 2.9 million people sustain a new traumatic brain injury (TBI) each year, and an estimated 13.5 million individuals live with challenges due to TBI in the United States alone.² These numbers do not include other types of brain injuries, such as acquired brain injuries.

Recent research is lacking, but historically the number of people with TBI who do not return to work is relatively significant, either immediately post-injury or further down the road to recovery. State vocational rehabilitation (VR) services and other employment programs help enrolled individuals, but the fact that retention of employment is a serious problem for people with TBI is well-established.³

Research reviews indicate positive outcomes related to these elements:⁴

- Providing VR services early in the rehabilitation process
- Creating a supportive work environment
- Providing cognitive skills training
- Supplying assistive technology and training in its use
- Utilizing supported employment



Many individuals seeking employment support in publicly funded programs have undisclosed brain injuries. There are many reasons why a brain injury may not be known by a person seeking employment support.



<https://aoddisabilityemploymenttcenter.com/wp-content/uploads/2022/03/DETAC-TBI-Brief.pdf>

BLOGS



Job Retention after Brain Injury – Why it Makes Sense

<https://aaddisabilityemploymentcenter.com/job-retention-after-brain-injury-why-it-makes-sense/>



Assessing Brain Injury Needs – While Keeping the Job Seeker Engaged

<https://aaddisabilityemploymentcenter.com/assessing-brain-injury-needs-while-keeping-the-job-seeker-engaged/>



PODCAST – THE BUSINESS SIDE OF THINGS: EMPLOYMENT AND BRAIN INJURY

Employer perspectives on challenges and successes related to people with brain injury getting and maintaining employment.

Contributors:

- Elizabeth Benton and Jessica Samuel with Opelika Power Services in AL
- Anna Taylor and April Turner with the AL Department of Rehabilitation Services
- Kathy West-Evans with the Council of State Administrators of Vocational Rehabilitation

Moderated by:

Maria Crowley with the National Association of State Head Injury Administrators



<https://aoddisabilityemploymentcenter.com/the-business-side-of-things-employment-and-brain-injury/>

WEBINAR - REALIZING EMPLOYMENT SUCCESS: A TAILORED APPROACH TO SERVING PEOPLE WITH BRAIN INJURIES

Innovative employment strategies and funding methods with presentations by:

- North Carolina Division of Vocational Rehabilitation Services
- Community Partnerships, Inc.
- National Association of State Head Injury Administrators



<https://aoddisabilityemploymentcenter.com/realizing-employment-success-a-tailored-approach-to-serving-people-with-brain-injuries/>

What's ahead...

- 4th Resource Guide on Employment and Brain Injury
 - Target audience – Centers for Independent Living
- E-Learning/Learning Collaborative: **ACL Grantee Collaborations from a Brain Injury & Employment Perspective**
 - Four consecutive Thursdays starting on July 20th
 - Watch for registration information in late May/early June

QUESTIONS: EMPLOYMENT SESSION



BREAK

Up Next:

- Session 3: Peer Support
- Session 4: Intersectionality of TBI and other Medical and Social Issues



An anatomical model of a human skull is shown in profile, facing left. The model is mounted on a stand. The brain is visible, and several nerves and blood vessels are highlighted in red and yellow. The background is a blurred laboratory or classroom setting with a white railing and a person in a blue shirt. On the left side of the image, there is a large, semi-circular graphic element with a white border and a light beige fill.

SESSION 3: PEER SUPPORT

Session 3 Speakers



Clifford Hymowitz

*BI Survivor, Advocate,
and Peer Specialist*

TBI Advisory Board and
Leadership Group
(TAL-Group)



