NEW JERSEY HUMAN SERVICES

NEW JERSEY ADVISORY COUNCIL ON TRAUMATIC BRAIN INJURY

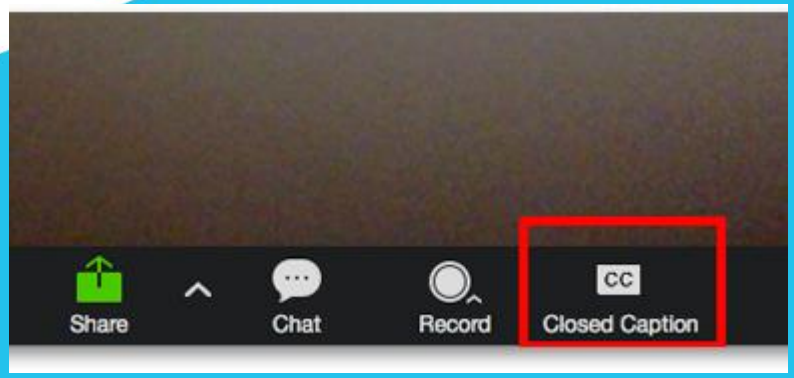
New Jersey Advisory Council on Traumatic Brain Injury

April 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

NEW JERSEY ADVISORY COUNCIL ON TRAUMATIC BRAIN INJURY

- Welcome, Introductions, Review of Minutes, Division Updates
- Adoption of Bylaws
- NJ TBI State Partnership Program (NJTBI SPP)
- Committees Update
- TBI Survivor Board Presentation
- Guest Speaker: Jeannie Lengenfelder, PhD.
- Brain Injury Alliance of NJ
- Capitol Hill Day Recap
- Open Discussion

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Welcome, Introductions, Review of Minutes, Division Updates

Jacqueline Moskowitz
Division of Disability Services

10:00 – 10:05

Adoption of Bylaws

Adam Neary

10:05 – 10:15

New Jersey TBI State Partnership Program

Sakina Ladha, MD, MPH
Project Director

10:15 – 10:20

Committees Updates

Sakina Ladha, MD, MPH

Project Director

10:20 – 10:35

Subcommittee Updates

Data Analysis and Evaluation

10:20 – 10:35

Subcommittee Updates

Consumer and Family Needs

10:20 – 10:35

Subcommittee Updates

Resource Infrastructure and Service Providers Capacity

10:20 – 10:35

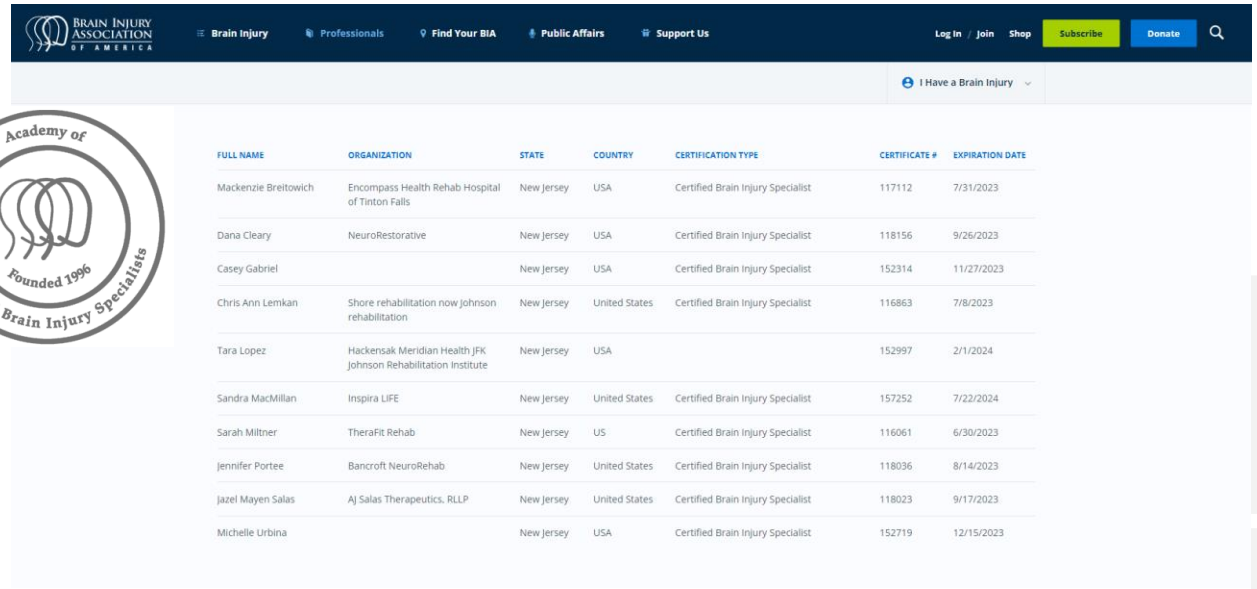
Resource Infrastructure and Service Providers Capacity

Key outcome: Put together a list of organizations and providers working for TBI in New Jersey

Finding: Determined that there are various non-government supported certification processes such as the Commission on Accreditation of Rehabilitation Facilities (CARF) and Academy of Certified Brain Injury Specialists (ACBIS) and others that have existing accessible lists.

Recommendations:

- Post links on the Department's website with the condition that they are not endorsed by the State of New Jersey.
- Develop Community-to-Community online resource for non-clinical resources such as yoga programs, transportation, etc. for individuals with a TBI and family members.
- Connect with NJ Medicaid to help identify current providers to help populate another list.
- Ensure that BIANJ's resource directory is routinely monitored and reflect up-to-date information.

