



BIAMD Year in Review | SFY2015



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Message from the Executive Director

Three Years. In some ways, it sounds like a mighty long time. In other ways, however, it has flown by in the eyes of the individuals who first decided that Maryland's Brain Injury Waiver could do more, serve more, and be more. Since that initial idea was launched three years ago, and the Brain Injury Association of Maryland joined forces with the Howard County Mental Health Administration and the Maryland Department of Health and Mental Hygiene, we have celebrated the placement of 23 individuals with brain injuries back into our communities. The variety of individuals served has expanded and the quality of the program has improved every year



This past year has been one of remarkable transformation for the Brain Injury Association of Maryland. Our Clinical Resource Manager, Dawn Roher, who celebrated her third year at BIAMD, continued to make a direct impact on the quality of services we were able to provide our brain injury survivors, family members, caregivers, and professionals. We also were fortunate to hire Caitlin Exline-Starr to replace a departing Clinical Resource Coordinator, Lori Butcher-Benjamin. Caitlin was able to not only meet the immediate challenges of spearheading the TBI Waiver Services but also made immediate enhancements to the program as we sought to expand its scope. The initiative's goal remains to ensure that individuals who are eligible to participate in the state's Waiver program, can do so, and receive services in the community if they so choose.

This year we have been added as users of Maryland's state-of-the-art Online Waiver Application and Tracking system (LTSS). LTSS has a huge investment by the state both in funding and labor and serves as one of its biggest "rebalancing initiatives". BIAMD's access to this database allows us to dramatically streamline the application process and improve communications with all stakeholders. BIAMD has also been piloting a new core standardized brain injury assessment tool for the state. The assessment tool, still in its preliminary review stage, is modeled on the Mayo-Portland Adaptability Inventory (MPAI) and is being tested to assist the state in determining the service needs and eligibility of "individuals interested in the BI waiver".

As part of that initiative, we also continue to modernize our 1-800 number Maryland Brain Injury Resource Helpline capabilities by better integrating our telephone system with our Salesforce online database. In this way, our Call Center is now able to provide the most up-to-date, real-time information to our callers which is better tailored to meet their own specific needs. The system also will allow us to more easily follow-up with our callers.

We were also able to provide a vetted list over 200 brain injury resources to the Maryland Department of Aging to add to their Maryland Access Point Database greatly enhancing the website's statewide brain injury listings. While there continue to be technical challenges with the roll-out of the program and website, the vision of "no wrong entry point" is slowly becoming a reality. <https://www.marylandaccesspoint.info>

These pages celebrate this past fiscal year's victories and challenges. Thanks for reading.

A handwritten signature in blue ink, appearing to read "Bryan Thomas Pugh". The signature is fluid and cursive.

