



RHODE ISLAND TRAUMATIC BRAIN INJURY STATE ACTION PLAN



**TRAUMATIC BRAIN INJURY STATE PARTNERSHIP PROGRAM
2022 – 2026**

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The Rhode Island Traumatic Brain Injury Partnership State Plan for 2022-2026 was developed by the Rhode Island Traumatic Brain Injury Partnership Project Advisory Board in conjunction with its lead agency, The Rhode Island Department of Health (RIDOH) and in partnership with the Rhode Island Governors Permanent Advisory Commission on Traumatic Brain Injury.

INTRODUCTION

Since 2002, RIDOH's Violence and Injury Prevention Program (VIPP) has worked on Traumatic Brain Injury (TBI) prevention efforts. In 2021, the VIPP applied for, and received, a five-year TBI State Partnership Program grant from the Administration of Community Living, allowing the program to make an impact in the lives of TBI survivors. The focus of the TBI Program is to collaborate with TBI survivors, their families, and stakeholders to improve services in Rhode Island. The VIPP aims to build upon the accomplishments from 2018-2021 funding received from the Administration of Community Living.

The Rhode Island TBI Partnership Project Advisory Board is comprised of a variety of stakeholders, including survivors, their families, advocates, medical professionals, and representatives from State agencies. Strategic planning meetings provided a space for collaboration and allowed different perspectives to be heard. The recommendations subsequently developed highlight the Board's goal to expand the scope of TBI work to include acquired brain injury, including those caused by stroke and anoxia. Being inclusive of all types of brain injury means services can be aligned with new stakeholders, including those addressing chronic disease, opioid overdose, and developmental disabilities.

TBI OVERVIEW

A TBI is caused by an external force to the head. It can happen anywhere, anytime, and to anyone. TBIs can be caused by falls, sports injuries, or motor vehicle crashes and can range in severity from mild concussion with temporary or permanent impairments in cognitive and emotional function to severe head trauma resulting in coma or death.² Early and adequate intervention is important because if a second TBI occurs while the brain is not fully healed, health risks exponentially increase.³ All population groups can be affected by TBI, including infants, young athletes, military personnel, and older adults.⁴

BURDEN OF TRAUMATIC BRAIN INJURY

National

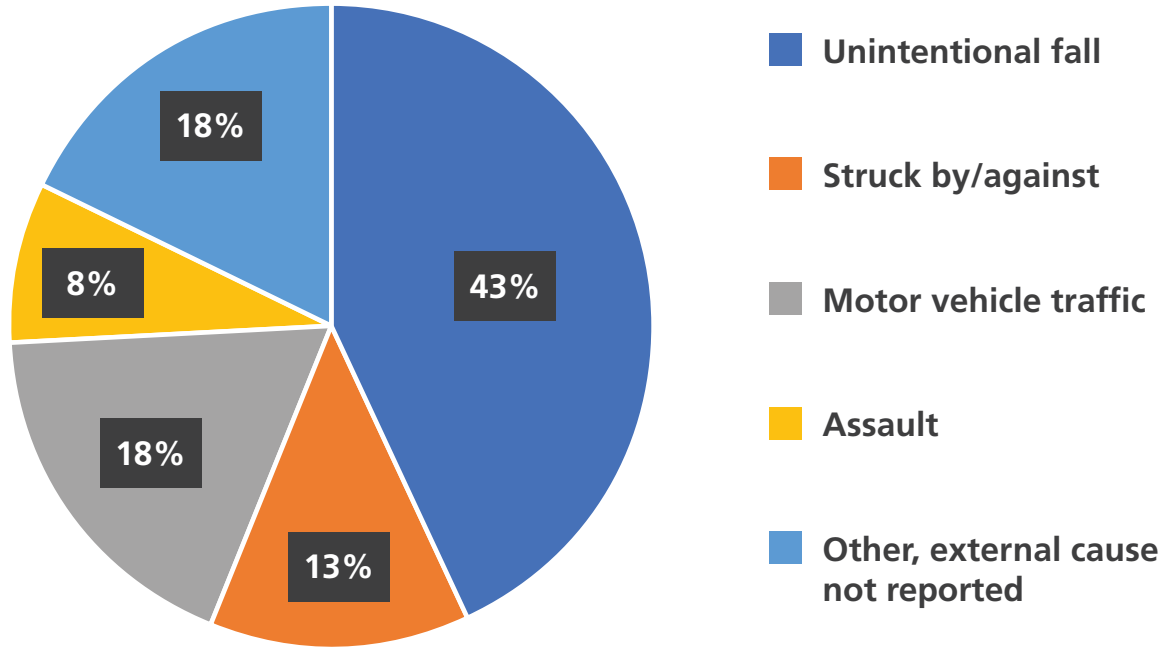
In 2013, 2.8 million emergency department visits, hospitalizations, or deaths in the United States were related to TBIs either as an isolated injury or with other injuries. Additionally, 5.3 million Americans are living with a TBI-related disability. According to the Centers for Disease Control (CDC), the leading causes of TBIs in the United States are falls (47%), being struck by or against an object (15%), and motor vehicle crashes (14%).¹