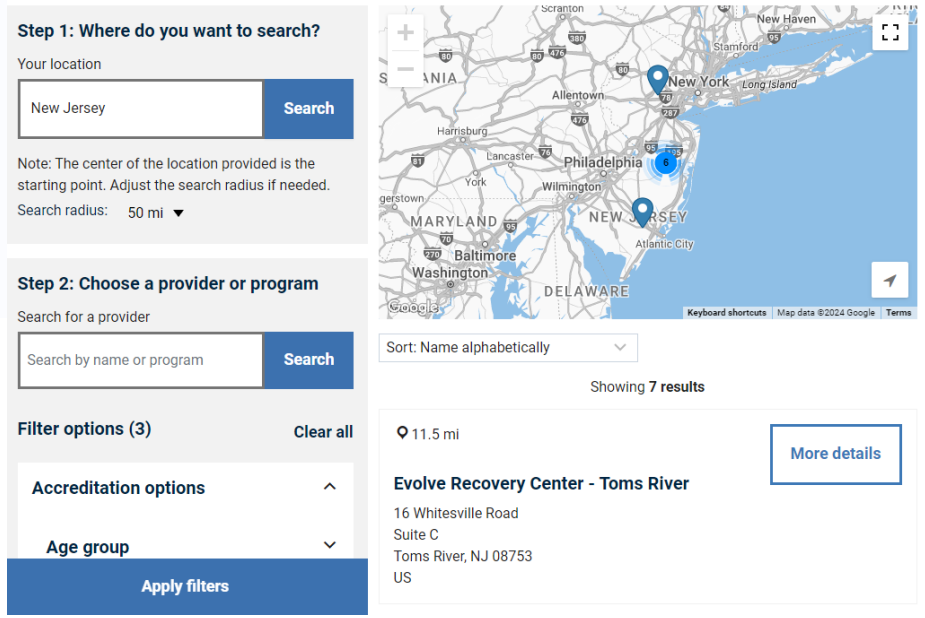


FULL NAME	ORGANIZATION	STATE	COUNTRY	CERTIFICATION TYPE	CERTIFICATE #	EXPIRATION DATE
Mackenzie Breitowich	Encompass Health Rehab Hospital of Tinton Falls	New Jersey	USA	Certified Brain Injury Specialist	117112	7/31/2023
Dana Cleary	NeuroRestorative	New Jersey	USA	Certified Brain Injury Specialist	118156	9/26/2023
Casey Gabriel		New Jersey	USA	Certified Brain Injury Specialist	152314	11/27/2023
Chris Ann Lemkan	Shore rehabilitation now Johnson rehabilitation	New Jersey	United States	Certified Brain Injury Specialist	116863	7/8/2023
Tara Lopez	Hackensak Meridian Health JFK Johnson Rehabilitation Institute	New Jersey	USA		152997	2/1/2024
Sandra MacMillan	Inspira LIFE	New Jersey	United States	Certified Brain Injury Specialist	157252	7/22/2024
Sarah Miltner	TheraFit Rehab	New Jersey	US	Certified Brain Injury Specialist	116061	6/30/2023
Jennifer Portee	Bancroft NeuroRehab	New Jersey	United States	Certified Brain Injury Specialist	118036	8/14/2023
Jazel Mayen Salas	AJ Salas Therapeutics, RLLP	New Jersey	United States	Certified Brain Injury Specialist	118023	9/17/2023
Michelle Urbina		New Jersey	USA	Certified Brain Injury Specialist	152719	12/15/2023

The American Academy for Certification of Brain Injury Specialists (AACBIS) offers a national program that certifies people who work with brain injury survivors. Certification is offered to a wide variety of populations, from entry-level staff to experienced professionals, and isn't restricted to any one profession or discipline.

https://www.biausa.org/acbis-certificant-verification?state=New%20Jersey

carf INTERNATIONAL



CARF® International, a group of companies that includes CARF Canada and CARF Europe, is an independent, nonprofit accreditor of health and human services.

https://carf.org/find-provider/

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Subcommittee Updates

TBI and Racial Equity

10:20 – 10:35

TBI Survivor Board Presentation

Tara Buggie

10:35 – 10:55

Third, the next priority for the 2024 Traumatic Brain Injury Reauthorization Act is to ***Designate Brain Injury as a Chronic Condition***. The reason for this request is to help standardize a medical definition that denotes the long-term effects of persons living with a brain injury. Currently, our U.S. health care system and the public often view brain injuries as a one-time event. However, this medical condition should be viewed as the beginning of a process of recurring and/or persistent effects that can lead to the development of recurring, persistent, and/or dynamic effects in a significant segment of brain injury survivors.

While many people who sustain a brain injury experience only temporary symptoms or neurological impairment, other people experience permanent changes and are impacted throughout their lives. This evidence-based update on how brain injury is perceived in the clinical community and the public at large will help further clarify what is occurring in practice with respect to the lifelong impact of TBI, as well as the chronic treatment of brain injury over the lifespan. As such, I am requesting that the Committee, through the mark-up process, amend language to address this issue as follows: "*In collaboration with the Director of the Centers for Disease Control and Prevention (CDC), the Secretary shall examine the evidence base for designating brain injury as a chronic condition that can impact individuals with brain injury across the lifespan.*"

“Chronic Disease” Definitions in the U.S.