Carole Starr

*TBI Survivor, Speaker,
Author & Advocate*

TAL-Group



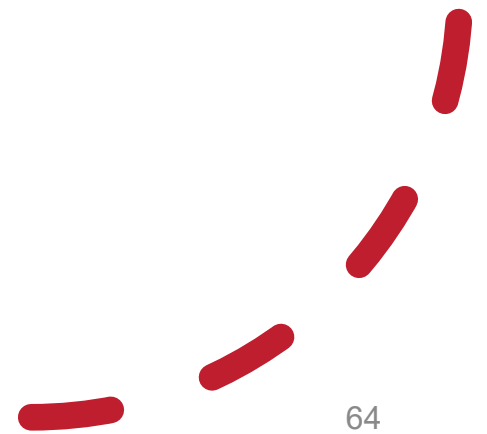
Maria Martinez

*BI Survivor, Advocate
and Peer Mentor*

TAL-Group



Clifford
Hymowitz



Background

- Member of the New York State (NYS) Traumatic Brain Injury Services Coordinating Council
- NYS certified Mental Health PEER Specialist
- Acquired head injury 20 years ago in a car accident
- In a matter of hours in the Emergency Room life changed forever

Challenges Faced by People with a Traumatic Brain Injury (TBI)

- Physical/cognitive and psychological challenges that can impact everyday life and be barriers to living independently
- Increased risk for developing mental disorders
- Difficult time coping with injury
- Loss of independence
- Changes in role in family and society
- Changes in personal and professional relationships

What is a Peer Specialist/Mentor?

- Someone currently living with a TBI
- Offers support and advice to other TBI survivors
- Introduces strategies to address challenges faced
- Shares their experiences
- Helps a TBI survivor cope and move forward

Being a Peer Specialist/Mentor means having the opportunity to:

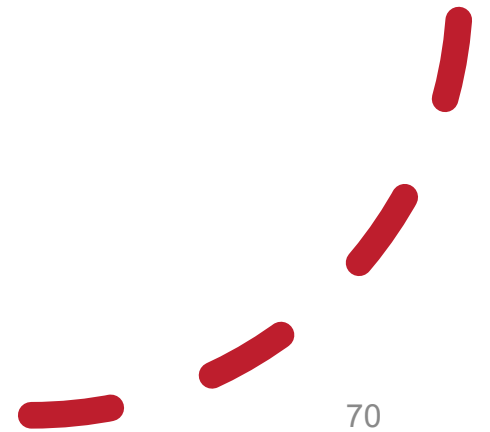
- Have influence in a fellow survivors' lives
- Develop transferable and marketable skills to enhance professional experience
- Increase self-awareness and foster personal growth
- Cultivate leadership, organizational and self-management skills
- Improve communication and interpersonal skills
- Connect to the broader brain injury community
- Build your network

Benefits of Peers

- Increased community integration and independence
- Increased confidence with communication and interpersonal skills and perceived social support
- Increased satisfaction with life and self-empowerment
- Satisfaction in assisting others
- Increased self-confidence
- Decreased isolation
- Increased self-advocacy skill

Source: Zach Hudson, Program Manager- PEER Mentoring at Brain Injury Alliance of Colorado Denver, Colorado

Carole Starr





The Magic of Peer Support

Being Mentored: Lessons Learned

- Timing of peer support matters
- Importance of matching peers—
chronological age, brain injury age,
life stage when brain injury occurred,
other life similarities
- Peer support can be informal too.
Informal can be just as powerful.
Look for opportunities to facilitate that
- Peers can support the treatment
process
- Peers can be valuable throughout the
brain injury journey, not only the early
years

2010-2021 Group Statistics



Educate • Advocate • Support
braininjuryvoices.org

- 22,000+ Hours Volunteered
 - 2100+ Peer Mentoring Sessions
 - 200+ Workshops, Presentations & Keynotes
-

Being a Peer Mentor: Lessons Learned

- Importance of Mentor Training/Role Playing
- Recognize Boundaries as a Mentor
 - “Stay in the correct lane”--peer, not a medical professional
 - Share experience but not tell the mentee what to do
 - Share resources but don't make recommendations
- Resources for help if a situation is too much
- Rewards of using experience to help others

