

Brain Injury Services – System Gaps

- The Statewide Head Injury Program (SHIP) currently provides approximately 900 individuals who have experienced a traumatic brain injury with care coordination and services
- Approximately 400 additional people are supported yearly with information, referrals, and recreational/social opportunities.
- The system gaps listed below were identified through both anecdotal evidence, the ABI Needs Assessment and the 2014 Epidemiological report

System Gaps include:

- *The need for broad availability of public education on concussion*
 - Concussion is a widely occurring phenomenon which can result in both far-reaching, long-term effects on individuals who experience them, as well as shorter term, but significant impacts.
 - MRC hears frequently from individuals, family members and clinicians who are looking for validated, consistent and good quality information on how to address concussion.
 - Concussion prevention is another area begging for consistent and widely available information, especially the importance of prevention of future/multiple concussions for individuals who have already experienced it.
 - MRC has presented concussion education seminars and workshops which have regularly been well-received. However, resources to devote to these crucial, in-demand public educational opportunities are insufficient to routinely provide them.
- *The need for expertise on all levels (providers, SHIP staff and clinical support) on serving individuals with co-occurring issues (Individuals with Brain Injury and):*
 - Mental illness
MRC suggests that the Commission consider investigating the scope of co-occurring disorders (brain injury plus) and consider how to invite the DMH to work with the Commission in this regard.
 - SUD
SHIP works with many individuals with co-occurring substance use issues. These can be very difficult to address with brain injured people who may not remember how to comply with substance abuse interventions.

MRC applied for and received a grant from the Administration for Community Living (ACL). This grant provides \$300,000 per year for three years to train and build connections between the SUD and the Brain Injury communities. Through

this grant opportunity, MRC has undertaken to work with MassHealth and two sections of DPH, the Bureau of Substance Abuse Services (BSAS) and the Division of Violence and Injury Prevention to develop appropriate programming and interventions responsive to the needs of brain injured individuals. It will be important to institutionalize and further support the fruits of this grant once it concludes.

- While SHIP can effectively address co-occurring issues with deafness and blindness/low vision due to its collaborative and supportive relationships with MCB and MCDHH.
- *There is a system gap for individuals with non-traumatic acquired brain injuries who are not residing in nursing facilities. With two exceptions, SHIP services are limited to individuals who have experienced a traumatic brain injury.*
 - The 2014 Epidemiological Study and CDC reports indicate that between 68,000 and 100,000 people in Massachusetts sustain a brain injury each year based on emergency room and hospitalization records.
 - This means that 1 in 67 individuals with brain injury are estimated to live in MA
 - Some people aren't "counted" – they may not seek help or a head injury may be missed in the ER/MD office.
- *The lack of a robust Client Information System in use for MRC's Statewide Head Injury Program presents issues, but will be addressed going forward*
 - MRC is currently planning for development of a system which can be used across the agency. This will significantly improve SHIP's ability to capture, maintain, track and report good quality data on its clients and programming in the future.
 - This significant improvement to MRC's capacity to maintain quality data on individuals with brain injury and its brain injury programs will support on-going identification of other system gaps.