State

Data from the hospital emergency departments in Rhode Island (Figure 1) show that in 2020, 43% of TBI-related visits were due to unintentional falls, 13% were due to being struck by or against an object, 18% were due to motor vehicle traffic, 8% were due to assault, and 18% were due to other/unreported reasons. Men were more likely to be hospitalized for a TBI, and more men died from a TBI. From 2016-2020, there were 14,300 emergency department visits and 2,769 hospitalizations in Rhode Island for unintentional, fall-related injuries.

FIGURE 1

Reason for TBI Related Emergency Department Visits in Rhode Island, 2020



Source: Rhode Island Emergency Department Data

RHODE ISLAND RECOMMENDATIONS

RECOMMENDATION 1: INCREASE TBI EDUCATION AND TRAINING OPPORTUNITIES IN RHODE ISLAND.

Phase 1

Target Population 1: First responders, including Emergency Medical Services (EMS) professionals, emergency department personnel, nurses, certified nursing assistants, healthcare providers, mobile crisis teams, law enforcement officers, interpreters, and translators (medical, court).



Objective: Educate and increase awareness about TBIs to the target population by June 2026.

Potential Contacts: Rhode Island State Police, Municipal police training academies, International Medical Interpreters Association, Rhode Island chapter, Rhode Island Judiciary's Office of Court Interpreters (OCI) training/certification program, RIDOH's VIPP, Rhode Island College School of Nursing, Office of the Rhode Island Attorney General, RIDOH's Center for Emergency Medical Services, and the Lt. Governor's Long Term Care Coordinating Council.

Activities:

1. **Identify trainings** offered by the Brain Injury Association of Rhode Island (BIARI) that would be appropriate for each target population identified in Phase 2.
2. **Determine gaps in training.**
 - a. Determine if BIARI has access to subject matter experts or evidence-based training that could be used to adapt their existing training for specific target populations.
 - b. If BIARI cannot fulfill all training needs for target populations:
 - i. Conduct extensive research on available, evidence-informed, TBI/Acquired Brain Injury (ABI) training.
 - ii. Select evidence-informed training that is appropriate for each target population.
3. **Identify key stakeholders** in community health centers, hospitals, private doctors' offices, vocational schools, and colleges and universities to deliver training to each target population.
 - a. Work with stakeholders to integrate TBI education and information into existing training and curricula.
 - b. Offer trainings from BIARI and other reputable sources to target populations.
4. **Work with stakeholders to identify training platforms** that are efficient and sustainable.
5. **Determine terminology** derived from evidence-informed TBI trainings that would be important for interpreters (e.g. medical, court, general) to know.
6. **Ensure** all trainings include cultural and linguistically appropriate components for TBI survivors.
7. **Identify key stakeholders** (e.g. medical/court interpreter professional associations and certification programs, hospitals) that will integrate TBI/ABI terminology into their vocational materials.
8. **Devise a sustainable strategy** to ensure that updated terminology is continuously provided to these key stakeholders.
9. **Join efforts** with organizations and stakeholders to provide police training on TBI so that law enforcement officials are better equipped to interact with anyone with TBI-related disabilities.

Phase 2

Target Population 2: Alpert Medical School's emergency medicine residency program; Rhode Island State Nursing Association; higher education institutions that offer programs/degrees in nursing, social work, and/or physical therapy; long-term care providers, and community organizations that work with people with disabilities and TBIs.



Objective: Provide trainings and resources to target population two by October 2023.

Activities:

1. **Compile list of available resources** for TBI/ABI survivors in Rhode Island from key stakeholders, including BIARI.
2. **Determine any new or missing resources** and incorporate them into a comprehensive guide.
3. **Provide updated TBI/ABI resource guide** to target population 2.

Phase 3

Target Population 3: Temporary employment agencies, vocational rehabilitation counselors, vocational and technical high schools, and colleges and universities.



