

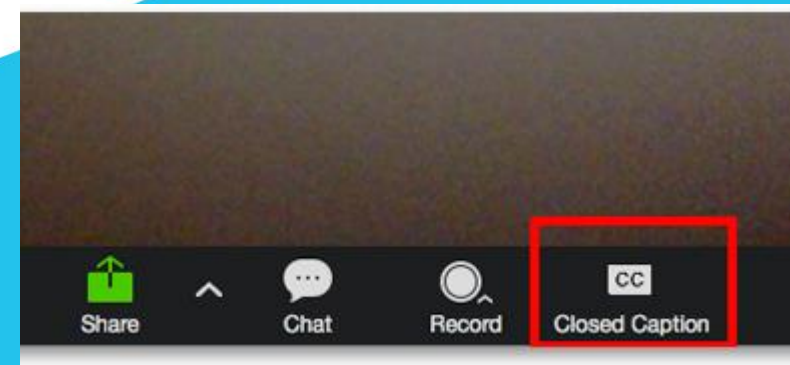
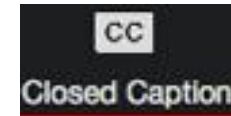


New Jersey Advisory Council on Traumatic Brain Injury

January 16, 2024

We have turned on the “Closed Caption” feature.

- On your screen, you should see the button on the bottom.
- Click on it to follow captioning.



Agenda



- Welcome, Introductions, Review of Minutes, Division Updates
- NJ TBI State Partnership Program (NJTBI SPP)
- Guest Speaker: Kelly Miller, MSW, Colorado MINDSOURCE
- Committees Update
 - Data Analysis and Evaluation
 - Consumer and Family Needs
 - Resource Infrastructure and Service Providers Capacity
 - TBI and Racial Equity
- TBI Survivor Board Presentation
- Adoption of Bylaws Discussion and Vote
- Brain Injury Alliance of NJ
- TBI Fund Updates
- Open Discussion



Welcome, Introductions, Review of Minutes, Division Updates

Peri L. Nearon, MPA

Executive Director, Division of Disability Services

10:00 – 10:05



New Jersey TBI State Partnership Program

Sakina Ladha, MD, MPH

Project Director



Guest Speaker

Kelly Miller, MSW

Colorado MINDSOURCE

10:10 – 10:40

Overview of Colorado State Agency on Brain Injury and Advisory Council



MINDSOURCE strives to enhance the quality of life for everyone in Colorado living with, or affected by brain injury, and their communities.

MINDSOURCE serves as the umbrella entity for three distinct programs/functions:

- ❖ **Manages the Colorado Brain Injury Trust Fund**
- ❖ **Provides training and technical assistance regarding brain injury for public and private entities**
- ❖ **Manages the federal Administration For Community Living (ACL) traumatic brain injury grant**

Colorado Advisory Council on Brain Injury (CACBI)



MINDSOURCE Boards



Advisory Council

- Required under the Administration for Community Living grant
- Five partner members are designated by ACL. Seven partner members are designated in the bylaws. At large members are voted on by the board.
- No budget/fiscal responsibilities
- Advisory in nature
- Assist in identifying and addressing gaps in supports
- Develop a plan to serve as a framework for statewide brain injury supports and services across the lifespan of Coloradans.

Trust Fund Board

- Required in Colorado statute
- Three members are designated by statute and ten are appointed by the governor
- Tasked with fiscal responsibilities related to the Brain Injury Trust Fund
- Designate funds toward research, education and client services.

CACBI Application and Onboarding



- Application
 - As a member of the CACBI, you would be asked to look at the “big picture” and help explore ways to address challenges people with brain injury encounter. What are some of the biggest problems you think children and adults with brain injury and their families and caregivers are facing?
 - We are committed to healthy equity, cultural competency, understanding health disparities and overall inclusion. Tell us about your experiences with learning about and/or advocating for equity, diversity and inclusion. And please include areas of interest that you would like to learn more about.
 - What is your comfort level with participating in virtual meetings? Do you have a computer or phone to use for participation? Reasonable accommodation requests?
- Onboarding
 - New members
 - Co-chairs
 - Background, bylaws and what to expect
 - Mentoring

Purpose of the Council

The purpose of the Colorado Advisory Council on Brain Injury is to ensure MINDSOURCE – Brain Injury Network within the Colorado Department of Human Services, Colorado’s lead state agency on brain injury, is effectively identifying gaps in services and supports, developing a responsive plan to address these gaps, and collaborating across private and public partners to meet the needs of individuals with brain injury and their family members.

CACBI Composition



- The MINDSOURCE Advisory Council shall consist of no more than 20 members. As per the ACL grant, five members shall be standing members and include representatives from:
 - Aging and Disability Resource Center
 - Protection and Advocacy
 - Long-term Care Ombudsman
 - Centers for Independent Living
 - TBI Model Systems
- A minimum of 50% of members should be individuals with lived experience. Family members of brain injury survivors are not considered members with lived experience per ACL guidelines.

CACBI Composition

- Representatives from additional state agencies and contractors with consistent brain injury programming experience shall be standing members and include
- representatives from:
 - Colorado Department of Education
 - Colorado Department of Public Health and Environment
 - Colorado Department of Health Care Policy and Financing
 - MINDSOURCE Contractor of Client Services
 - Colorado Department of Labor and Employment
 - Colorado Behavioral Health Administration
 - Colorado Tribal Liaison





CACBI Member Duties

- Work in partnership with MINDSOURCE to develop a comprehensive statewide plan on brain injury.

