

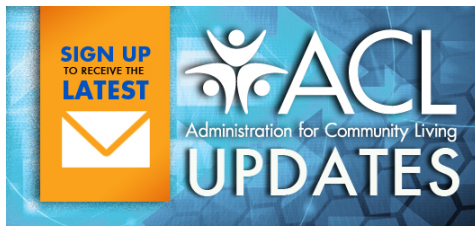
PROGRAM UPDATES

ACL Collaboration Updates

Grant administration information is available in the Resources section on MAX.gov. You can navigate to the guidance documents using the links below.

- [Carryover requests](#)
- [Continuation funding](#)
- [Assigning a new lead agency point of contact](#)

ACL Email Updates



All grantees and members of the TBI community are encouraged to sign up for ACL email updates to receive periodic information about activities throughout ACL.

Click [here](#) to sign up.

ACL wants to make sure everyone in the TBI network has access to its email updates.

State Updates

Idaho's Traumatic Brain Injury Needs and Resource Assessment

The Institute of Rural Health at Idaho State University (ISU) recently completed a statewide traumatic brain injury (TBI) needs and resource assessment to help chart the future of TBI services in Idaho. Several organizations including the Brain Injury Alliance of Idaho, DisAbility Rights Idaho, AARP, the Parent Training and Technical Assistance Center – Idaho Parent's Unlimited, and local TBI support groups all helped advertise the needs and resource assessment survey through electronic media or hard copy mailings. One hundred seventy-two Idahoans representing all seven of Idaho's health districts responded to either the online or hard copy survey. Information regarding respondents' demographics, employment, income, and TBI history was collected. Some preliminary results are listed below.

Employment

- More than half (61.1 percent) of those experiencing a TBI reported they are not employed or volunteering and 52 percent of those reported having a severe TBI.
- Individuals were not able to work due to an inability to perform a job, get hired, or lack of accommodations.

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- Thirty-six percent of those seeking employment use Vocational Rehabilitation to access employment services, followed by the Department of Labor at 32 percent.

Income

- Twenty-eight percent of respondents reported a total household income between \$10,000 and \$20,000. Thirty-two percent reported more than \$50,000 year.
- Thirty percent of those between 19 and 29 years old had less than \$10,000 in total household income.
- More than half of respondents (55.2 percent) stated their TBI occurred more than ten years ago.
- Costs were highest for individuals who sustained a TBI as a result of a motor vehicle accident (38.8 percent)
- More than one-third of respondents reported more than one type of brain injury.

Services and Supports

- Respondents report receiving community based rehabilitation services most frequently (27.7 percent).
- Nearly 30 percent need or want social/interpersonal relationships more than any other support.

Please reach out to the TBI Coordinating Center via [email](#) for more information about Idaho's recent needs and resources assessment.

Community Screening in Idaho

Since the fall of 2014, The Institute of Rural Health at ISU has coordinated multidisciplinary community screening events that offer individuals with little to no insurance coverage access to reliable screening services for a multitude of common conditions, including TBI. A secondary goal is to provide an interprofessional learning experience for graduate level health professions students.

Future health care professionals from ISU representing multiple disciplines come together to staff the community screening events. The students are supervised by faculty and have all been cross-trained to perform numerous types of screenings such as TBI, HIV, syphilis, Hepatitis C, dental, vision, and nutrition. Participants also receive a physical exam that incorporates mental and behavioral screening. Staff rely on motivational interviewing techniques to discuss health priorities, barriers to care, and potential solutions. To date ISU has conducted 24 events and screened 424 individuals for TBI using The Ohio State University TBI Identification structured interview. Thirty-five percent of participants screened likely for TBI.

Beginning in the fall of 2015, a Quality of Life after Brain Injury questionnaire (QOLIBRI) was added to further screen for services that may be needed by persons with TBI. Respondents included persons who screen "likely" for TBI and who are eligible for a primary care referral. Thirty individuals participated and received a \$10 gift card as

compensation for their time. Results from the follow-up QOLIBRI are used to determine additional referrals to one of five ISU health care clinics (i.e. psychology, speech and language pathology, audiology, physical/occupational therapy, and counseling).