Running a Peer Mentor Program: Lessons Learned

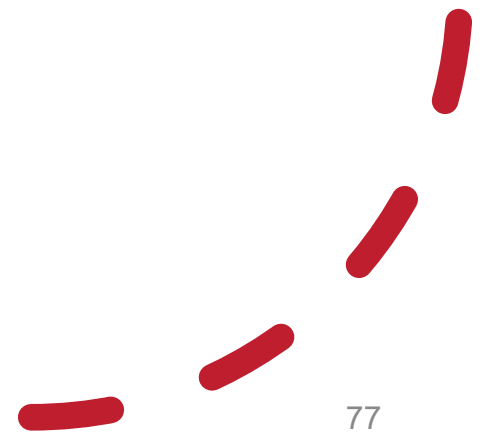
- Importance of champions of the program
- System for mentees to be identified & paired with mentors
- Provide opportunities for peer mentors to share their struggles and successes
- Implement system for tracking formal & informal peer mentoring

Ending a Peer Mentor Program: Lessons Learned

- Difficult to maintain program when champions leave/retire
- Organizational changes can impact the process of identifying and referring survivors for mentoring
- Survivors who run peer programs need back-up and support



Maria
Martinez



PEER SUPPORT WITH CREATIVITY



Lanes of lonely rural highways, changing landscape, and traditional cultural expressions.



- Lived experience, we overcome, and experience similar challenges
- Learned from our experience from those who have mentor us.

Peer Mentor Program & Informal Peer Mentoring

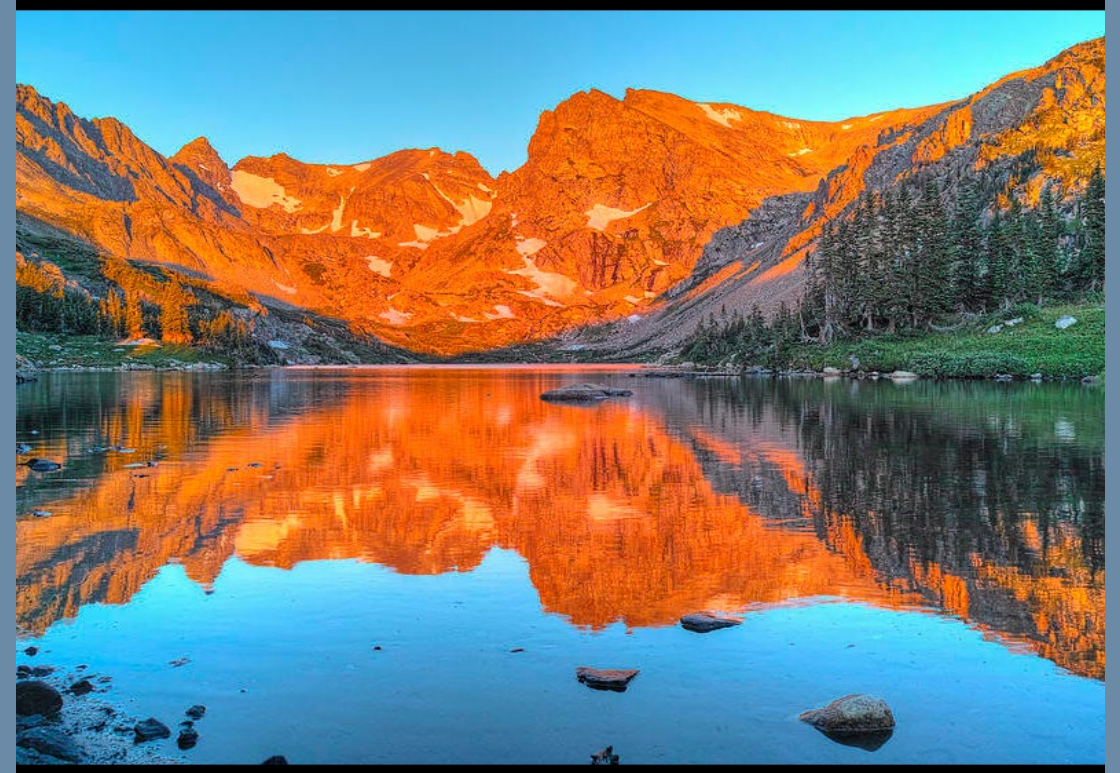
- Trained Volunteer
- Paid Certified Peer Specialist
- Supportive Relationships
- Outside organized programs



Chile, not one is alike, sound familiar. Culture is a palette of life.



