

# ACL Traumatic Brain Injury Partners Day

February 29, 2024



TBI TARC is supported by contract number  
HHSP233201500119I from the U.S. Administration for  
Community Living, Department of Health and Human  
Services, Washington, D.C. 20201





# Webinar Logistics

- Participants will be in listen-only mode during the webinar. Please use the **chat** feature in Zoom to post questions and communicate with the hosts.
- During specific times in the webinar, we will have the opportunity to **respond to questions** that have been entered into **chat**.
- The webinar will be live captioned in English and live interpreted in Spanish.
  - Live English captions can be accessed by clicking the “CC” button at the bottom of your Zoom screen.
  - Live Spanish interpretation can be accessed by clicking the “interpretation” button at the bottom of your Zoom screen (world icon). Once in the Spanish channel, please silence the original audio.
  - Se puede acceder a la interpretación en español en vivo haciendo clic en el botón "interpretation" en la parte inferior de la pantalla de Zoom (icono del mundo). Una vez en el canal español, por favor silencie el audio original.
- This live webinar includes polls and evaluation questions. Please be prepared to interact during polling times.



# Feedback and Follow-Up

- After the webinar, you can send follow-up questions and feedback to [tbitarc@hsri.org](mailto:tbitarc@hsri.org)  
(Please note: This email address will not be monitored during the webinar.)
- A recording, including a pdf version of the slides, will be available on the ACL website ([acl.gov](http://acl.gov))

# Who's Here?



**“In what role(s) do you self-identify? Select all that apply.”**

1. Person with a traumatic brain injury (TBI) or other disability
2. Family member or friend of a person with a TBI or other disability
3. Self-advocate / advocate
4. Peer-specialist / peer-mentor
5. Social worker, counselor, or care manager
6. Researcher / analyst
7. Service provider organization employee
8. Government employee (federal, state, tribal, or municipal)



# Welcome & Introduction



**Shawn Callaway**

*Project Officer*

*Administration for  
Community Living*



# OPENING REMARKS



# Meet Our Speaker



## **Alison Barkoff**

*Performing the duties of ACL  
Administrator and Assistant  
Secretary for Aging*

Administration for  
Community Living



The image features a blurred background of an anatomical laboratory. In the foreground, a detailed anatomical model of a human head and neck is mounted on a stand. The model shows the skull, brain, and various blood vessels and nerves. A large, semi-transparent pink and white circular graphic is overlaid on the left side of the image. The text 'SESSION 1: BRAIN INJURY AND JUSTICE SYSTEM RESPONSES' is centered in the right half of the image in a bold, white, sans-serif font.

**SESSION 1: BRAIN  
INJURY AND JUSTICE  
SYSTEM RESPONSES**



# Session 1 Moderator & Speakers



**Zaida Ricker,  
MPS**

*Director of Strategic  
Partnerships and Policy*

National Association  
of State Head Injury  
Administrators



**Megan  
Davidson, PhD**

*Program Director,  
Behavioral Health*

Council of State  
Governments Justice  
Center



**Traci Barney**

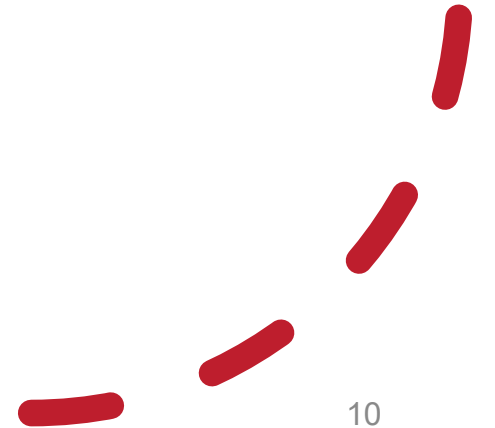
*Brain Injury Program  
Administrator*

Utah Department of  
Health and Human  
Services



Megan Davidson,  
Ph.D.

# Building a Justice System That Is Inclusive and Responsive to Brain Injury



# Why This Topic?

- Over ½ of individuals encountering the criminal justice system have experienced at least one brain injury.
- Legislative progress with the passing of the Traumatic Brain Injury and Post-Traumatic Stress Disorder Law Enforcement Training Act (H.R. 2992) in August 2022.
  - Requires Bureau of Justice Assistance (BJA) to develop training tools/resources focused on brain injury/PTSD for first responders
- BJA requested the Council of State Governments (CSG) Justice Center to conduct landscape review and lay the foundation for future work in this area.



# Overview of Project

**Goal:** Conduct landscape review around the prevalence of and responses to individuals with brain injury encountering the justice system and develop recommendations to address gaps in services and resources for the criminal justice field.

**Information Gathering:** Review literature, best practices, and policies and gather insights from justice organizations, brain injury organizations, and subject matter experts.

**Synthesis and Recommendations:** Synthesize findings into recommendations and review/refine with a work group of subject matter experts, CSG Justice Center, and BJA.

**Outcome:** Integrate overall project findings and final recommendations into a report to be shared with the criminal justice field at large.