Objective: Educate and increase awareness of TBIs and resources for the target population by January 2026.

Activities:

1. **Repeat Phase 1, Steps 1-7**, with a focus on including information pertaining to reasonable accommodations or appropriate placements for people with TBI/ABI in the workforce within the program curriculum for target population 3.
2. **Review course catalogs** at technical/vocational schools and higher education institutions in Rhode Island.
3. **Provide TBI information** and training to Vocational Rehabilitation Counselors and vendors that provide job-training support.
4. **Identify programs or courses** that could include information on TBIs/ABIs.
5. Work with local, regional, and national stakeholders, including BIARI, to **determine evidence-informed information** that should be included in the college-level program curriculum.
6. Reach out to program directors and/or professors to **propose the inclusion of TBI/ABI information** in their programs and/or course curricula.
7. Work with target population 3 to **develop and implement presentations or recommendations** that include TBI/ABI information.
8. **Identify and promote internship opportunities** for students within BIARI to build interest in brain injury.
9. **Identify and promote internship opportunities** for students and residents of specialized programs that benefit TBIs/ABIs survivors, such as neurologists.
10. **Identify, collect, and analyze TBI-relevant data** sources and risk and protective factors to identify disproportionately affected populations.

Phase 4

Target Population 4: Hospital systems.



Objective: Educate and increase awareness of TBIs and resources among hospital systems by August 2023.

Activities:

1. **Identify TBI-related information** to include in the hospital discharge planning and education process.
2. **Develop a TBI resource sheet**, including information such as a TBI-focused glossary.
3. **Collaborate with hospitals systems to** incorporate resource information sheets into discharge protocol.
4. **Ensure resource sheet is translated** into Spanish and Portuguese. Identify mechanism to translate resource sheet into other requested languages or formats.

RECOMMENDATION 2: EXPAND STAKEHOLDERS

Target Population 5: Ocean State Center for Independence Living, Rhode Island Independent Living Council, Developmental Disabilities Council, Point: Rhode Island Aging and Disability Resource Center Representative/Ombudsmen, Paul V. Sherlock Center on Disabilities at Rhode Island College, The Rhode Island Coalition Against Domestic Violence, Rhode Island Office of Veterans Affairs, Rhode Island Parent Information Network, Parent Support Network, Providence VA Medical Center, TechACCESS, Rhode Island Commission for Human Rights, Rhode Island Governor's Commission on Disabilities, Disability Rights Rhode Island, Rhode Island Office of Healthy Aging, URI Geriatrics Education Center, PACE Organization of Rhode Island, Special Olympics Rhode Island, Rhode Island Coalition to End Homelessness, Religion organization, Progresso Latino, Refugee Dream Center, Office of Rehabilitation Services for the Blind and Visually Impaired, Commission for the Deaf and Hard of Hearing, Just A.S.K. Aphasia Stroke Knowledge, AARP Rhode Island, Alzheimer's Association Rhode Island Chapter, and the ARC Rhode Island.



Objective: Throughout the duration of the grant, perform outreach in an effort to facilitate optimal collaboration among the numerous partners and stakeholders that comprise target population 5.

Activities:

1. Conduct outreach to target population 5 to **increase State TBI Advisory Board participation**.
2. Work with target population 5 to **provide TBI-specific knowledge** related to the work they already do.
3. Collaborate with target population 5 to **increase TBI awareness** within each agency and organization.

RECOMMENDATION 3: IMPROVE LEGISLATION AND POLICIES

Target Population 6: Governor's Permanent Advisory Commission on TBI, Governor's Commission on Disabilities, and Brain Injury Association of Rhode Island.



Objective: Throughout the duration of the grant, work with TBI stakeholders to improve existing legislation and policies affecting TBI survivors.

Activities:

1. By June 2023, **review and update** current TBI-related legislation, school, and work policies as needed.
2. Each year, **identify new TBI-related legislation** important to TBI survivors and stakeholders.
3. Each year, **attend public forums** held by the Legislation Committee of the Governor's Commission on Disabilities.
4. By July 2023, **review** the TBI survivors' membership on the Governors Permanent Advisory Commission on TBI.
5. By July 2024 **draft or revise regulations** for transitional and/or step-down (less than 24-hour home and community-based care) services after inpatient treatment for TBI.
6. By June 2026, **increase State funding for the Rhode Island TBI Fund** to support a resource navigator position and special need projects. Explore potential additional funders that can contribute to the Fund.
7. Develop and implement a **sustainability plan** for the Rhode Island TBI Registry.