This state plan will act as a blueprint that will guide the work of MINDSOURCE and inform the work of the Brain Injury Collaborative and other related boards.

- Review and guide the work of MINDSOURCE to ensure progress with goals outlined in the state plan.
- Participate in workgroups, complete surveys, attend training, review reports and other supportive tasks related to successful implementation and completion of the state plan.

CACBI Membership



- Ideally no more than 20 members
- At a minimum, 50% of members should be individuals with lived experience
- Representatives from a variety of partner agencies per ACL and by-laws
- Chair/Co-Chair structure; one chair must be an individual with lived experience
- Officers are eligible to serve 2 consecutive one year terms
- Terms of at large members are 3 years with option to renew for a 2nd term

CACBI Meetings

- Slides and Structured Agenda
- Ice Breakers
- Review of Group Agreements
 - Together our unique perspectives, creativity and commitment to advocacy can improve services across the state for those impacted by brain injury.
 - Recognize we are all trying to do good work.
 - Identify what hat you are wearing as you advocate for improved service delivery for all people with injuries to the brain.
- “Bobby’s Rules” of Order
- Parking Lot Volunteer
- Breaks
- Information in Advance
- Co-chairs Facilitate
- Subcommittees





No way!
I'll block this.

I see MAJOR
issues we need
to resolve.

I see MINOR
issues we need
to resolve now.

I see minor
issues we can
resolve later.

I'm fine with
this as it is.

I love this!
I will champion it.

Lack of Consensus

Consensus

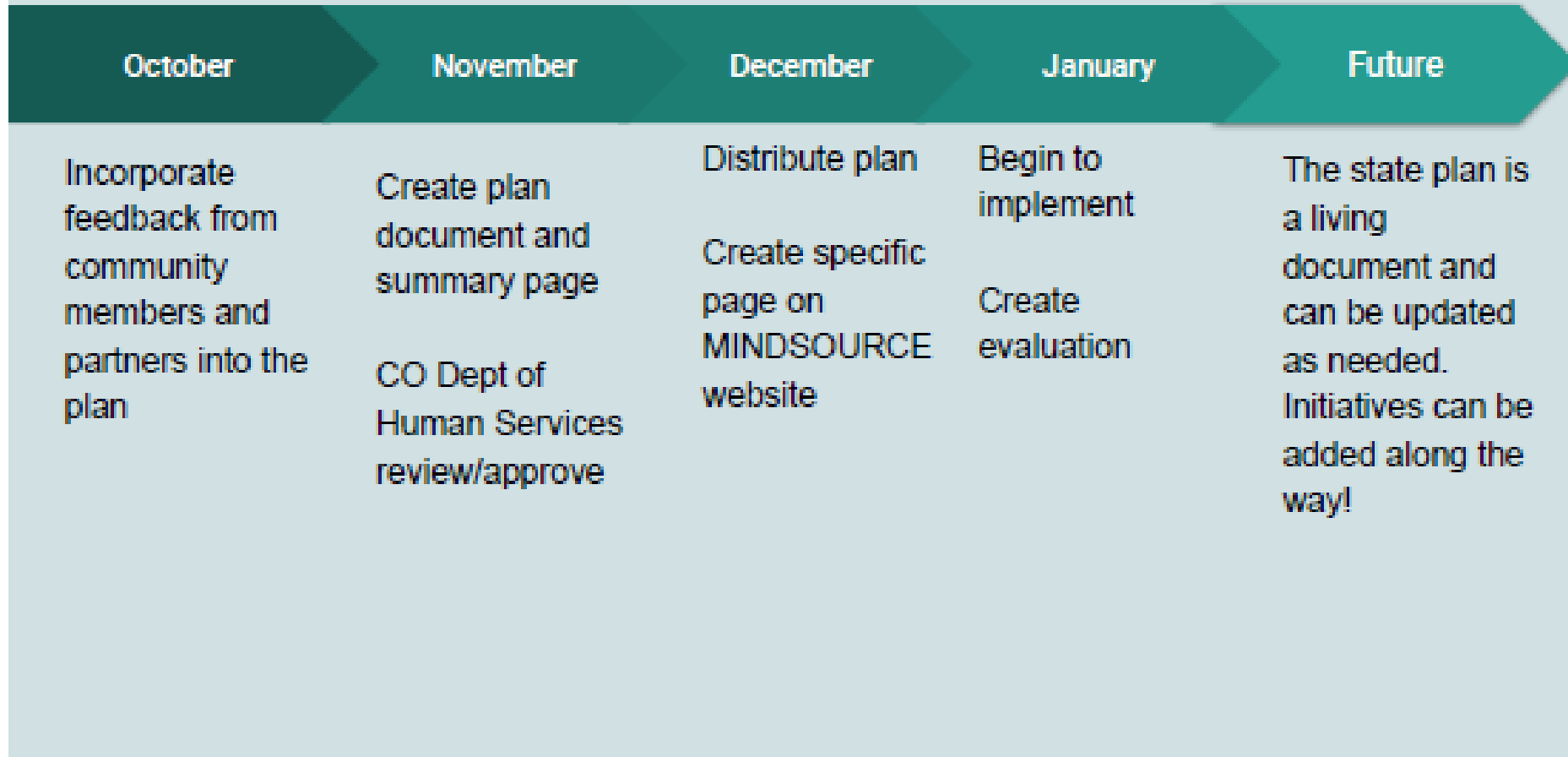
For Zoom, chat: 0 1 2 3 4 5

State Plan on Brain Injury Planning Process



- Set context for state plan
- Identified values
- Developed goal areas
- Created subcommittees
- Goal and objective brainstorming
- Feedback from council
- Vote on draft
- Planning for public engagement
- January through September