- Diversity of mentoring
- We are not alone, don't have to navigate life challenges alone



- Color wheel of human compassion brings collaboration
- Encourages community

QUESTIONS: PEER SUPPORT SESSION



The image features a blurred background of a medical or educational setting. In the foreground, there is a detailed anatomical model of a human head and neck, showing the brain, facial structures, and neck vessels. The model is mounted on a stand. Overlaid on the right side of the image is a large, semi-transparent graphic consisting of overlapping circles in shades of pink and white. Centered over this graphic and the anatomical model is the text "SESSION 4: INTERSECTIONALITY OF TBI AND OTHER MEDICAL AND SOCIAL ISSUES" in a bold, white, sans-serif font.

**SESSION 4:
INTERSECTIONALITY OF
TBI AND OTHER MEDICAL
AND SOCIAL ISSUES**

Session 4 Speakers



Shawn Callaway

Project Officer

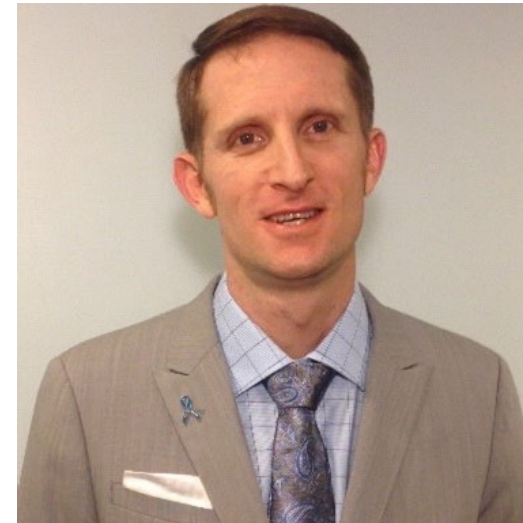
*Administration for
Community Living*



Eric Washington

TBI Survivor

TBI Advisory Board
and Leadership Group
(TAL-Group)



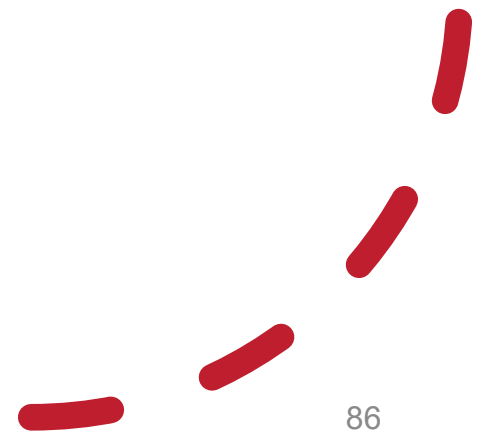
Martin Kerrigan

BI Survivor and Teacher

TAL-Group

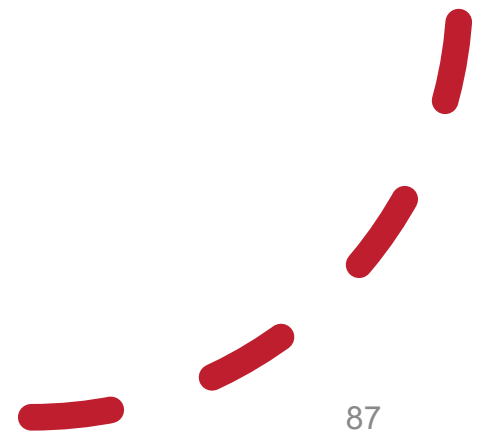


Shawn Callaway

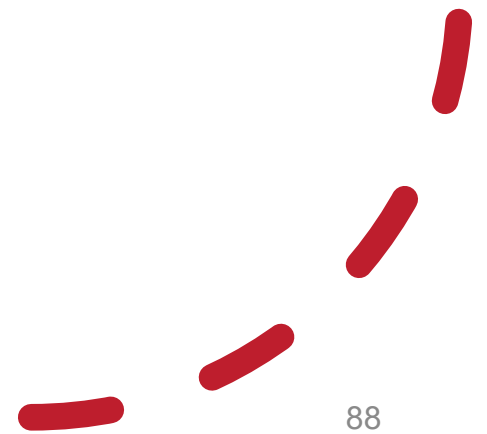




Eric Washington



Martin Kerrigan



Back to Life...