Word Health Organization- “are not passed from person to person. They are of **long duration** and generally **slow progression**.”*

Center for Disease Control and Prevention- “conditions that last **1 year or more** *and* require ongoing medical attention *or* **limit activities** of daily living *or both*.”*

The National Health Council- “ **a disease lasting three months or longe**r.”*

Centers for Medicaid and Medicare- A Medicare beneficiary is considered to have a chronic condition if the CMS administrative data have a claim indicating that the beneficiary **received a service or treatment** for the specific condition. Chronic conditions are identified by diagnoses codes on the Medicare claims.**

*Bernell S, Howard SW. **Use Your Words Carefully: What Is a Chronic Disease?** Front Public Health. 2016 Aug 2;4:159. doi: 10.3389/fpubh.2016.00159. PMID: 27532034; PMCID: PMC4969287.*

Common Elements of Chronic Disease Models

Details of the management depend on condition

- Evidence-based
- Specific screening
- Comprehensive work up
- Clear treatment priorities
- Established goals
- Written care plans
- Protocol driven care
- Stepped care
- Active and defined follow up schedule
- Specific target measures
- Clear adjustments in response to measures
- Assessment of adherence to treatment
- Patient goals & values
- Tailored education
- Supported self management
- Collaborative care
- Risk stratification

Corrrigan and Hammond. "BRAIN INJURY AS A CHRONIC HEALTH CONDITION" September 2023.

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How is TBI A Chronic Condition?: the research

JOURNAL OF NEUROTRAUMA 27:1529–1540 (August 2010)
© Mary Ann Liebert, Inc.
DOI: 10.1089/neu.2010.1358

Traumatic Brain Injury: A Disease Process, Not an Event

Brent E. Masel[1] and Douglas S. DeWitt[2]

BRAIN INJURY / vol. 16 issue 3 professional

Traumatic Brain Injury as a Chronic Disease Process: Looking Back on a Decade of Research

Eric Watson, PhD • Raj G. Kumar, MPH, PhD • Brent Masel, MD • John D. Corrigan, PhD • Kristen Dams-O'Connor, PhD

TBI increased risk of chronic health conditions:

- Neurological disorder 5-17%
- Vision 30-45%
- Sleep 70%
- AD/dementia 2x risk
- Neuroendocrine 30%
- Incontinence 18-62%*
- Psychiatric 11-50%*
- Sexual dysf. 10-60%*
- Musculoskeletal 10-20%

Mortality after TBI- 50% more likely to die vs avg person of same age/race/gender. (Causal relation not yet known.)

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TBI increased risk of health conditions:

- Neurological disorder 5-17%
  - Epilepsy- seizures up to 12 years later
  - Neurogenerative diseases- 27.3% decline over within 5 post-injury.
  - AD/dementia- 2x risk for mod TBI, 4X risk for sev TBI, some risk for no cog impair post TBI
  - CTE
  - Parkinsons
- Vision 30-45%
- Sleep 70%
- Neuroendocrine (pituitary gland/hypothyroidism) 30%
- Incontinence 18-62%*
- Psychiatric 11-50%*
  - Psychosis- 20%
  - Depression - 18-61%
  - PTSD- 3-59%
  - Post traumatic agression- 20-40%
- Sexual dysf (incl fertility). 40-60%*
- Musculoskeletal 10-20%
- Mortality after TBI- 50% more likely to die vs avg person of same age/race/gender. (Causal relation not yet known.)

ACRM
AMERICAN CONGRESS OF REHABILITATION MEDICINE

Archives of Physical Medicine and Rehabilitation

journal homepage: www.archives-pmr.org

Archives of Physical Medicine and Rehabilitation 2013;■:■■■-■■■

SPECIAL COMMUNICATION

Traumatic Brain Injury as a Chronic Health Condition

John D. Corrigan, PhD,[a,*] Flora M. Hammond, MD,[b,*]

TBI is a Dynamic Condition

Five-year outcomes of persons with TBI*

22% Died

30% Became Worse

22% Stayed Same

26% Improved

*Data are US population estimates based on the TBIMS National Database. Data refer to people 16 years of age and older who received inpatient rehabilitation services for a primary diagnosis of TBI.

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Current Management of TBI vs needed Management of TBI

- Low public/political awareness
- Insufficient clinical awareness of/ expertise in TBI
- acute/postacute care disconnect
- Acute care focused
- Little focus on post acute care
- Rehab short
- Long term specialty care rare

9 COMPONENTS

1. **educate & support participant & caregiver**
2. **identify & treat emotional & behavioral dysfunction & hazardous activities**
3. **reduce potential iatrogenic harm**
4. **prescribe TBI appropriate treatments to augment function & recovery**
5. **facilitate social and intellectual engagement**
6. **encourage healthy brain behaviors**
7. **review for comorbid health conditions & medications that may influence cognitive health or cause excess disability**
8. **facilitate communication among providers**
9. **evaluate community barriers and opportunities that could be addressed to improve outcomes**

Traumatic brain injury: integrated approaches to improve prevention, clinical care, and research. 2017 Dec;16(12):987-1048.
Traumatic Brain Injury As A Chronic Disease: Insights From The United States Traumatic Brain Injury Model Systems Research Program 2023 Jun;22(6):517-528