Final Phase





Kelly Miller, MSW

Project Manager

MINDSOURCE

kelly.miller@state.co.us

she/her/hers

<https://mindsourcecolorado.org/advisory-council/>



Committees Updates

Sakina Ladha, PhD, MPH
Project Director

10:40 – 11:05

Subcommittee Updates



Data Analysis and Evaluation

10:40 – 11:05



Traumatic Brain Injury in NJ

Presented to the NJ Traumatic Brain Injury Council by the TBI Data Subcommittee:

Inger Magnusson

James McGhee, JD

Patricia Thompson

Catherine Trapani, PhD, *co-chair*

Jennifer Underwood, *co-chair*

January 16, 2024

January 16, 2024

The Duties of the Council

- Include "to encourage and stimulate
 - Research,
 - Public awareness, Education and
 - Prevention activities."
 - Section 30:6F-4 - Duties of council :: 2013 New Jersey Revised Statutes :: US Codes and Statutes ::
- Monies from the TBI Fund can also be used for "public information and prevention education."
 - Section 30:6F-6 - Distribution of monies :: 2013 New Jersey Revised Statutes :: US Codes and Statutes

Definitions for Data Lit Review

- Incidence
 - Newly diagnosed cases of a TBI/Concussion
- Prevalence
 - The proportion of population affected by TBI during a given time period or a specific point in time
- Mortality
 - Deaths
 - Important to the state and society but do not access TBI Fund

Data Quality and Limitations

- Known Limitations in current data collections
 - *Undercounting & Underestimating*
- Changes in ICD-9 to ICD-10 in 2015
 - difficulty looking at trends
- TBI as Primary diagnosis vs Secondary diagnosis
- Hospital death certificates vs Medical Examiner
 - "Blunt traumatic injury" will not be identified as TBI
- TBI Registries record only moderate, severe or penetrating

Data Sources

- **State of New Jersey--NJ.Gov**

- Dept of *Health (DOH)*: NJ Health Statistics
 - Nothing about TBI in NJ SHAD - NJ State Health Assessment Data
- Dept of Health: NJ Commission on Brain Injury Research (NJCBIR)
- Dept of *Human Services (DHS)*--Division of Disability Services (DDS) : TBI Fund

- **National**

- CDC: The Centers for Disease Control and Prevention
- National Academies of Sciences, Engineering, and Medicine
- Model Systems Knowledge Translation Center (MSKTC)
 - Kessler and JFK Rehab's
 - National Data and Statistical Center
- NIDILRR:National Institute on Disability, Independent Living and Rehabilitation Research



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NJ Commission on Brain Injury Research

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Our Mission

The New Jersey Commission on Brain Injury Research promotes the necessary research that will result in the treatment and cure for traumatic injuries of the brain, thereby giving hope to an ever increasing number of residents who suffer the debilitating effects of this injury.

To achieve these goals the Commission will encourage and promote significant, original research projects in New Jersey emphasizing nerve regeneration as a means to a cure for brain injury through the funding of approved research projects at qualifying research institutions in the state. In addition, the Commission will establish and maintain, in conjunction with the New Jersey Department of Health, a central registry of all persons who sustain traumatic brain injuries.

The New Jersey Commission on Brain Injury Research, whose members are appointed by the Governor, was established on January 2, 2004, with the passage of the "Brain Injury Research Act" by the New Jersey State Legislature.



Related Links

- [The Brain Injury Research Act](#)
- [Brain Injury Facts](#)
- [Commission Members](#)
- [Meeting Dates](#)

nj.gov/health

1) **Original research** and
2) **Central registry** of all persons who sustain traumatic brain injury.

Facts about Brain Injuries in New Jersey (1/5)

- It is estimated that 12,000 to 15,000 New Jersey residents suffer brain injuries from traumatic events each year, of which 1,000 are fatal. Approximately 175,000 New Jersey residents currently live with disabilities from traumatic brain injuries.
- Leading causes of traumatic brain injury are motor vehicle crashes, falls, assaults, and self-inflicted injuries.

• Source: <https://www.nj.gov/health/njcbir/statistics.shtml>

Last reviewed: 10/25/16

Facts about Brain Injuries in New Jersey (2/5)

- A majority of traumatic brain injuries effect a segment of the population under 35 years of age.
- Brain injury rates rise sharply after age 65, primarily due to an increased incidence of falls.
- The age pattern of brain injury is similar for all racial and ethnic groups.

Source: <https://www.nj.gov/health/njcbir/statistics.shtml>

Last reviewed: 10/25/16

NJCBIR - NJ Commission on Brain Injury Research - 2022 Annual Report (3/5)

- It is estimated that 12,000 to 15,000 New Jersey residents suffer brain injuries from traumatic events each year, of which 1000 are fatal.
- Approximately 175,000 New Jersey residents are currently living with disabilities that result from TBI.
- The total cost of ED visits, hospitalizations, and deaths related to traumatic brain injuries, either alone or in combination with other injuries, exceeds \$82 billion annually.⁵
- ⁵ Based on 2015 estimates from the Centers for Disease Control and the New Jersey Department of Health Center for Health Statistics.