Bryan Thomas Pugh

Our Mission

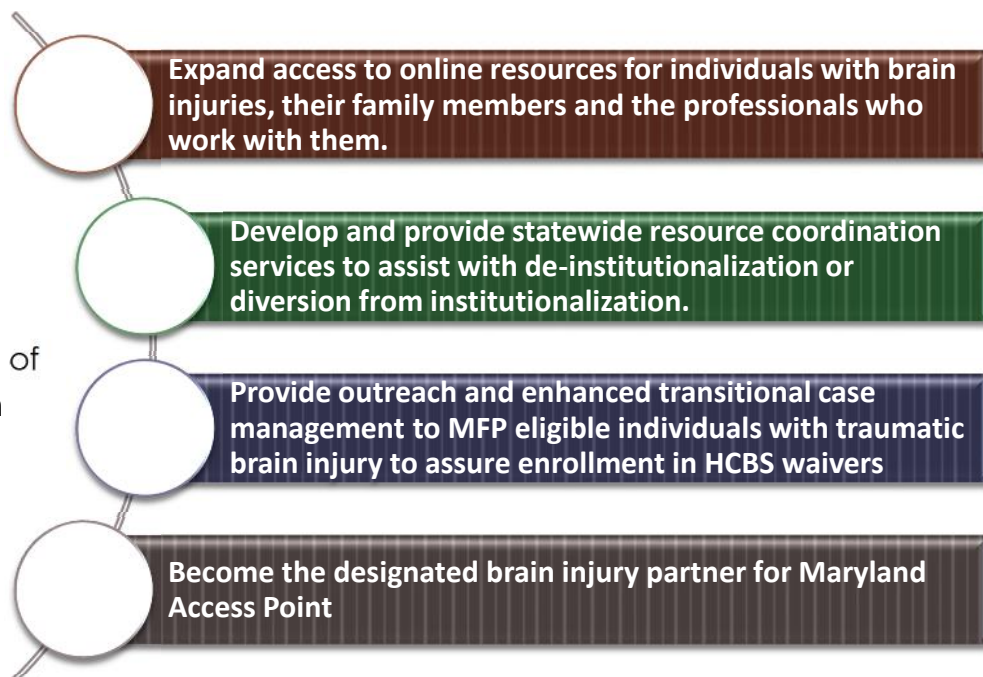
The Brain Injury Association of Maryland (BIAMD) receives more than 3,000 calls each year from individuals with brain injury, their family members, and professionals looking for help and guidance. Brain injury is something most people don't think about until it happens to them, and when it does, they are frequently at a loss as to where to turn and how to find the help they need. Often individuals and families don't really know what they need, they just know that their lives are out of control and they are unable to function like they did before their injury. They need a central source for finding what is available to help them improve their situation. BIAMD offers support from knowledgeable staff who work with the client and let them know they are not alone. They receive information about local resources, rehabilitation programs to further their chance of recovery, and professionals who specialize in working with brain injury.



For the last 30 years, the Brain Injury Association of Maryland has been the only statewide source of information on brain injury resources. We have provided help, hope and healing to Marylanders who have sustained a brain injury and their families. We have developed significant expertise in providing information and assistance services; staff who answer Information and Assistance calls possess over 70 years of combined experience with brain injury.

The Current Contract (July 1, 2014 – June 30, 2015)

The current ongoing contract describes four basic deliverables, some of which overlap with each other.



I. Expand Access to Online Resources

As part of our ongoing efforts to improve the availability of easily accessed brain injury information, we have implemented (and continue to improve upon) a Three Tiered Service Delivery Model approach to our brain injury services.

TIER ONE consists of “Generalized Push Outreach and Education” primarily through the use of our website, social media outlets, new app, and connection to the Maryland Access Point initiative

TIER TWO consists of our more personalized but still general contact with individuals primarily consisting of providing information and assistance via phone calls, email, and Facebook contacts.

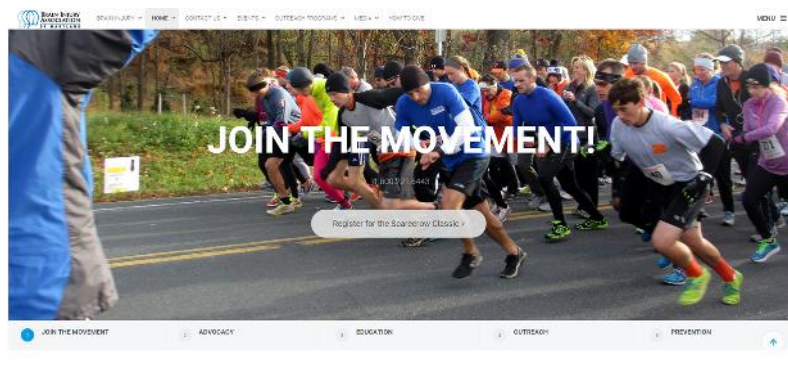
TIER THREE services involve providing hands-on, personal contact with the consumers we are serving.

This Three Tier Service approach is constantly evolving, but functions as the foundation of our approach to provide state of the art services to Maryland’s brain injured population and their families.

TIER ONE

Tier One push services are provided primarily through our website, our blogs, our Facebook page, Twitter feeds, Online Newsletter “LINKS”, flyers, and brochures. Information such as provider lists, event calendars, interesting brain injury news, et cetera is “pushed” out into the community as a whole, rather than being tailored to specific questions or individual needs.