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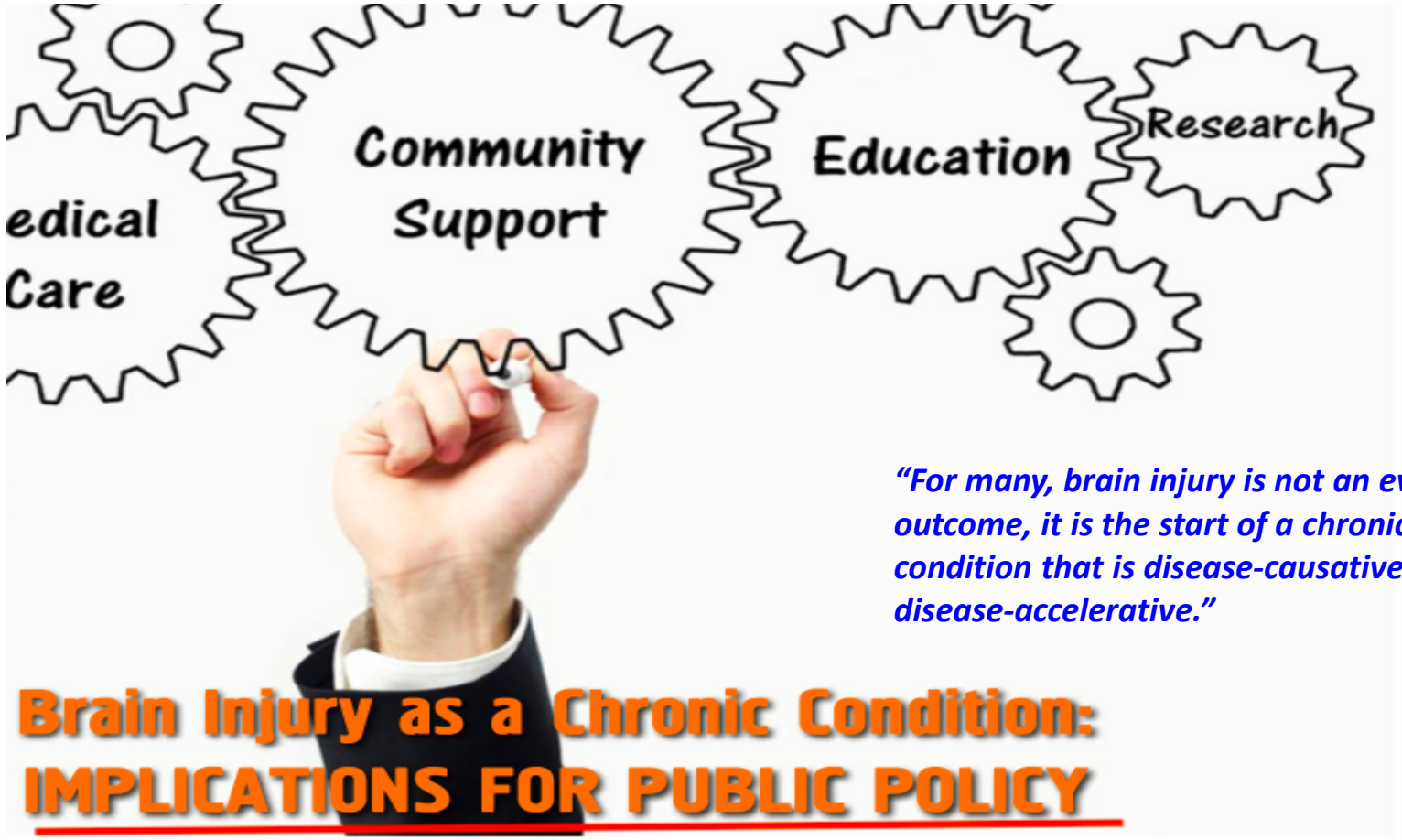

Brain Injury as a Chronic Condition: IMPLICATIONS FOR PUBLIC POLICY

"For many, brain injury is not an event or outcome, it is the start of a chronic disease condition that is disease-causative and disease-accelerative."

alveston Brain Injury Conference Public Policy
n H. Connors, John D. Corrigan, PhD (Group
k J. Ashley, ScD; Ruth Brannon, MSPH, MA;
IA; Wayne A. Gordon, PhD; Karen Gratten; John
MPH; Peter W. Thomas, JD; Ronald C. Savage,
ughn, MEd.

Where We Should Be

for these measures are significant drivers of public policy. The key traumatic BI programs, not including stroke and other acquired BI include:

- *National Institutes of Health (NIH):* $81 million annually for direct traumatic BI medical research and $219 million in trauma and childhood-related injury studies that may indirectly address CBI. (See National Institutes of Health Portfolio Online Reporting Tools:
- *Health Resources and Services Administration (HRSA):* $9.76 million annually for the TBI Grant Program to improve service system access through grants to states and protection and advocacy organizations.

The Patient Protection and Affordable Care Act designates rehabilitative and habilitative services and devices as one of ten essential health benefits that must be included in all individual and small group health plans as of January 1, 2014. State policymakers are working now to select and enhance benchmark benefit plans that will define the scope of coverage to [redacted] plans within Health Benefit Exchanges (also known as State Insurance Exchanges).

Brain Injury as a Chronic Condition

State resources. Medicaid provides some funding for health and long term services for individuals with disabilities. BI "waivers" accounted for only 1.4 percent of total waiver expenditures of $35.1 billion spent for home and community-based waiver programs for all populations in 2009.[4] Fewer than 20 states administer separate BI waivers, and these vary considerably in terms of level of care, services provided and numbers served. States have substantial latitude in administration of protocols and practices, program eligibility determinations, provider qualifications, scope and duration of services, and reimbursement rates.

States also receive federal funding – primarily through block grants – for a range of services for individuals with disabilities, including vocational rehabilitation, community services geared toward employment, rehabilitation services in a special education context, personal assistance services, mental health, substance abuse, special health care needs and aging, and independent living services. Additionally states regulate health care plans and workers' compensation programs, participate in credentialing of Medicare providers, and license health care professionals and settings. This creates tremendous variability across states in access to the complete spectrum of care for persons with BI.