NJCBIR - NJ Commission on Brain Injury Research - 2022 Annual Report (4/5)

- TBIs are a major cause of death and disability that contribute to about 30% of all injury deaths.²
- Every day, 153 persons in the US die from injuries that include TBI.³
- In 2013, about 2.8 million TBI related emergency department (ED) visits, hospitalizations, and deaths occurred in the US.
- Of the 2.8 million motor vehicle injuries, TBI contributed to the deaths of nearly 50,000 people, 282,000 hospitalizations and 2.5 million ED visits.⁴
- ^{2, 3, 4-} Centers for Disease Control and Prevention, (2016). “Traumatic brain injury in the United States: fact sheet.” Available at: http://www.cdc.gov/traumaticbraininjury/get_the_facts.html.

NJCBIR - New Jersey Brain Injury Registry (5/5)

The “Brain Injury Research Act” mandated the establishment of a central registry of people who sustain brain injuries throughout the state.

- database that provides information on the
incidence and prevalence of brain injuries;
- resource for research, evaluation, and info on TBIs.
- collects data from New Jersey hospitals and provides data analysis for health professionals.

CDC - Fatalities

- **FACTS:** There were 69,000 TBI-related deaths in the United States in 2021;
 - ~ 190 deaths daily (69K divided by 365 days/year)
- **METHODOLOGY:** In 2020, NJ was approximately 2.8% of the US population.
 - To determine a NJ estimate we will find 2.8% of the national value.
- **THEREFORE:** 69,000 national TBI deaths means possibly 1,932 deaths in NJ annually.
 - Either there's a significant increase in TBI-related NJ deaths from 2015 to 2021, or as currently reported as 1,000 on the website versus a current calculation of approximately 2,000.
- Firearm-related suicide is currently the most common cause of TBI-related deaths in the US.

https://www.cdc.gov/traumaticbraininjury/get_the_facts.html

CDC Report:

Differences in State Traumatic Brain Injury–Related Deaths, by Principal Mechanism of Injury and Intent, —United States, 2016–2018

- **TABLE 1.** Estimated number, age-adjusted rates, and percentage difference from overall U.S. rate of traumatic brain injury–related deaths, by state — United States, 2016–2018

• Region††/State	No.	Rate (95% CI)	% Difference from overall U.S. rate
• U.S. total	181,227	17.3 (17.2–17.4)	NA
• Northeast	24,550	12.8 (12.6–12.9)	–26.0
• New Jersey	2,752	9.3 (9.0–9.7)	–46.2

- **TABLE 2.** Estimated number and age-adjusted rates of intentional traumatic brain injury–related deaths, by state and mechanism of injury — United States, 2016–2018

• Region**/State		Intentional total	Suicide††	Homicide		
	• No.	Rate (95% CI)	No.	Rate (95% CI)	No.	Rate (95% CI)
• U.S. total	80,479	8.0 (7.9–8.0)	62,985	7.1 (7.1–7.2)	17,494	1.8 (1.8–1.9)
• Northeast	8,510	4.8 (4.7–4.9)	6,463	4.1 (4.0–4.2)	2,047	1.2 (1.2–1.3)
• New Jersey	920	3.4 (3.1–3.6)	538	2.2 (2.0–2.4)	382	1.5 (1.3–1.6)

CDC: Morbidity and Mortality Weekly Report (MMWR)

Differences in State Traumatic Brain Injury–Related Deaths, by Principal Mechanism of Injury,

TABLE 3. Estimated number* and age-adjusted rates† of unintentional traumatic brain injury–related deaths, by state and mechanism of injury — United States, 2016–2018¶Return to your place in the text

Region**/State

	Total		Motor vehicle crashes		Falls	Struck by /against obj			
	No.	Rate (95% CI)	No.	Rate (95% CI)	No.	No.	Rate (95% CI)	No.	Rate (95% CI)
U.S. total	98,177	9.1 (9.0–9.1)	33,152	3.3 (3.3–3.4)	51,903	4.5 (4.5–4.5)	992	0.1 (0.1–0.1)	
Northeast	15,592	7.7 (7.6–7.9)	4,411	2.5 (2.5–2.6)	9,267	4.2 (4.1–4.3)	156	0.1 (0.1–0.1)	
New Jersey	1,786	5.8 (5.5–6.1)	525	1.9 (1.8–2.1)	993	3.0 (2.8–3.2)	—	—	

Morbidity and Mortality Weekly Report (MMWR)

Differences in State Traumatic Brain Injury–Related Deaths, by Principal Mechanism of Injury, Intent, and Percentage of Population Living in Rural Areas — United States, 2016–2018

Weekly / October 15, 2021 / 70(41);1447–1452

<https://www.cdc.gov/mmwr/volumes/70/wr/mm7041a3.htm>

CDC - Incidence - Hospitalizations

- Nationally, there were approximately 214,110 TBI-related hospitalizations in 2020
 - *Estimate* for NJ:
 - 5,995 hospitalizations (2020)
- These estimates **do not include** the many TBIs that are only treated in the emergency department, primary care, urgent care, or those that go untreated.
- <https://www.cdc.gov/traumaticbraininjury/data/index.html>