In February 2015, we re-booted our website for the second time in three years to make it even more user friendly. This new website was also created to be “responsive” which means that the website automatically changes depending on how it is being viewed. Rather than being forced to decipher a computer view on a smartphone, the website automatically adjusts to appropriately fit the screen for easy viewing.



March 2015, in recognition of Brain Injury Awareness Month, brought the introduction of our new BIAMD informational app. The app, which can be downloaded from both the Apple App store and Google Play for free, provides a convenient place to instantly dial our phone number, follow our Facebook and Twitter feeds, and keep up with our events on the calendar feature, even post photos of our events directly to our Flickr account in real time. With the intent of “putting information where people are looking” BIAMD hopes to accelerate awareness about our services and increase the number of individuals taking advantage of our resources.



TIER TWO



As it has for over thirty years, Information and Assistance services remain our primary focus. We are continuing to expand our use of 8x8 (our Voice Over Internet Protocol communication system) and our cloud-based data center to ensure up-to-date, accurate, and personalized information and assistance. By leveraging

the internet for both our phones and databases, we are now able to routinely travel throughout the state while still maintaining our ability to serve callers quickly and efficiently. With the introduction of Salesforce 1, our resource and contact databases can also be viewed on our iPads. This means that with our phone system and databases now both iPad compatible, the entire BIAMD office can fit in a laptop case and be set up wherever Wi-Fi or LTE cellular service is available.

TIER THREE

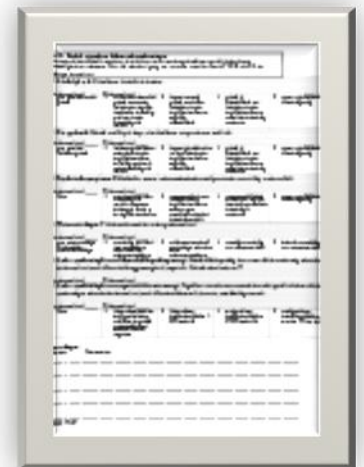
These services include educating and discovering individuals interested in obtaining possible Home and Community Based Services (HCBS), assisting with the TBI Waiver application process, providing enhance transition case management services for successful waiver applicants, and coordinating a service “hand-off” to designated waiver case managers.



BIAMD's ability to now access the State of Maryland's LTSS database, has streamlined the TBI waiver application process. Years in the making, and already in use by all of the state's waiver programs, the LTSS service continues to be revised and “tweaked” for the

Brain Injury waiver. Nonetheless, the ability to use a consistent template for the application process, obtain and store reams of complex and confidential documents, utilize email rather than faxes, and instantly track the status of any waiver applicant or recipient, has brought significant improvement to a decidedly complicated process.

The May 2015, the state expressed interest in BIAMD piloting an evidence based assessment tool (modeled on a modified MPAI) to determine the feasibility of using it better determine the service needs and eligibility of Marylanders interested in the TBI waiver. If adopted, the ability to use this assessment tool could possibly open up additional avenues for Marylanders with a brain injury to obtain waiver services. This tool now allows us to further standardize the application process while allowing us to better discover Marylanders needing services in heretofore underserved areas. Rather than simply waiting for traditional provider assessments and referrals, BIAMD, in concert with the Behavioral Health Administration and other state agencies, will possibly be able to independently determine potential eligibility using this well-vetted and universally accepted tool. We are hopeful that the use of the modified MPAI, if implemented, will lead to additional waiver participants in the future.



II. Develop and provide statewide resource coordination services

Implementation processes include:

“Dawn, thank you so much for your time and ear and ideas, and for the work BIAMD is doing. This year was rough, but we are hopeful and grateful for your help!”

Marisha T.

1) Offering personal contact by

Providing a “manned” toll-free Maryland Brain Injury Connection Center Hot-Line during regular business hours of 9am-5pm, Monday through Friday; and

- Answering calls as they are received and to return messages left on help-line after hours.