ISU has agreements with Unity Health and Health West to accept TBI referrals for primary care. It also obtained a grant from the Blue Cross of Idaho foundation to assist with co-pays for individuals who screen likely, and are without health insurance.

Future efforts will include expanding the network of referrals for care and securing additional supplemental funding to support services for individuals who fall into the gap of insurance coverage.

For more information about Idaho's screening and referral efforts or about the OSU TBI Identification structured interview please go to [Idaho's TBI Website](#) or follow the links below to download the documents from MAX.gov.

[Idaho's Screening and Referral Results](#)

[OSU TBI Identification Overview](#)

[OSU TBI Identification Structured Interview Form](#)

Have an update you want others to know about? We want to hear it!

ACL is proud of all of the State Partnership Grant recipients' achievements. Share your updates by emailing TBICC@us.gt.com to raise awareness about your work and help us foster collaboration among state grantees.

COLLABORATION CORNER

Request for Comments from ACL



[Draft Principles for a Person-Centered Approach to Serious or Advanced Illness](#)

By Edwin Walker, Deputy Assistant for Aging and Bob Williams, Acting Commissioner, Administration on Disabilities Director, Independent Living Administration

ACL believes that every person should be able to make choices and control their own decisions, regardless of their age, disability, or illness. ACL, in consultation with stakeholders from the aging and disability communities, drafted a set of principles to guide its work in this area, and to enhance existing programs and services related to serious or advanced illness for older adults and people with disabilities.

Now ACL needs your feedback. There are a wide variety of deeply held perspectives on these issues, and ACL is committed to better understanding them. It is seeking input from the people it serves - older adults, people with dementia, people with all types of

disabilities, and the families and caregivers who often support them. ACL also hopes to hear from partners in the aging and disability networks. Please send your comments, by May 12 to AdvancedIllness@acl.hhs.gov. ACL will carefully consider all input as the principles are finalized, and will share the finalized principles on ACL.gov.

State Partnership Grant Maximizing Impact Teleconference Series



The Maximizing Impact teleconference series offers opportunities for state grantees and others share ideas, best practices, and their vision of the program's future.

ACL wants to continue receiving feedback from grantees. The TBI Coordinating Center will host a series of teleconferences from May through July to provide a forum for discussing the future of the program and how to best maximize its impact. The state program network consists of individuals with decades of experience in this area, which makes their input integral to the evolution of a successful

program. Please stay tuned for teleconference invitations and share the invites with those you feel will also contribute to, or benefit from, the discussion.

RESEARCH AND POLICY UPDATES

[AARP Report Highlights State No Wrong Door Systems and Person-Centered Practices in Long-Term Services and Supports](#)



No Wrong Door Systems provide person-centered care

States are transforming their long-term services and supports (LTSS) access functions into Person-Centered No Wrong Door Systems that include an array of organizations, such as, Area Agencies on Aging, Centers for Independent Living, and state agencies such as Medicaid agencies and state units on aging. Older adults, people with disabilities, and their families can access services through these agencies in a variety of ways including in person, by telephone, and online.

The paper provides concrete examples of how seven No Wrong Door Systems, sometimes called Aging and Disability Resource Centers, are promoting person- and family-centered practice. The paper includes a toolkit of resources and contacts for states to learn more and even replicate these practices. A checklist specifically created for this project provides a roadmap for states to ensure that No Wrong Door Systems operate in a person- and family-centered way.

[Growth Hormone Deficiency Following Complicated Mild Traumatic Brain Injury](#)

TBI is often implicated in the development of hypopituitarism in adults, which leads to decreased levels of growth hormone. Growth hormone plays many important roles in

human physiology and helps our bodies maintain healthy bone, fat, and muscle tissues. A recent study found that persons who sustain a TBI are more likely to exhibit growth hormone deficiency during their short and long-term recovery. Researchers found lower than normal levels of growth hormone in patients who had sustained a complicated mild TBI, according to the Glasgow Coma Scale. Patients assessed at five years were more likely to exhibit lower growth hormone levels than at one year, suggesting that persons with complicated mild TBI should be evaluated for growth hormone deficiency even if several years have passed since the trauma.