CDC & NIDILRR - Prevalence

National Institute for Disabilities, Independent Living and Rehabilitation Research

- Among those with a primary diagnosis of moderate or severe TBI who received inpatient rehabilitation (< of all 10% of all those hospitalized with a TBI):
- 5-year Outcomes:
 - 26% Improved
 - 22% Stayed same,
 - 30% Became worse,
 - 22% Died

33% rely on others for help with everyday activities

CDC - Disparities in Occurrence and Access to Care

- People **age 75 years and older** had the highest numbers and rates of TBI-related hospitalizations and deaths.
 - This age group accounts for about 32% of TBI-related hospitalizations and 28% of TBI-related deaths.
- <https://www.cdc.gov/traumaticbraininjury/data/index.html>
- Some groups are more likely to be affected by TBI than others, including:
 - Racial and ethnic minorities
 - Service members and Veterans
 - People who experience homelessness
 - People who are in correctional and detention facilities
 - Survivors of intimate partner violence
 - People living in rural areas

Traumatic Brain Injury: A Roadmap for Accelerating Progress (2022)

- Author: National Academies of Sciences, Engineering, and Medicine.
- The National Academy of Sciences was established in 1863 by an Act of Congress, as a private nongovernmental institution to advise the nation on issues related to science and technology.
- The three Academies work together to provide independent, objective analysis and advice to the nation and conduct other activities to solve complex problems and inform public policy decisions.
- Peer-reviewed, including Susan Connors at BIAA
- <https://doi.org/10.17226/25394>

From "TBI A Roadmap" Summary (1/3)

- In the US, 4.8 million people are evaluated in emergency departments for TBI each year.
 - 2.8% of pop ~ 96,000 ED evals for TBI annually in NJ
- TBI is diagnosed in about 2% of total ED visits, hospitalizations, and deaths. (NJ SHAD:2,593,092 ED visits in 2021)
 - 51,000 ED visits should resulted in a TBI diagnosis annually
- <https://nap.nationalacademies.org/catalog/25394/traumatic-brain-injury-a-roadmap-for-accelerating-progress>

From the TBI Roadmap Summary (2/3)

- One year after injury, 53% of those experiencing a "mild TBI" report persistent symptoms and functional impairments.
- Only 13-25% of people with moderate, severe, or penetrating TBI receive interdisciplinary inpatient rehabilitation.
 - More than 75% of patients with moderate or severe TBI do NOT receive interdisciplinary inpatient rehabilitation.
 - <https://nap.nationalacademies.org/catalog/25394/traumatic-brain-injury-a-roadmap-for-accelerating-progress>

Costs - From the TBI Roadmap Summary (3/3)

- Estimates of the lifetime cost of TBI in the US, including medical care and such indirect costs as lost work, range from
 - approximately \$80 million for the roughly 300,000 TBIs resulting in death or hospitalization
 - to more than \$750 billion for the more than 2 million total TBIs recorded in 1 year.
 - Therefore **NJ**: \$2.24 million to \$21 billion per year

Recommendations (1/2)

- Distribute "Traumatic Brain Injury:A Roadmap for Accelerating Progress", 2022, NAP
- <https://nap.nationalacademies.org/catalog/25394/traumatic-brain-injury-a-roadmap-for-accelerating-progress>
- Update the web page at within the Dept of Health --> Brain Injury Research, sidebar:"Related Links", "Brain Injury Facts":
- <https://www.nj.gov/health/njcbir/statistics.shtml>

Recommendations (2/2)

- Connect with NJCBIR to attain access to database
- Improve data collection in NJ when TBI is not primary, or initial, diagnosis
- Improve data collection for mild TBI incidences and prevalence
- Discuss the relative importance and costs of prevention versus treatment of existing TBIs is topic for both data collection and further discussion.

Subcommittee Updates



Consumer and Family Needs

10:40 – 11:05

Subcommittee Updates



TBI and Racial Equity

10:40 – 11:05

Subcommittee Updates



Resource Infrastructure and Service Providers Capacity

10:40 – 11:05



TBI Survivor Board Presentation

Cathy Trapani

11:05 – 11:25

Cathy Trapani

My Story -- What I Needed, and Could Still Use

The Basics of My Story

- Injured in train derailment at 100mph in 2015 at age 51, while returning home from business in DC. I was a PhD-level Quantitative Research Methodologist.
- Silver Linings:
 - I survived. I had disability insurance and excellent health insurance.
 - Other party admitted responsibility so no real financial issues.
 - My sister is a surgeon. She used her connections to get me seen by the Trauma group at Rutgers University Hospital, Newark, a level I trauma center.
- Grey Skies:
 - TBI was not primary diagnosis
 - Although I had been unconscious, my family was told I did not have a concussion
 - I had to find my own therapists and I was misdirected on occasion.
 - Although there was a settlement, it equaled about half what the judges thought I should be awarded.
- Currently, after 8 years, I still see specialists. They anticipate a lifelong need.

