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Who we are

The Brain Injury Alliance of New Mexico (BIANM) is a 501(c) 3 nonprofit organization that has been serving people living with brain injuries and their families for over 30 years. Half of our board of directors are living with brain injury or a family member of a person living with a brain injury.

Our mission is to assist people and families living with brain injury, concussion and stroke thrive in their communities through support, advocacy, education, research, and prevention.

What we do

We provide information, referral resources, education, advocacy, support, and prevention through our website and toll-free support line.

Most of the inquiries are from people living with brain injury and family members. We respond to hundreds of inquiries per year[MP1]. The callers are desperate and in great despair over understanding their condition and finding adequate care.

What is brain injury

Brain injury includes traumatic and non-traumatic acquired brain injury such as stroke, hypoxic ischemic injury, and brain tumors. It is important to think of all brain injury together because many of the same devastating, chronic sequelae, rehabilitation, and long-term care needs are shared across the different causes of brain injury. Brain injury affects people of all ages, ethnicities, race, education, and SES but is especially common among the underserved and in New Mexico's Native Americans as well. Falls, motor vehicle crashes and assaults including domestic violence are common causes of traumatic brain injuries (TBI). It is estimated that there are over 100,000 New Mexicans who have suffered some form of brain injury and need long-term services.

What is the problem

Brain injury (BI) is an epidemic in the United States with approximately 3.8 million Americans experiencing a new brain injury each year with traumatic brain injury being the most common etiology. By comparison, and to emphasize the sheer scope of the BI epidemic, 1.4 million Americans are diagnosed with diabetes mellitus each year. Here in NM, TBI alone kills more people each year than opioid overdoses (25.5 deaths per 100,000 for TBI; 23.1 per 100,000 for opioid use) with Native Americans most severely affected at nearly 35 deaths per 100,000 population.

Most importantly though, we need to understand that brain injury is not a single event but more typically the disturbing onset of a lifelong illness characterized by chronic pain and headaches, neuroendocrine dysfunction, fatigue and sleep disturbance, urinary incontinence, stroke, and epilepsy. While the prevalence and severity of post-injury chronic illness and associated societal costs is not available in New Mexico, it is estimated that at over 100,000 New Mexicans are in need of ongoing services for the treatment of brain injury sequelae. There is no data on the number of New Mexicans who have lost jobs, dropped out of school, or had family members who left work to become caregivers as a direct result of brain injury.

Currently these individuals do not have access to a comprehensive program of brain injury care and resources available in most other states and many people with severe injuries have no care and a lucky few are transferred out of state for ongoing care. We think that the people of New Mexico deserve access to high quality brain injury care and long-term follow up. To this end, and in an effort to forward this goal, the BIANM is working on:

What BIANM is working on

1. Education.

Securing funding for our annual conferences for laypeople and professionals, training to healthcare providers, frontline staff, law enforcement, fire and rescue, court system, corrections system, schools, agencies, and the community at large. We provide training to therapists across the state on the integrative cognitive rehabilitation psychotherapy model (ICRP) and to frontline staff and healthcare providers on identification and treatment of brain injury and case consultation through the DVBI Care ECHO network.

2. Services.

Securing funding to provide necessary, sufficient, reasonable, and appropriate treatment. We provide support groups, information and referral, and navigation. We are working on securing funding to restart provision of one-on-one support to navigate the system, brain injury buddies to provide peer to peer community support and Clubhouse. We are seeking funding to create the outpatient cognitive psychosocial rehabilitation (CPSR) that provides the continuum of care across severity of need and life span and safe and adaptive housing.

3. Advocacy.

Securing funding to provide advocacy for persons living with brain injury to receive services they deserve and are entitled to by law and to create legislation to ensure access and availability of services at the individual, community, and state level.

4. Outreach.

Getting an accurate count of people living with brain injury and reaching out to them through a registry or similar system.

5. Research.

Partnering with other groups to develop resources for research into provision of services to different communities across the state.

6. Prevention.

Securing funding to provide education and activities on prevention of brain injuries.

What would we like legislative assistance with

1. Community based continuity of care across the life span for chronic brain injuries.

Support of community based cognitive rehabilitation psychosocial (CPSR) programs. This includes a stepdown continuum of care based on severity of brain injury and progress in recovery and over the life span of an individual. The model includes the following:

Intensive Outpatient Cognitive Psychosocial Rehabilitation (IOP- CPSR)

The IOP-CPSR program focuses on recovery of thinking skills in a safe, activity based, daily weekday program while treating co-occurring issues simultaneously using the integrative cognitive rehabilitation psychotherapy (ICRP) model. This uses an interdisciplinary team approach and includes a wide range of staff, including rehabilitation therapists, psychologists, counselors, educators, case managers, navigators, life skills coaches, and other staff. There is more intensive programming and staffing than the next step-down program.