[New Study Reveals Economic Impact of Patients with TBI](#)

A study, “The Economic Burden of Illness for Patients with TBI Resulting in Chronic Motor Impairment,” was recently presented at the World Congress of Brain Injury in New Orleans on March 31. Researchers investigated the long-term healthcare costs for patients who sustained a TBI and exhibit evidence of motor impairment. These costs were compared to medical costs of patients who had no history of brain injury. Researchers discovered that costs incurred by TBI patients are highest during the acute phase of the injury, but remain higher than average even two years after the injury. Individuals in the TBI group paid an average of \$27,000 more for medical care two years after the trauma. Costs stabilize after two years at a rate four times higher than the comparison group. Dr. Damien Bates, study coauthor, says “This study highlights the significant unmet need for effective care in this population, as well as the strain that this condition places on our entire healthcare system. There is a clear need for treatment that would help relieve the economic burden on patients suffering from the lingering effects of a traumatic brain injury.”

UPCOMING EVENTS

[Webinar: Person-and-Family Centered Best Practices in No Wrong Door Systems](#)

Join ACL for a webinar to learn how organizations within a state’s No Wrong Door System (including Area Agencies on Aging, Centers for Independent Living, Aging and Disability Resource Centers and state agencies) have used these practices to transform access to LTSS. Presenters include:

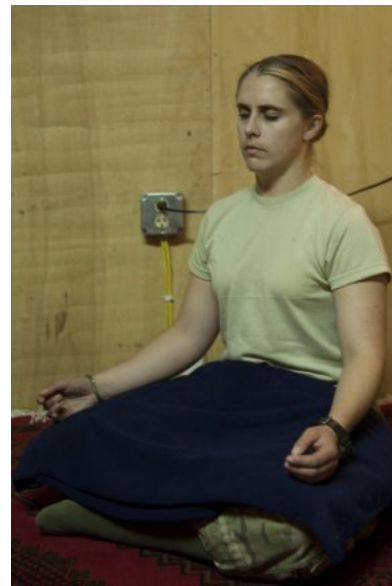
- Joseph Lugo, ADRC/No Wrong Door Program Lead, ACL
- Jean Accius, PhD, Vice President, Independent Living/LTSS, AARP
- Lisa Alecxih, Senior Vice President and Director, Lewin Center for Aging and Disability Policy
- Katie Roeper, Assistant Commissioner, Virginia Department of Aging and Rehabilitative Services
- Maurine Strickland, I&A, Options and Enrollment Counseling Coordinator, Wisconsin Department of Health Services

Date: April 26
Time: 2 p.m. ET
[Register for this event.](#)

TBI IN THE NEWS

[Program Offers Recovery Tools for Soldiers with TBI](#)

The Department of Defense's Madigan Intrepid Spirit Transitions (MIST) program is a six-week intensive outpatient group program designed to address the complex conditions of active-duty service members who have sustained a TBI. The program assists participants with developing a customized set of care strategies to address the effects of TBI and many co-occurring disorders. The holistic approach allow participants to address issues such as chronic pain and insomnia while they also work to improve cognitive and behavioral skills through mindfulness techniques including meditation and yoga. Col. Beverly Scott, the program's director notes the role of peer support in successfully transitioning participants to independence. "Some significant success is clearly related to soldiers helping soldiers, the service members helping each other," Scott said. "The power of the cohort is just extraordinary. We make sure we have time for the individuals to just talk to and help each other, and you can really see the power in that." The program has graduated two cohorts so far that exhibit positive personal and medical results. One participant's medical evaluation board was halted because of how much his behavioral health improved, and another was able to reverse the downward trajectory of his marriage.



MIST participants may use mindfulness practices to cope with the impact of their brain injuries

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