Services A to Z

Click on the letter that begins the topic you are looking for. For example, if looking for "Election L

ALL 0-9 A B C D E F G H I J K L M N O P

- Talent Networks
- Task Force on Child Abuse and Neglect, NJ
- Taxation, Division of
- Technical Services, Bureau of
- Technology & Entrepreneurship Talent Network
- Temporary Disability Insurance
- The Eastern Transportation Coalition (Formerly the I-95 Corridor Coalitio
- The Fields at Waterloo
- Toxic Catastrophe Prevention Act (TCPA) Program
- Transcom
- Transitional Services, DOC Office of
- Transportation Trust Fund Authority, NJ
- Transportation, Department of
- Transportation, Logistics & Distribution Talent Network
- Travel & Tourism, Division of
- Treasure Our Trees-License Plates

Traumatic Brain Injury?

Brain

Services A to Z

Click on the letter that begins the topic you are looking for. For example, if looking for "Election Law Enforceme click the letter "E".

ALL 0-9 A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

- Banking and Insurance, Department of
- Banking Licensing Services
- Banking, Division of
- Beaches, New Jersey
- Belleplain State Forest
- Biking in NJ
- Blind & Visually Impaired (CBVI), Commission for the
- Board of Mediation
- Board of Review
- Boxwood Hall
- Brain Injury Research, New Jersey Commission on
- Brendan T Byrne State Forest

NJ.gov Search

brain |

brain injury research act
new jersey commission on brain injury research
nj commission on brain injury research
nj facts about brain injuries in new jersey
facts about brain injuries in new jersey nj
brain aneurysm
brain tumor symptoms
brain break
brainpop
brain fog
brain on fire
brain break for kids
brain stem
brain games
brain eating amoeba

NJ Traumatic Brain Injury (TBI) Fund: Supports and Ser

www.nj.gov > [dds](#) > [BROCHURES](#) > [TBI_Brochure_2022_web](#)



File Format: PDF/Adobe Acrobat

What if I have insurance? The TBI Fund can be used to pur

Search results for "TBI" on NJ.gov. The browser address bar shows "nj.gov/search/?q=TBI#gsc.tab=0&gsc.q=TBI&gsc.page=1". The search bar contains "TBI". The results show "About 2,420 results (0.26 seconds)". The results are sorted by "Relevance".

TBI

About 2,420 results (0.26 seconds)

Sort by: Relevance

The Division of Disability Services | Traumatic Brain Injury Fund

www.nj.gov > [humanservices](#) > [dds](#) > [programs](#) > [braininjuryfund](#)



The Traumatic Brain Injury (TBI) Fund provides New Jersey residents of any age, who have survived a traumatic brain injury, the opportunity to access the brain ...

NJ Traumatic Brain Injury (TBI) Fund: Supports and Services for ...

www.nj.gov > [dds](#) > [BROCHURES](#) > [TBI_Brochure_2021_web](#)



File Format: PDF/Adobe Acrobat

What if I have insurance? The TBI Fund can be used to purchase services and supports that are not provided through your insurance.

Department of Health | NJ Commission on Brain Injury Research ...

www.nj.gov > [health](#) > [njcbrir](#) > [statistics](#)

A majority of traumatic brain injuries effect a segment of the population under 35 years of age. Brain injury rates rise sharply after age 60...

NJ Traumatic Brain Injury (TBI) Fund: Supports and Services for ...

www.nj.gov > [dds](#) > [BROCHURES](#) > [TBI_Brochure_2022_web](#)



File Format: PDF/Adobe Acrobat

What if I have insurance? The TBI Fund can be used to purchase services and supports that are not provided through your insurance.

Department of Human Services | Community Waiver

www.nj.gov > [humanservices](#) > [dmahs](#) > [info](#) > [resources](#) > [waiver](#)



It provides community-based services for developmentally disabled individuals who meet ICF/MR level of care criteria. TRAUMATIC BRAIN INJURY (TBI) WAIVER.

Department of Health | NJ Commission on Brain Injury Research

www.nj.gov > [health](#) > [njcbrir](#)

TBI Brain Injury Fund

TBI Brain Injury Research

New Jersey Department of Human Services

New Jersey Resources



This document was updated in 2022 and is available on our website. It will be updated periodically to reflect changes.



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View TBI through a wider lens encompassing at least four domains that drive the trajectory of recovery-- biological, psychological, sociological, and ecological (including economic).

Traumatic Brain Injury A Roadmap for Accelerating Progress 2022. The National Academies of Sciences.

Chapter 17: Services for Individuals with Physical Disabilities and Traumatic Brain Injury

Established in 1997 within the NJ Department of Human Services, the Division of Disability Services (DDS) serves as the lead state agency representing the interests of individuals with disabilities by providing information and support to enhance health, education, employment, recreation and social engagement. Through partnerships with other state and local agencies, DDS ensures representation in policy and decision-making to improve access, equity and inclusion. DDS serves all individuals with disabilities, statewide.

How We Help:

❖ Information and Referral Services (I & R)

Through a toll-free hotline, nationally certified Information and Referral Specialists (I & R Specialists) are available during regular business hours, Monday through Friday, to:

- assist NJ residents with disabilities in navigating and accessing community supports;
- provide information and technical assistance for NJ ABLE and NJ WorkAbility (see pages 7 and 31);
- initiate Managed Long Term Services and Supports (MLTSS) enrollment for children and young adults, 20 years old and younger (see page 63);
- create and distribute publications, such as New Jersey Resources and the NJ Guide to Accessible Parking; and
- attend public events throughout the state to provide information and answer questions.

Need assistance navigating disability-related services in NJ?

