

2012 FIVE-YEAR TBI ACTION PLAN RECOMMENDATIONS

OASAS Addiction/TBI Conference

May 22, 2012

Presented by Helen R. Hines, HRSA TBI Grant Program Coordinator

HRSA Grant 2009 -2013

- NY – 1 of 17 states to receive HRSA TBI grant in 2009
- Grant continues partnership with BIANYS from prior HRSA grants for outreach/education

Overview

Grant Goals

- Develop State Five-Year TBI Action Plan
- Expand access to easily understood information about the NY TBI Medicaid Waiver
- Enhance access to services/supports for children and veterans with TBI

Facts Noted in Five Year Plan Relevant to Conference

- *Known* incidence of TBI in NYS rose 63% from 2005-2009
- Falls are major cause of TBI in adults over age 44
- 75% of patients admitted to US hospitals for TBI have alcohol in their bloodstream; up to half are intoxicated at time of injury
- OASAS finding that half of enrolled clients have probable TBI

Five Year Action Plan

Recommendations Are Based Upon:

- Analysis of responses to statewide stakeholder surveys
40% response rate from individuals with TBI & families
- Outreach to TBISCC membership, statewide stakeholder associations, in-depth discussions with staff of 10 state agencies
- Relevant MRT Work Group Recommendations

Recommends Action in Five Areas

1. Enhance Public Knowledge of TBI Treatment and Prevention
2. Improve Access to Community Based Services
3. Enhance Provider Training to Improve TBI Diagnosis & Treatment
4. Maximize Educational/Vocational Opportunities for Children/Adults
5. Address Need for Accessible Affordable Housing

1. Enhance Public Knowledge of TBI Treatment and Prevention

- Provide timely, easy to access updates on State agency websites
- Support dissemination of public info about TBI from variety of sources, i.e. CDC, BIANYS, etc.

2. Improve Access to Community Based Services

- Examine ways to enhance access to TBI services i.e. service coordination regardless of Medicaid (MA) or Waiver eligibility
- Encourage amending NYS Insurance Law to mandate inclusion of TBI related services such as cognitive rehabilitation
- Expand state agency participation in TBISCC to increase cross agency collaboration at state and local levels – Division of Veterans Affairs, Department of Labor, State Office for the Aging, Division of Homes & Community Renewal, Criminal Justice/crime victims agencies

2. Improve Access to Community Based Services (continued)

- Improve veterans' access to needed care within their home community through collaboration between State, Federal, public/private sector health and community programs
- Support TBISCC proposal to establish a TBI Trust Fund to generate resources for TBI services to individuals not eligible for MA or insurance covered services, consider use for designated staff.
- Disseminate research results for emerging treatment modalities

2. Improve Access to Community Based Services (continued)

Relevant MRT Recommendations:

- Seek to repatriate out of state nursing home residents to most appropriate setting within three years.
- Promote programs like the Consumer Directed Personal Assistance Program that are cost effective and build upon person's strengths
- Ensure Behavioral Health managed care services promote wellness & meet secondary mental health/substance use/addiction needs

2. Improve Access to Community Based Services (continued)

Relevant MRT Recommendations:

- Establish managed long term care plans that provide services in most integrated setting appropriate to the needs of the member that enables the member and their informal supports to drive the development & delivery of the care plan
- Create financing to strengthen viability of essential community provider network

3. Enhance Provider Training to Improve TBI Diagnosis & Treatment

- Encourage links with universities/colleges to place student interns in model TBI provider agencies
- Work with key professional associations to develop TBI peer training opportunities & mentor programs

3. Enhance Provider Training to Improve TBI Diagnosis & Treatment (continued)

- Examine Federal and other clinical TBI guidelines and protocols for use by NYS local emergency response community
- Encourage standardized on-line curricula for TBI provider training across relevant disciplines, i.e. Certified Brain Injury Specialist (CBIS) or other national certification program.

3. Enhance Provider Training to Improve TBI Diagnosis & Treatment (continued)

Relevant MRT Recommendations:

- Ensure existing standards of care are enforced in teaching hospitals/training clinics to all patients and encourage targeted training needs for the health care workforce
- Emphasize cultural competency training to reduce disparities for all persons including persons with disabilities

4. Maximize Educational and Vocational Opportunities for Children/Adults

- Support State Education Department to enhance transition protocols for appropriate gradual return to school (academic work & physical activity)
- Identify resources for technical support to school districts such as “return to school” materials

4. Maximize Educational/Vocational Opportunities for Children/Adults (continued)

- Encourage development of transitional outreach to improve access to adult education/workforce opportunities for student transition from school to adult life
- Encourage facilitated access for adults reentering community life following a brain injury to adult education, vocational and employment services

5. Address Need for Accessible Affordable Housing

- Support Division of Homes & Community Renewal efforts to expand investment for accessible housing statewide
- Explore ability to designate persons with TBI as high priority population for Housing Choice Voucher program

5. Address Need for Accessible Affordable Housing (continued)

Relevant MRT Recommendations:

- Explore alternative models, i.e. transitional living, supported apartments, congregate housing options and continue rental subsidies after the transition to a managed care environment
- Include a housing focus in Managed Long Term Care and Care Coordination Models