2) Creating a personalized intake

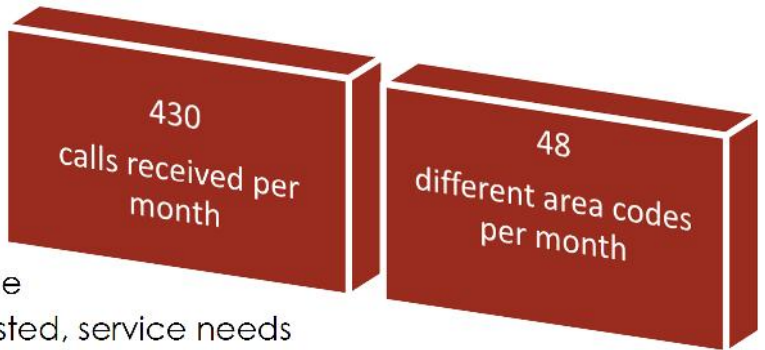
Contact within our Salesforce.com cloud-based database

Gathering caller information as appropriate to better understand the history of the individual's injury (e.g. cause of injury, length of time since the injury, what treatment or resources they have accessed previously), what areas of life they are having trouble in (e.g. self-direction, communication, behavior, financial, or vocational issues), and what resources may be beneficial to the caller's situation; and

- Determining what barriers they may encounter while attempting to access appropriate resources.

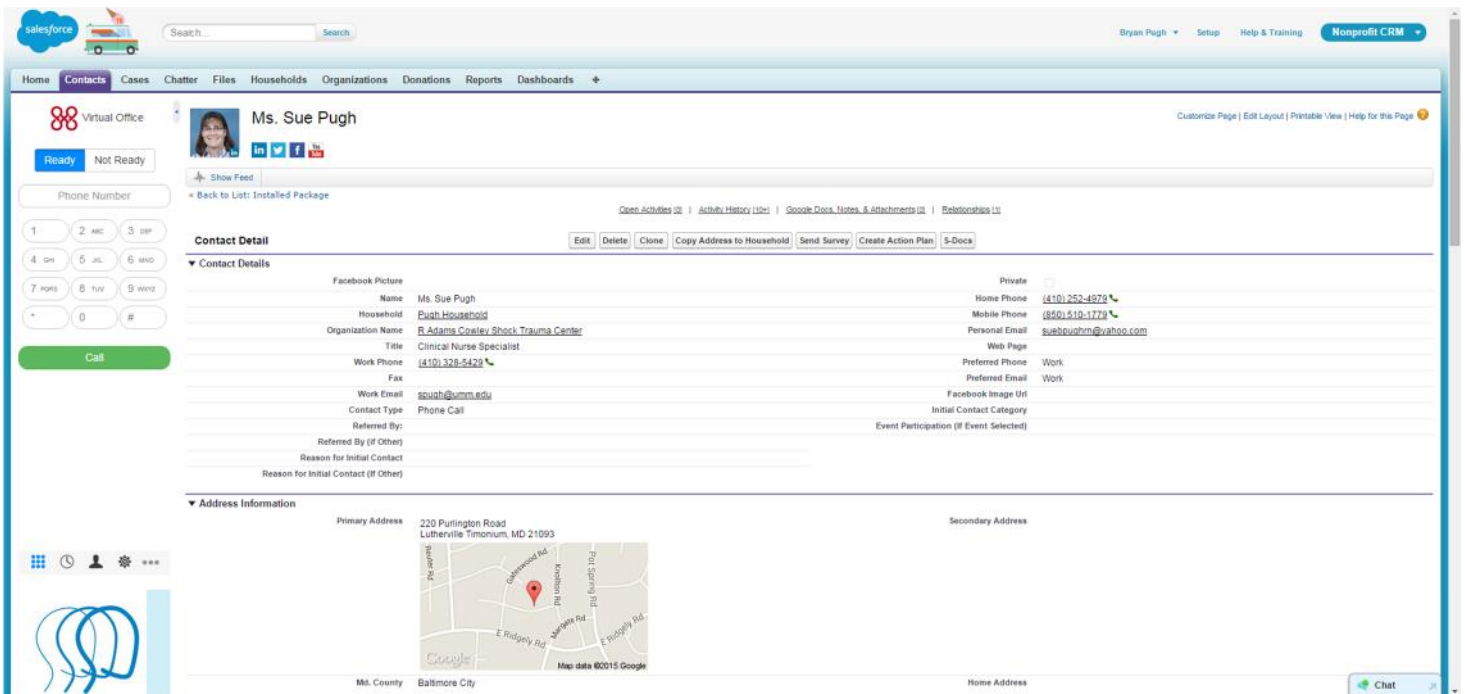
3) Provide information on resources to address needs by • Giving suggestions for appropriate resources verbally during the conversation