Nearly half of the states have enacted legislation to generate

Research must be availabl (and CBI advocates) in a us substantiates the validity medical treatment, rehabil other services and support and maintain neurophysiol recovery and functional

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Moderate to Severe Traumatic Brain Injury is a Lifelong Condition

Moderate and severe traumatic brain injury (TBI) can lead to a lifetime of physical, cognitive, emotional, and behavioral changes. These changes may affect a person's ability to function in their everyday life. Despite initial hospitalization and inpatient rehabilitation services, about 50% of people with TBI will experience further decline in their daily lives or die within 5 years of their injury. Some of the health consequences of TBI can be prevented or reduced. Attending to these lifelong issues also known as chronic disease management, is crucial for improving the lives of persons with TBI.

This fact sheet outlines the estimated burden of moderate and severe TBI on public health, and highlights key policy strategies to address the long-term consequences of TBI. The national estimates are based on data from the TBI Model Systems (TBIMS) National Database. It contains data from the largest study of people with moderate or severe TBI who receive inpatient rehabilitation, and includes information from the time of injury to the end of life. Those requiring inpatient rehabilitation are among the most severely injured and constitute less than 10% of all persons hospitalized with a TBI.

Five-year outcomes of persons with TBI*

*Data are US population estimates based on the TBIMS National Database. Data refer to people 16 years of age and older who received inpatient rehabilitation services for a primary diagnosis of TBI.

Long-term negative effects of TBI are significant.

Even after surviving a moderate or severe TBI and receiving inpatient rehabilitation services, a person's life expectancy is 9 years shorter. TBI increases the risk of dying from several causes. Compared to people without TBI, people with TBI are more likely to die from:

- **Seizures** 50 x more likely
- **Drug Poisoning** 11 x more likely
- **Infections** 9 x more likely
- **Pneumonia** 6 x more likely

After inpatient rehabilitation for TBI, the following groups are more likely to die sooner:

- Older adults
- Men
- Unemployed
- People who are not married
- People with fewer years of education
- People with more severe TBI
- People with fall-related TBI

In addition, people with moderate to severe TBI typically face a variety of chronic health problems. These issues add costs and burden to people with TBI, their families, and society. Among those still alive 5 years after injury:

57% are moderately or severely disabled.
55% do not have a job (but were employed at the time of their injury).
50% return to a hospital at least once.
33% rely on others for help with everyday activities.
29% are not satisfied with life.
29% use illicit drugs or misuse alcohol.
12% reside in nursing homes or other institutions.

Policy Implications: Proactive Management of TBI

With proper health care and community services, some causes of TBI-related problems can be prevented or treated, and the impact can be reduced. Because the problems faced by people with TBI are lasting, they require long-term solutions. While coordinated approaches to acute care and rehabilitation after TBI are available, only a few promote long-term health and well-being. The public health burden of TBI suggests important implications for future policies to address proactive, lifelong disease management.

Coordinated long-term care can help prevent or reduce many costly consequences of TBI, such as:

- Decreased life expectancy
- Poor health
- Limited function
- Low quality of life

TBI researchers and the TBI Model System Program should continue to:

- Study TBI as a chronic health condition.
- Investigate the contribution of pre-existing and co-occurring conditions.
- Identify risk factors, such as sleep, weight, depression, aging, and alcohol use.
- Study the benefits of exercise, diet, social support, and engagement in the community.
- Test treatments for depression, irritability, sleep disorders, and cognitive impairment.

At the federal level, decision-makers can:

- Recognize TBI as a chronic health condition.
- Review policies that affect access to rehabilitation services over the life span.
- Further research that addresses the future management of TBI.
- Enhance surveillance to monitor the national burden of TBI.

At the state level, decision-makers can:

- Identify the prevalence of disabilities due to TBI among their residents.
- Screen for TBI history among persons who receive state-funded health and social services.
- Train health and social service professionals to recognize and minimize the effects of TBI on behavior.
- Make home and community services more accessible to people with TBI.

Health care providers can:

- Determine if their patients have experienced TBI and understand the impact of TBI on the current health status of patients.
- Screen for and treat common, late-developing problems, such as depression, substance misuse, and weight gain.
- Encourage lifestyles that promote brain health.
- Educate patients and their families to prevent or reduce late-occurring problems.