One person's return to “**the real world**” after a Traumatic Brain Injury (TBI)



Headline (1 of 2)

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WEATHER
Today: Sunny/low 80s
Tonight: Clear/50s
Tomorrow: Sunny/mid 70s

89th YEAR MONDAY, SEPTEMBER 28, 1998 NO. 20

The Diamondback

YOUR INDEPENDENT STUDENT NEWSPAPER ♦ UNIVERSITY OF MARYLAND, COLLEGE PARK

SPORTS
The unranked Terrapin men's soccer team grabs a 3-2 overtime victory against No. 1 Duke at Ludwig Field. Page 8



Man is killed crossing Route 1

ACCIDENT SCENE

Between 10 and 11 p.m. Friday, a man was hit by a car and killed while crossing the street at the intersection of Route 1, Regents Drive and College Avenue, Prince George's County Police said. Witnesses said the man and a group of people were crossing Route 1 against a green light when a silver Honda Prelude struck the man in the northbound lane.



Accident: Witnesses say the victim and a group of people crossed the street against a green light.

By LISA PORTER
Diamondback staff writer

A man was killed Friday night when a silver Honda Prelude traveling north on Route 1 struck him between 10 and 11 p.m., said Prince George's County Police spokeswoman Capt. Diane Richardson. Witnesses said the victim was crossing Route 1 against a green light with a group of men from near Planet X to the area in front of the Bagel Place. Richardson said there was no official police report on the accident yesterday afternoon, but did confirm the victim had died. She did not know if the man was a student. The Prince George's County Police Collision Analysis Unit is handling the investigation. No one from that unit could be reached for comment. "If we have a serious accident where we suspect someone may die, we call in the unit," Lt. Ed Barba said Friday night. "It's not handled by a regular beat officer."

Jamie King-Morris, a freshman chemistry major at Prince George's Community College, was sitting on the glass wall near Planet X when the accident occurred. "I will never get that sound out of my head," she said. "It sounded like two cars hitting each other."

King-Morris said she heard the screech of brakes before the impact. She said the driver of the vehicle then got out of the car, started screaming for help and waving his hands, then yelled for someone to call 911. A Terrapin Station bartender who saw the incident called 911 immediately.

George DeGennaro, a Terrapin Station bartender who was working the bar's outside door when the accident happened, said he went over to where the victim lay after he was hit. "There was blood coming out of his mouth, his face ... there was blood everywhere," DeGennaro said. Another Terrapin Station employee said he heard one of the people there who saw the incident called 911 immediately.

Please See ACCIDENT Page 2

Accident: Man is killed while crossing Route 1

Continued from Page 1

victim was crossing the intersection with say. "Oh my god! ... He just got hit," then the group ran away from the scene. He said the car that struck the man seemed to be traveling the same speed as the rest of traffic.

Witnesses said an ambulance and police arrived within minutes after the incident.

King-Morris and Shilo Lillis, a junior at Greenbelt's Eleanor Roosevelt High School who also saw the incident, said "There was a lot of commotion, a lot of fire trucks."

"It looked like he [the victim] saw the car coming at the last minute, and by that time, he couldn't really do anything," said Mike Samuels, a sophomore undecided major at Montgomery College who was sitting outside the Bagel Place when the accident happened. "It looked like his left leg was pretty much just hanging there when he was on the ground."

Police closed off the surrounding areas with flares and police tape.

Headline (2 of 2)

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WEATHER

Today: Sunny/high 70s
Tonight: Cloudy/low 60s
Tomorrow: Showers/mid 70s

89TH YEAR

TUESDAY, SEPTEMBER 29, 1998

NO. 21

The Diamondback

YOUR INDEPENDENT STUDENT NEWSPAPER ♦ UNIVERSITY OF MARYLAND, COLLEGE PARK

SPORTS

The Terrapin volleyball team defeats American, 3-0, last night at Ritchie Coliseum. Page 9



Student struck on Rt. 1 not dead

Accident: A sophomore is in critical condition with head injuries.