Contact a DDS I & R Specialist today:

1-888-285-3036

Email: dhsco-dds-information@dhs.nj.gov

❖ **Traumatic Brain Injury Fund (TBI FUND)**

The TBI Fund provides services and supports to New Jersey residents of any age, who have a traumatic brain injury.

The Fund aims to foster independence and maximize quality of life when insurance, personal resources, and/or public programs are unavailable to meet those needs.

Services include, but are not limited to: companion; personal care; household management; assistive technology; physical/occupational therapies; cognitive rehabilitation therapy; home/vehicle modifications.

A portion of the Fund is used to support public education, outreach, and prevention strategies related to TBI.

An eligible applicant must be a NJ resident for at least 90 days prior to the application date, have liquid assets less than \$100,000, and have a medically documented traumatic brain injury.



DDS

Communications

To stay current with the latest information from DDS, subscribe to our listserv, DDS Communications, on our homepage at: www.nj.gov/humanservices/dds/home/index.html



❖ Personal Assistance Services Program (PASP)

The PASP is a personal care assistance program for individuals with permanent physical disabilities who are capable of directing their own services. The program provides up to 40 hours per week of routine, non-medical personal care assistance to adults ages 18 and above, who are employed, preparing for employment (attending school or other training) or engaged in volunteer work. Personal assistants help with personal care tasks including, but not limited to: bathing, dressing, eating, grooming, meal preparation, shopping, light housekeeping, driving or using public transportation. Eligibility is open to all who meet the above criteria, regardless of earnings, but there is a cost share based on income.

The PASP is administered through County offices with oversight and funding provided by the DDS. *See more on page 65.*

❖ Inclusive Healthy Communities Grant Program (IHC)

The Inclusive Healthy Communities (IHC) Grant Program provides funding to communities and organizations in New Jersey to promote inclusive practices through policy, systems and environmental change that support the health and well-being of individuals with disabilities in the communities where they live. For more information, visit: www.nj.gov/humanservices/dds/services/ihc/

Permanent?
Physical
disability?

Would tasks
include telling
me which
activity is **more
important?**
How long a
task takes?
What I **cannot
forget** about?

❖ **Disability Health and Wellness Initiatives**

DDS aims to promote healthy living and prevention of secondary conditions for people with disabilities and create healthier, more inclusive communities through policy, systems and environmental changes. *See more on page 119.*

For more information regarding services provided by DDS and to access electronic versions of our publications, visit:

www.nj.gov/humanservices/dds/home/index.html

To request printed copies of our publications, email us at:

dds.publications@dhs.nj.gov

NJ Division of Disability Services (DDS)

PO Box 705

11A Quakerbridge Plaza

Trenton, NJ 08625

1-888-285-3036

Email: DHSCO-DDS-Information@dhs.nj.gov

www.nj.gov/humanservices/dds/home/index.html

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BRAIN

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TBI Fund

DHS NJ Resources

Appendix 6:

Disability Specific Resources

Department of Human Services New Jersey Resources



Head Injury/Traumatic Brain Injury (TBI) Brain Injury Alliance of New Jersey

Services: Information, education, advocacy, and assistance in connecting with TBI services.

825 Georges Road, Second Floor

North Brunswick, NJ 08902

(732) 745-0200

1-800-669-4323

www.bianj.org

For The Traumatic Brain Injury
Fund, see page 71.

What's Needed

- **Comprehensive, Up-to-date, Online Information Source**

- Including Federal, State and NGO resources
 - Love Your Brain Yoga
- Particularly for those who do not get acute care for a TBI
- Accessible to both patient and non-professional caregivers (HIPPA restrictions)

- **Desirable**

- A source that suggests solutions. Possibly based on:
 - Time since injury
 - Geographical location
 - Group membership (gender, race/ethnicity, socio-economic status, veteran, domestic violence)
 - "Bio-psycho-socio-ecological" lens
 - Treatment approaches already tried; alternate providers
 - Additional approaches ; new providers

- **Leverage Technology**



Adoption of Bylaws Discussion & Vote

Adam Neary

11:25 – 11:35



Brain Injury Alliance of New Jersey

Barbara Chabner

Director, Education & Outreach

11:35 – 11:40



TBI Fund Updates

Margaret Lumia, PhD, MPH
Jacqui Moskowitz

11:40 – 11:45

TBI Fund Beneficiaries

2023 - 776 service plans submitted to date

New Funding Year (Starting July 1, 2023)



465 (298 with services)

Amended



186 plans (179 with services)