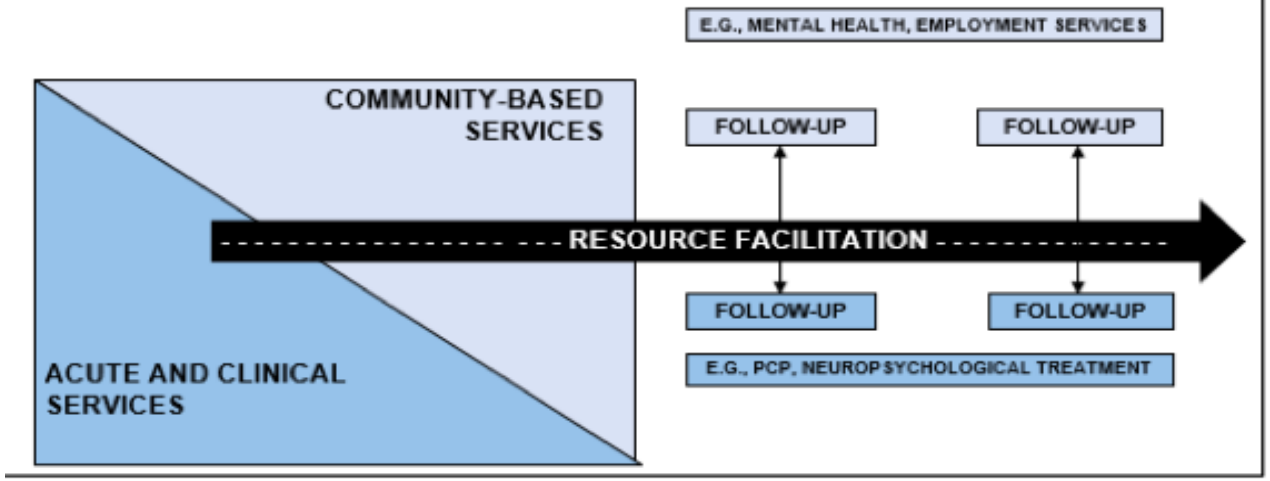
Indiana State Department of Health

Trauma and Injury Prevention

Indiana Traumatic Brain Injury State Plan

2019 – 2024 Strategic Plan

Resource Facilitation: Acute to Chronic Care Continuum



2. As moderate to severe TBI is a risk factor for chronic disability, we will work to develop statewide systems and supports to proactively manage chronic TBI to prevent co-occurrence and co-morbidity, to minimize the disability associated with TBI, and to maximize health-related quality of life and independence in the community.

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Break

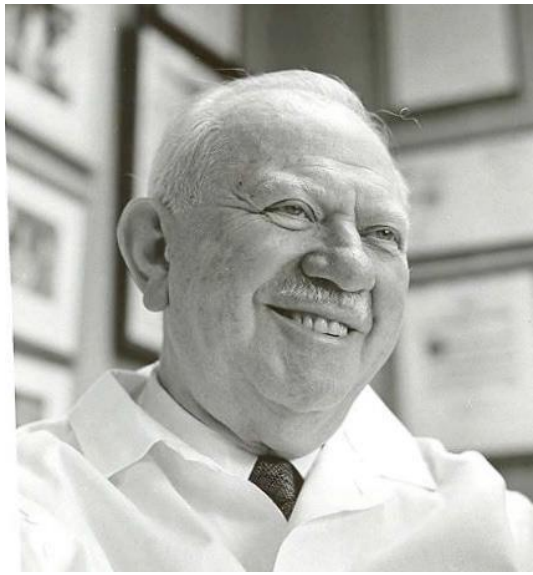
10:55 - 11:00

KESSLER FOUNDATION

Jeannie Lengenfelder, PhD
Associate Director, Neuropsychology Research
Center for Traumatic Brain Injury Research

KESSLER FOUNDATION

Changing the Lives of People with Disabilities



Kessler Foundation is a global leader

in **REHABILITATION RESEARCH.**

Our mission is to **CHANGE** the **LIVES**

of **PEOPLE** with **DISABILITIES.**

Our goal is to improve **COGNITION**, **MOBILITY**, **QUALITY OF LIFE** and **GAIN EMPLOYMENT** for individuals with cognitive and physical disabilities

Our scientists seek ways to **OVERCOME OBSTACLES** faced by adults and children who live with ***brain injury***, spinal cord injury, multiple sclerosis, stroke, autism, aging and dementia and other chronic neurological and orthopedic conditions

Funded through federal, state and private competitive grants and donors.

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Since 1987 TBIMS

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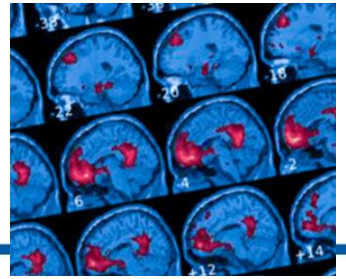
Kessler Foundation Research Centers

- **Center for Traumatic Brain Injury Research**
- Center for Neuropsychology & Neuroscience Research
- Center for Spinal Cord Injury Research
- Center for Spinal Stimulation
- Center for Employment and Disability Research
- Center for Mobility and Rehabilitation Engineering Research
- Center for Autism Research
- Center for Outcomes and Assessment Research
- Center for Neuroimaging

Center for Traumatic Brain Injury Research

Examples of research:

- the cognitive effects of aerobic exercise on people with significant memory loss
- what happens in the brain after a person learns new information
- how a 45-minute nap can help improve daily movement-related tasks
- if a balance-training program can help people with TBI avoid fall
- memory retaining treatment protocol using context and imagery to improve a person's ability to learn and remember new information
- testing the effectiveness of group wellness treatments designed to teach coping and management skills to persons with TBI and caregiver pair



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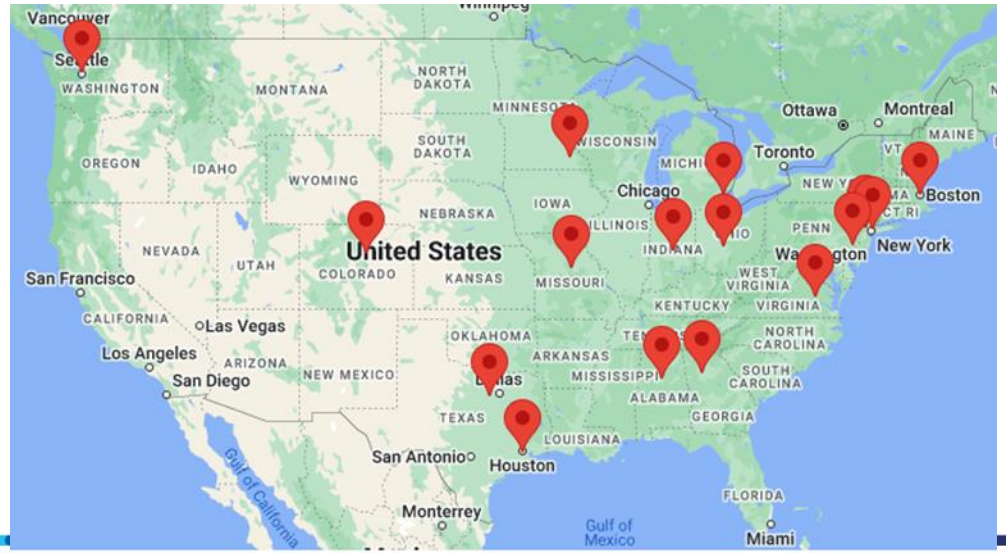
Traumatic Brain Injury Model System (TBIMS) Program