By DANIELLE NEWMAN
Diamondback staff writer

The campus student who was hit by a car Friday night on Route 1 is not dead, contrary to information released Sunday by Prince George's County Police, said Cpl. Steven Markley.

Martin Kerrigan, an 18-year-old sophomore letters and sciences major from New Jersey, was in critical condition last night at Prince George's Hospital Center, a hospital employee said over the telephone.

Markley said the man was

crossing at Route 1 and College Avenue against a green light at 10:30 p.m. A car in the left northbound lane braked to avoid hitting Kerrigan, and a silver Honda Prelude swerved to the right lane, where there were no cars, to avoid hitting the first car.

The Honda hit Kerrigan in the right northbound lane traveling about 40 miles per hour, Markley said. Kerrigan sustained serious head injuries from the accident after colliding with the Honda's hood and windshield.

The driver of the Honda, James Bochnack, was charged with violations not related to the accident, Markley said, including driving with a suspended license and registration.

Markley said the driver was not under the influence of alcohol and has no campus affiliation. Markley did not know if Kerrigan had been drinking.

Witnesses saw Kerrigan and a group of people walking across Route 1 toward the Bagel Place. Jamie King-Morris, a Prince George's County Community

College student who saw the accident, said she heard the screech of brakes before the car hit Kerrigan.

She said the driver of the Honda got out of the car after he hit Kerrigan, began screaming and waving his hands and yelled for someone to call 911.

Witnesses said the ambulance arrived within minutes and took Kerrigan to the hospital.

George DeGennaro, a Terrapin Station bouncer who was working the bar's outside door when the accident happened, said he went over to where the

victim lay after he was hit.

"There was blood coming out of his mouth, his face ... there was blood everywhere," DeGennaro said.

Members of the Kappa Sigma fraternity, where Kerrigan is a boarder, said although they didn't get a chance to "really know Marty," their prayers are with him.

"We're all extremely sad about this," said Mike Margolis, an acquaintance of Kerrigan and Kappa Sigma president. "We hope everything works out for the best."

PHOTO: Sophomore letters and sciences major Martin Kerrigan was hit by a car Friday night on Route 1.

FRACE: A silver Honda Prelude hit Kerrigan in the right northbound lane of Route 1 as he crossed toward the Bagel Place.

FRACE: Police said alcohol was not a factor and did not charge the driver with anything related to the accident.

FRACE: Kerrigan was in critical condition last night at the Prince George's Hospital Center.

Early prognosis

- Diagnosis of a severe Traumatic Brain Injury
- Minimally conscious state, coma, for approximately 8 days
- Also sustained orthopedic injuries, fractured humerus and cracked ribs, as well broken teeth, vision damage, and severe lacerations to hand
- Medical personnel were hesitant to make any long term prognosis but did their best to prepare the family for what life could possibly look like following an injury of this magnitude

Return to the “real world”

- Returned to college 4 months following TBI
 - **2 months post inpatient hospitalization**
- Started off by taking 1 class at the local community college
- 6 months post injury started working again, first part time then full time
- Got driver’s license back, 7 months after accident
- The following fall, 11 months after injury, returned to college as full-time student

Looking Good

- Return to Division 1 athletics
- Dean's list every semester
- Accepted into graduate school
- Began Dating again
- Living independently
- Working a full time job

What was really going on

- Trying to establish a new identity
- Pride/Ego played a huge role
- Difficulties with memory were a huge challenge
- Thinking they could do life the way they always had and still get the same results
- Struggles were just as much, if not more, from **adjusting to life with a brain injury** as they were being a student with a brain injury!

Struggles

- Learning who the “new you” is
- Coming to terms with the loss of old life
- Partying like they had prior to their injury
 - Substance abuse
 - Multiple arrests, legal trouble, damaged relationships, etc.



What happened

- Life was a mess and hit “rock bottom”
- Consequences included legal system and substance abuse rehabilitation
- Admitting when they needed help and then reaching out and getting that help
- Long term sobriety has included 12 step program
- Long term success has been as much the result of awareness of the impact of the TBI on my life as has **educating others** about brain injury and how it impacts me

QUESTIONS: INTERSECTIONALITY SESSION



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