4) Gather caller information to obtain data needed to advocate for new or expanded services by:



- Collecting information on personal and injury demographics, the nature of the assistance being requested, service needs (e.g., educational, housing, physical and mental health, transportation, vocation) as well as barriers to accessing those services (e.g., lack of or inadequate insurance, financial resources, and community supports).

- Compiling anecdotal information from interviews and support calls
- Conducting data analysis and developing recommendations for policymakers, relevant State agencies and other key stakeholders to improve the system of care for Marylanders with brain injury.



III. Provide outreach and enhanced transitional case management to MFP eligible individuals with traumatic brain injury to assure enrollment in HCBS waivers. Priority for these services are those individuals in the two (s) CARF-accredited long term care facilities.

Although distinctly different deliverables, assisting with de-institutionalization and transitional case management have evolved to become two sides of the same coin. While we have been overhauling the access to the TBI Waiver process in earnest since December of 2012, the services have evolved in a variety of innovative and exciting ways.



As of the close of SFY 2015. (July 1, 2014 – June 30, 2015), BIAMD has worked with fifty-five (55) different individuals and families and has been able to successfully transition ten (10) individuals into the TBI Waiver. (See Appendix B.)

The Process



Until this spring, Waiver eligible individuals were identified by one of the designated long term care facilities, or DHMH. Now, with the introduction of the modified MPAI Assessment Tool pilot study, BIAMD has been visiting individuals in their homes, skilled nursing facilities, or acute care facilities. Each of these methods generate groups of individuals potentially interested in obtaining waiver services. The BIAMD Clinical Resource Coordinator becomes actively involved by reaching out to Waiver eligible individuals or their family or caregiver to explain the program and gauge interest and eligibility. Once interest is identified, the individual or their representative signs the appropriate releases formally expressing their interest in the program. These releases allow BIAMD to obtain and submit the documents necessary to process their application. BIAMD's Clinical Resource Coordinator follows the case through the selection process of a Waiver provider. Two weeks after the individual's transition into their new residence, a BIAMD coordinator conducts a home visit as the final stage of the enhanced transitional case management. At that point, the Clinical Resource Coordinator drafts up a final report and hands the consumer's case over to the specifically assigned TBI Waiver case manager.

Additional Efforts

While the provider capacity and community based services and supports have been increasing with the current Waiver providers, we have, nonetheless, been actively recruiting additional Waiver services providers and referring them to DHMH for further review. In this way, we will be able to overcome the bottlenecks in the current system, and ensure more individuals achieve their goal of departing their nursing facility and returning to the community. We have either met with or coordinated meetings between potential waiver providers and the appropriate individuals in state government. As of this writing, however, no additional service providers have been secured to offer TBI Waiver services.

IV. Become the Designated Brain Injury Partner for Maryland Access Point

The Maryland Department of Aging (MDA), the state designated lead agency for the Maryland Access Point (MAP), has informed BIAMD that there is no such designation as a “brain injury partner” for the Maryland Access Point. Consequently, BIAMD has not been able to accomplish this deliverable.

However, BIAMD has provided MDA over 180 categorized and vetted names of individual health care professionals and programs with a specialization and ability to work with brain injured individuals. Prior to BIAMD providing these categorized resources, the MAP website had virtually no resources specifically geared for brain injured individuals or their families. We plan on continuing our ongoing efforts to provide contacts and resources for the MAP program and MAP website.