- Began in 1987 to improve care and outcomes for individuals with TBI
- Competitively funded for 5 years by the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR)
- Currently 16 TBIMS Centers funded



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TBIMS Since 1987

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TBI Model System- Purpose

Study the clinical course of individuals with TBI from time of injury through rehabilitation care

Evaluate the recovery and long-term outcome of individuals with TBI

- Includes large-scale, follow-up to 35 years post-injury

Contribute data to a National TBI Database

- Currently over 19,000 individuals

TBI Model System- Details

- Acute care and comprehensive inpatient rehabilitation within the system hospitals
- 5 Acute Care Facilities
  - Morristown Memorial Hospital
  - University Hospital
  - Hackensack University Medical Center
  - St. Joe's Regional Medical Center
  - Jersey City Medical Center
- Kessler Institute for Rehabilitation
  - 3 campuses (West Orange, Chester, Saddle Brook)

TBI Model System- Details

- Data collected at several time points:
  - time of injury (during inpatient rehabilitation)
  - 1 year post injury
  - 2 years post injury
  - 5 years post injury
  - every 5 years thereafter
- Database includes large scale follow-up to 30 years post-injury
  - Currently over 19,000 cases

TBIMS- What kind of data?

- Demographic characteristics of individuals injured
- Causes and severity of injury
- Nature of diagnoses
- Characteristics of treatment/services
- Impairment
- Health and Behavior Measurements
- Disability- current
- Participation- current

TBI Model System- Components

- Goal is to study the course of long-term recovery after TBI
- To develop, provide and evaluate innovative services that address identified needs for community reintegration and continued care coordination
- Enroll individuals with moderate to severe TBI into the TBI Model Systems National Database and follow them for up to 35 years post-injury.
- Conduct local studies on TBI.
- Collaborate with other funded TBI Model System centers on module research projects.

TBI Model System- Collaborative projects

TRAJECTORIES OF COGNITIVE FUNCTIONING AFTER TBI

- looking at patterns of cognitive function over time.
- Cognitive function tested at different follow-up points after injury to get a clearer picture of how it changes over multiple years after a TBI

STATE PROGRAMS AND OUTCOMES FROM TBI

- availability of state programs and services are associated with outcomes from TBI
- develop a reliable method to elicit participant use of state programs and services

TBI CARE FOR CHRONIC PAIN

- compare a Collaborative Care approach to pain treatment with the usual care approach to reduce the impact of pain in TBI who have chronic pain, including headache

BEHEALTHY: CHRONIC DISEASE MANAGEMENT FOR TBI

- produce new knowledge and information to address current evidence gaps in the management of brain injury as a chronic health condition
- will help optimize health, function, and community integration after TBI
- Goal create a chronic disease management (CDM) model for people with TBI, their caregivers, and health care providers.

TBI Model System

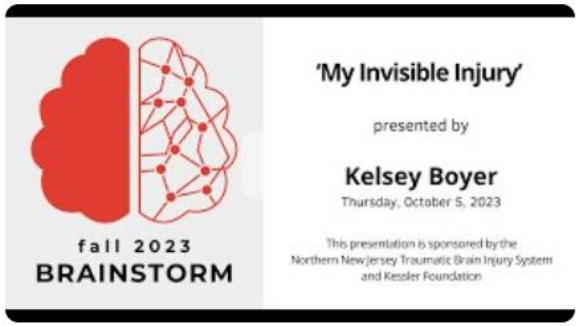
Newsletter: Brain Waves

Quarterly Speaker Series: Brainstorm

Reclaiming Yourself after Brain Injury:
Hope for a "New, New" Self

Conference: Mind Over Matter: Embracing a Positive Outlook after TBI

Thursday September 26th, Kessler



2023 Fall BrainStorm: 'My Invisible Injury'
presented by Kelsey Boyer

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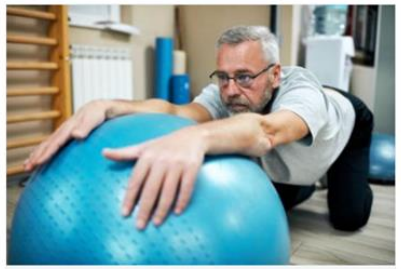
TBIMS- Resources

- TBIMS and Model System Knowledge Translation Center (MSKTC) create resources for people living with traumatic brain injuries and their supporters.