RECOMMENDATION 4: IMPROVE AND EXPAND TRANSPORTATION RESOURCES

Target Population 7: State Division of Planning's Transportation Advisory Committee, Coalition for Transportation Choices, and Rhode Island Department of Transportation.



Objective: Throughout this grant period, participate in existing transportation groups.

Activities:

1. **Provide information** to transportation working groups and stakeholders regarding transportation issues impacting TBI survivors.
2. **Support existing transportation efforts** that align with TBI survivor transportation accessibility/access.

RECOMMENDATION 5: ENGAGE HEALTHCARE PROVIDERS

Target Population 8: Community health centers, Hospitals, and Physician groups.



Objective: By June 2026, engage healthcare systems and State agencies to identify ways to increase the number of healthcare providers in Rhode Island.

Activities:

1. Increase the number of **TBI-specific medical specialists** such as neurosurgeons, neurologists (including neurocritical care specialists), Neuropsychologists, neuro-ophthalmologists, psychiatrists, psychologists, physical/occupational therapists, primary care physicians, physiatrist, and physical medicine, speech pathologies, recreational therapies, and rehabilitation specialist.
2. **Provide practical recommendations** to aid physicians and allied health providers; understanding of the unique challenges TBI survivors face within the community and healthcare system, emphasizing an individualized and patient-centered approach to the provision of medical care.
3. **Create opportunities** to educate healthcare providers on the unique concerns of TBI survivors and provide physicians with TBI survivor concerns, including post-critical-care follow-up clinics (where critical care specialists engage patients after discharge to better assess the impact of the care they provided in the ICU).
4. Collaborate with State and community stakeholders on developing a recruitment and retention plan to bring medical specialists who are experienced in the **provision of high-quality healthcare to TBI survivors to Rhode Island**.
5. **Develop a TBI Peer Support Network** of navigators or reimbursable Community Health Workers.
6. Create a short term advisory group to **identify and evaluate emerging technologies** that may prove helpful for diagnosis and/or treatment for people with TBI, including new imaging modalities (such as high-field MRI or new diffusion-based imaging methods) and multi-modal monitoring in the critical care unit, make recommendations for services that may be helpful and cost-effective, and advise on technologies that are deemed to be costly and ineffective after rigorous review of available studies and expert opinions.
7. Work with the stakeholders to implement **lunch and learn training** in primary care offices, nursing homes, and hospitals. Training should include the importance of improved coordination on referrals to care between primary care physicians and specialists.
8. Develop a **public awareness campaign** to highlight the experiences of individuals living with brain injury. Include updates of previous TBI campaigns such as the Brain Injury Association of America campaign Different faces of brain injury.

RECOMMENDATION 6: PROVIDE RESOURCES TO SCHOOL AND EMPLOYER COMMUNITIES TO IMPROVE TBI-RELATED

Target Population 9: School nurses, teachers, staff, coaches, athletic staff, parents, students, employers, employees, Sherlock Center, The Office of Rehabilitation Services, and Department of Labor and Training.



Objective: Throughout the grant, increase awareness of TBIs and its effects on school-age children and adults. This will include concussion management protocols, special education services, vocational Rehabilitation and employment counseling, independent living assistance, support groups, or other basic health services.

Activities:

- 1. Offer concussion education and awareness information/tools** for all school stakeholders: administrators, teachers, nurses, parents, athletic directors, athletic trainers, support staff, and students as funding is available.
- Identify and collect youth-related TBI-relevant data sources for TBI and risk and protective factors to **identify disproportionately affected populations.**
- Support schools in instituting and **implementing a Return to Learn protocol.**
- Offer free neurocognitive baseline testing** to school athletes as funding is available.
- Increase awareness of the Job Training Program, The Arrigan Rehabilitation Center for **workers' compensation** injuries and TechACCESS-RI for **assistive technology** resources.
- Increase awareness of vocational rehabilitation services** offered by the Office of Rehabilitation Services and other organizations.
- Increase awareness of the Sherlock Center's Work Incentive Planning Assistance Program** to understand how disability benefits can be affected by employment and how best to maximize incentives built into SSA programs.
- Increase awareness among youth and adults who receive Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI)** benefits and have a TBI about the SSA's Ticket to Work and Work Incentive Planning and Assistance Programs to maximize use of work incentives to achieve employment goals, promoted through the Sherlock Center on Disabilities.



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