New Applicant

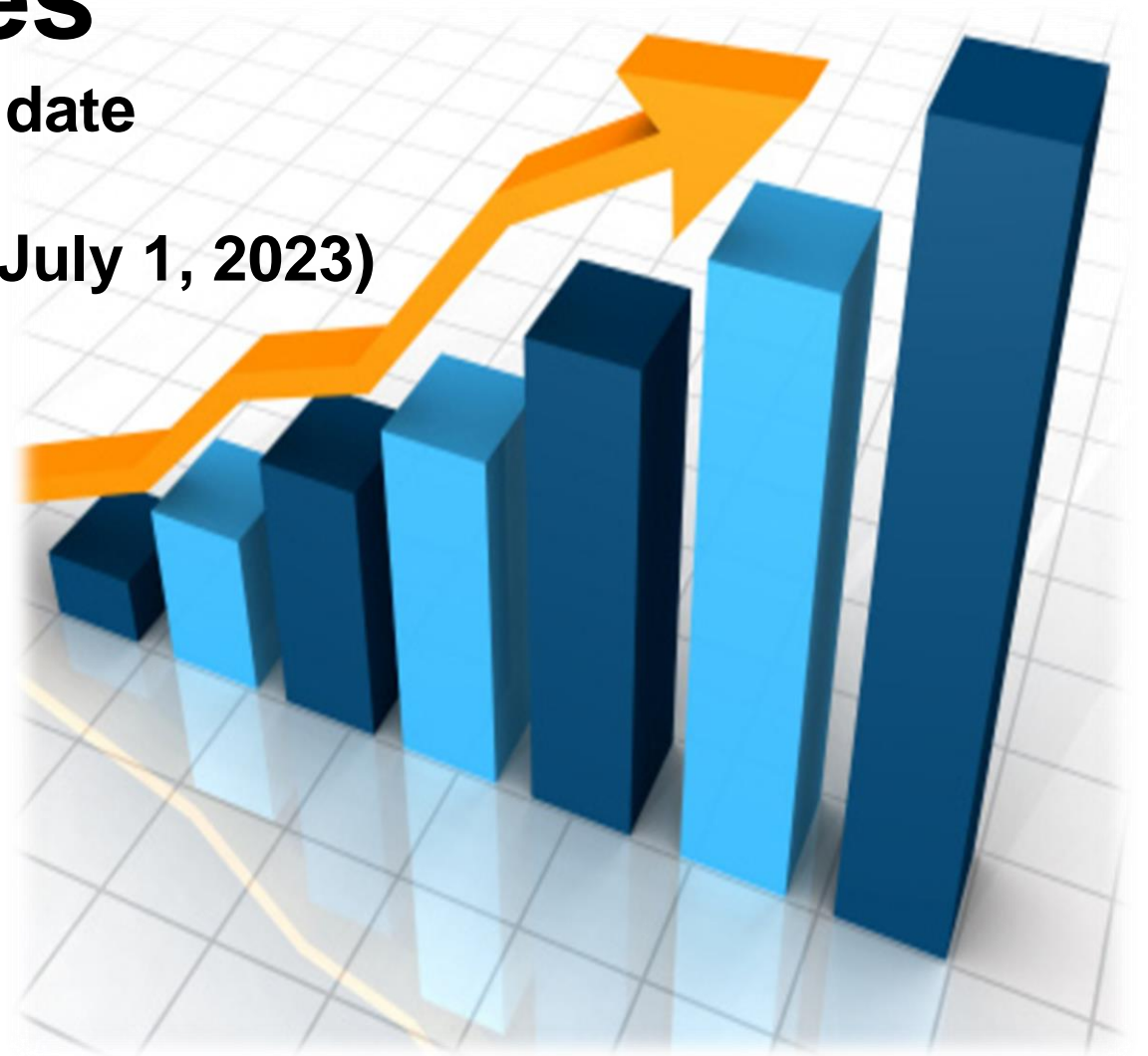


75 Plans (38 with services)

Other



50 Plans



TBI Fund Applicants

Since the Last Council Meeting

26 New Applicants

- ✓ 10 Female
- ✓ 15 Male
- ✓ 1 Transgender Male

Top County

- ✓ Somerset (6)

Top Causes

- ✓ MVC (14), Assault (4) Falls (3)

20 Reactivated Beneficiaries

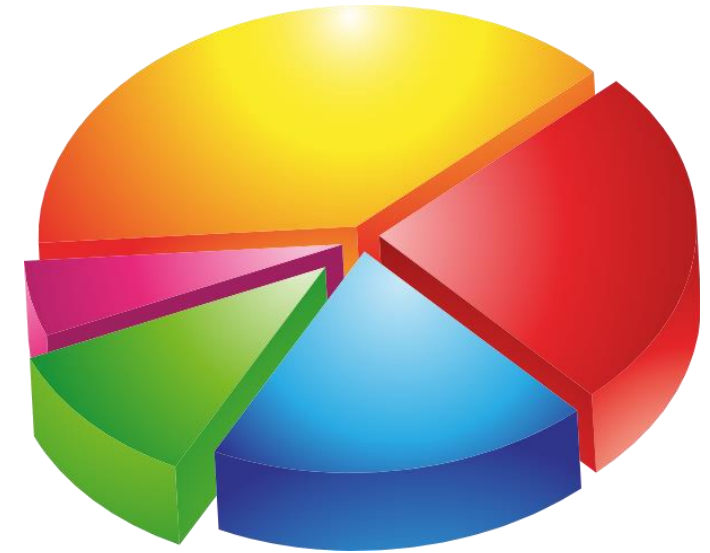
- ✓ 10 Female, 10 Male

Counties

- ✓ Mercer

Top Causes

- ✓ MVC (15)
- ✓ Assaults (3)
- ✓ Falls (2)



2023 TBI Fund Updates

- RFP for new web-based TBI Fund management system
 - Initial draft completed
 - Demonstrations held by potential vendors
 - Starting Department review process

Open Discussion

11:45 – 11:55



Preparation for Next Meeting



Next Meeting: April 16, 2024 (virtual)



Homework: Subcommittee meetings



Meetings in 2024:

- **April 16, 2024**
- **July 16, 2024**
- **October 15, 2024**