Moderate Outpatient Cognitive Psychosocial Rehabilitation (MOP- CPSR)

The MOP-CPRS program that focuses on recovery of thinking skills in a safe, activity based, several weekdays program while treating co-occurring issues simultaneously using the integrative cognitive rehabilitation psychotherapy (ICRP) model. This is less intensive programming and staffing than the IO-

CPSR program and more intensive programming than the next step down. This uses an interdisciplinary team approach and includes a wide range of staff, including rehabilitation therapists, psychologists, counselors, educators, case managers, navigators, life skills coaches, and other staff. The clubhouse model of care complements this program.

Minimal Outpatient Cognitive Psychosocial Rehabilitation (MOP-CR)

The MOP-CR program focuses on recovery of thinking skills in a safe, activity based, program while treating co-occurring issues simultaneously using the integrative cognitive rehabilitation psychotherapy (ICRP) model. This is less intensive programming and staffing than the (MO-CPSR) program and more intensive programming than the next step down. This uses an interdisciplinary team approach and includes a wide range of staff, including rehabilitation therapists, psychologists, counselors, educators, case managers, navigators, life skills coaches, and other staff. The clubhouse model of care complements this program.

Case managers would follow individuals longitudinally, work to connect individuals to existing resources, serve as liaisons between participating individuals and their medical team and community-based team, and provide ongoing support and family education.

Restore to full funding the brain injury resource center.

2. Schools

All inclusive brain injury treatment protocol for all students including mandatory, funded, and enforced return to learn protocols for all students with concussions (including student athletes), specialized classroom accommodations for students with brain injuries with chronic symptoms, and rehabilitation therapy services as needed.

3. Foster care

Identification and treatment of brain injury of children in foster care and parents whose children are in foster care.

4. Healthcare providers, frontline staff, government agencies, first responders, other.

Annual and ongoing training of healthcare providers, frontline staff, first responders, courts, correction system, government agencies, etc. on identification and treatment of brain injury.

This can be done through support of:

- Annual conference with free CEUs,
- Brain Injury ECHO programs with free CEUs targeting specific groups that would benefit from education and clinical case consultation while building a learning and support community (e.g., Domestic Violence and Brain Injury Care Network),
- Annual update of training materials (manuals, videos etc.),
- Healthcare providers would benefit from financial support to pay for the time they are in training to cover the cost of lost billable hours.

- Mandatory training might be needed to ensure training.

These training and ECHO programs will address the epidemic of brain injury in survivors of domestic violence and the high level of brain injury in other underserved and vulnerable populations, such as homeless, substance use, psychiatric, and incarcerated.

5. Housing

Support of safe and adaptive housing.

6. Increased federal grant support

The Administration for Community Living offers semi-regular calls for proposals from state governments to fund TBI related projects. These grants are an opportunity to initiate data collection and brain injury infrastructure spending that can be used for larger funding requests in the future . The BIANM would be happy to partner with any interested lawmakers to assist with grant preparation and submission.

7. Continuing to fund and expand the existing New Mexico Brain Injury Services Fund Program

Currently this program refers to brain injury as a “short term crisis” and fails to acknowledge that brain injury is typically only the start of a lifelong chronic illness. This needs to change to incorporate the reality of brain injury as a chronic medical condition that requires treatment across the lifespan.

8. Create a brain injury registry

The brain injury registry would provide a reliable count of the number and type of brain injuries and access to people living with brain injury for services.

What are the benefits

The benefits to these and other programs include improved outcome for people living with brain injury and their families, including improvement in cognitive, psychiatric, substance use, legal, housing, medical, work, school, and social issues. There would be a significant reduction in financial, emotional, family, social, and community costs related to treatment of brain injury over the lifespan.

Recognition of support and thanks

The BIANM would like to thank the LHHS committee for their time in considering these requests for support as well as all the partners in the community that we have collaborated with, including the GCD-BIAC, NMCADV, SANE of Albuquerque, Project ECHO, APD-CIT, Administrative Officer of the Courts, UNM, Presbyterian, other groups, all of the volunteers who have supported the BIANM and all of the people living with brain injury and their families who have taught us so much. Brain injury teaches compassion, patience, kindness, self-awareness, love, and hope. Please see additional information provided for references and more details.