Balance Problems & TBI

Get resources

Being a Parent With a Traumatic Brain Injury

Change in Memory After TBI

Get resources

Chronic Pain & TBI

Get resources

Sexuality After TBI

Get resources

Sleep & TBI

Get resources

Social Skills After TBI

Get resources

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TBIMS

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TBIMS- Resources

Spasticity & TBI

Get resources

Staying Healthy After TBI

Get resources

Stress Management for TBI Caregivers

Get resources

Understanding Behavior Changes after TBI

Get resources

Depression & TBI

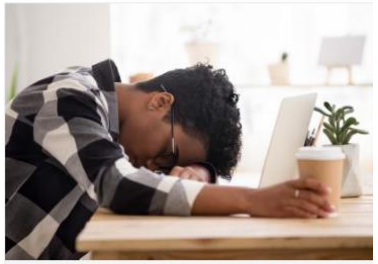
Get resources

Driving

Get resources

Emotional Problems after TBI

Get resources



Fatigue & TBI

Get resources

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TBIMS- Resources

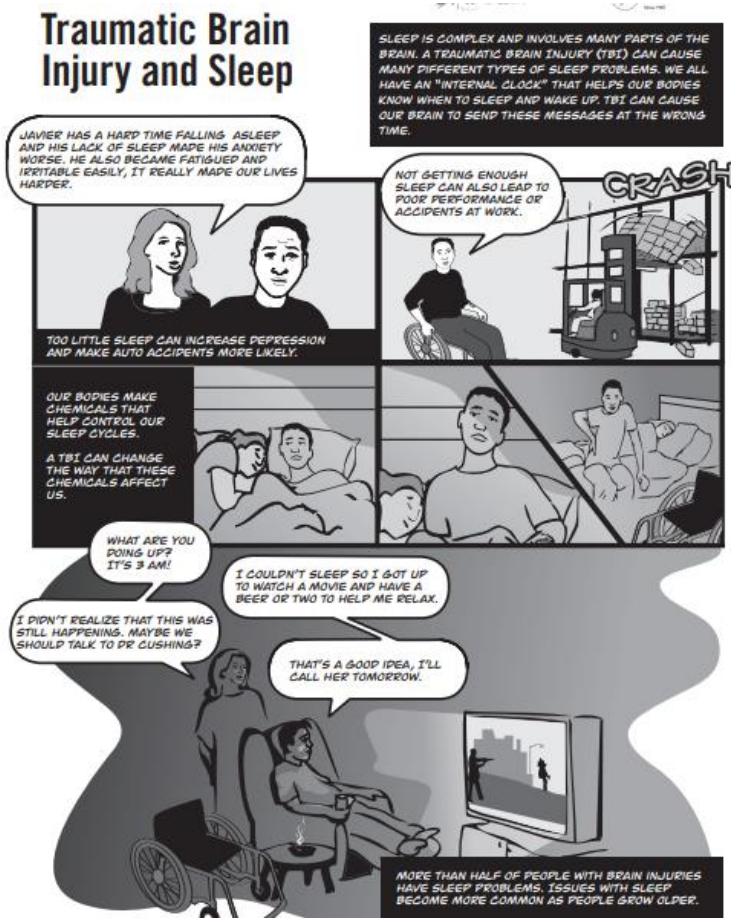
FACTSHEETS **Social Skills After Traumatic Brain Injury**

PODCAST **Social Skills After Traumatic Brain Injury (Audio Factsheet)**

PUBLICATIONS **Primary language and participation outcomes in Hispanics Systems Study**

PUBLICATIONS **Development and calibration of the TBI-QOL Ability to Part Social Roles and Activities item banks and short forms**

PUBLICATIONS **The Association Between Community Participation and Soc**



FACTSHEETS **Sexuality After Traumatic Brain Injury**

QUICK REVIEWS **Sexual Functioning**

QUICK REVIEWS **Predictors of Sexual Functioning**

SLIDESHOWS **Sexuality after a Traumatic Brain Injury**

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Since 1987 TBIMS

NEW JERSEY HUMAN SERVICES

TBIMS- Opportunities for involvement

Research participants

Ambassador program:

- taking part in research, development, recruitment, and dissemination activities
- work with the TBIMS researchers and MSKTC to conduct outreach activities or trainings in their own communities.

Thank you!

For more information about the Kessler Foundation TBI research:

https://kesslerfoundation.org/research/center-traumatic-brain-injury

For TBIMS resources:

https://msktc.org/TBI

jlengenfelder@kesslerfoundation.org

Brian Injury Alliance of New Jersey

Barbara Chabner
Director of Education and Outreach

11:30 – 11:35

Workshops

- BIANJ continues to provide in-person and virtual workshops
- 75 workshops, 2,400 attendees
- Wide range of topics and settings
- 14 counties

Brain Injury Alliance NEW JERSEY

Exhibiting and Coalition Meetings

- Professional Conferences
  - ATSNJ (athletic trainers)
  - NJAPHERD (physical education/recreation)
  - ASAP-NJ (student assistance counselors)
  - NJSSNA (school nurses)
- Community Fairs/Wellness Events
  - Bergen, Monmouth, Mercer, Union, Middlesex, Essex, Ocean, Atlantic, Cumberland
- Community Coalition Meetings

Brain Injury Alliance NEW JERSEY

Trainings for Health and Human Service Professionals

- Pediatric/Adolescent brain injury
- 3 locations – East Hanover, Monroe Township, Cherry Hill
- 184 registered; 130 attended
- Sessions included:
  - Developmental outcomes of pediatric brain injury
  - Supporting youth and college students impacted by brain injury
  - Concussion and prevention
  - Panel discussion: provider, caregiver, survivor
  - TBI and CIRCF overview

Brain Injury Alliance NEW JERSEY

Webinars and Facebook Live

- Hosted 3 webinars
  - TBI Fund Overview
  - TBI and the Risk of Suicide
  - Effective community Reintegration
  - Registered: 688; Attended: 387
- Facebook Live Discussions
  - Brain injury awareness month weekly discussion during the month of March

Brain Injury Alliance NEW JERSEY

Capitol Hill Day Recap

Tara Buggie

11:35 – 11:45

Open Discussion

11:45 – 12:00

Next Meeting: **July 16, 2024 (virtual)**

Homework: Subcommittee meetings

Meetings in 2024:

- **October 15, 2024 (in person)**