# Focus Group/Interview Methods

- **Focus group sessions**
  - State brain injury networks, local law enforcement, national law enforcement training organizations, domestic/intimate partner violence, treatment courts
- **One-on-one and group interviews**
  - Brain injury researchers, subject matter experts, corrections, veterans
- **Conference listening session**
  - National Co-Responder Conference, 2023
- **National forecasting meeting**
  - “Courts Leading Change through JMHCP,” 2023



# Final Report Overview

- Prevalence and Nature of Acquired Brain Injury in the Criminal Justice System
- Pathways to Justice System Involvement
- Brain Injury and the Criminal Justice Experience
- **Findings and Recommendations**





# Findings and Recommendations

1. Training and Education
2. Screening and Identification
3. Compensatory Strategies and Modifications
4. Referrals and Resource Coordination
5. Strategies for Advancing Recommendations

# 1. Training and Education

- Implement easily accessible, standardized brain injury training model.
- Cultivate cross-training opportunities.
- Provide psychoeducational resources.

## 2. Screening and Identification

- Prioritize screening youth.
- Conduct universal screening.
- Assess for symptoms and develop interventions.
- Establish data tracking and information-sharing protocols.
- Raise awareness and reduce stigma.



# 3. Compensatory Strategies/Modifications

- Modify programs to ensure successful navigation and safety in the justice system.
- Develop symptom management strategies in partnership with the individual living with brain injury.

# 4. Referrals and Resource Coordination

- Establish partnerships and referral mechanisms between criminal justice entities and brain injury services providers.
- Build care coordination into the brain injury referral process.

## 5. Strategies for Advancing Recommendations

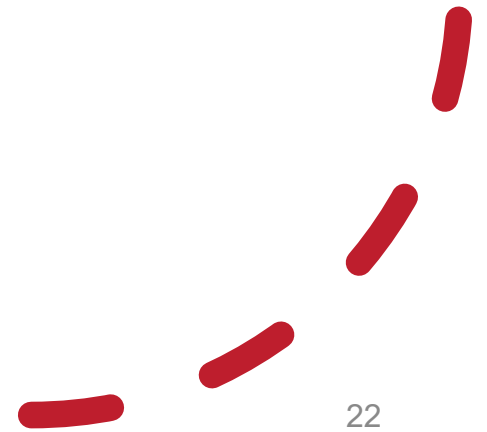
- Build collaborative partnerships at the national and state levels.
- Promote a positive culture shift.
- Apply a racial equity lens to ensure equitable access.
- Review/refine policies and legislation.
- Increase funding opportunities.

# Future Work

- Partnering with BJA to determine how to best get this information to the field.
- Leverage partnerships with national, state, and local criminal justice organizations to advance these recommendations.
- Potentially develop additional resources for specific criminal justice entities (e.g., law enforcement, jails, courts, etc.)



Traci Barney





# Utah

- Governor allocates \$53.5 million to domestic violence prevention
- July 1, 2020 to June 30 2021 Domestic Violence related.
  - 240 homicides
  - 1247 strangulation cases

*Utah Department of Public Safety Statewide Information and Analysis Center: Intelligence Bulletin.*

*Analysis of Domestic Violence in Utah. 3 Nov 2021*

# Background on Justice and Mental Health Collaboration Program (JMHCPC)

- JMHCPC is focused on cross-system collaboration programs to reduce criminal justice (CJ) system involvement and improve outcomes for individuals with mental health disorders (MHD) or co-occurring mental health and substance use disorders who have come into contact with the CJ system or are leaving a custodial setting.
- For the purposes of this JMHCPC grant, the definition of someone with MHD and the services that could be provided to individuals through this program includes individuals with TBI and Post Traumatic Stress Disorder (PTSD).

# Two Phases

- Planning Implementation Phase (Year 1)
  - TA from the Council of State Governments Justice Division
  - Plan needs to be approved by BJA before implementation
- Implementation Phase (Year 2-3)

# Grant Goal

- **Goal:** *Develop and implement a brain injury screening, support, and referral protocol for justice-involved women and perpetrators of DV to reduce recidivism.*
  - Reduce recidivism for justice-involved women and domestic violence perpetrators.
  - Provide Neuro-Resource Facilitation and Rehabilitation to those identified with brain injury.

# Objectives (slide 1 of 2)

- Develop an Implementation Plan
- Establish a Brain Injury Steering Committee
  - National Association of State Head Injury Administrators
  - Utah Department of Correction Brain Injury Alliance of Utah Intermountain Health
  - University of Utah
  - Utah Department of Health & Human Services
  - Utah Office of Substance Abuse and Mental Health
  - Utah Commission on Criminal and Juvenile Justice Division of Domestic and Sexual Violence



# Objectives (slide 2 of 2)


- Develop and implement the following:
  - Brain injury screening and assessment protocol
  - Support and referral protocol
  - Psychoeducation curriculum
  - Lasting brain injury training for justice staff and community-based treatment providers
- Provide peer support to the target population

# Sustainability

- Use the Traumatic Brain Injury and Spinal Cord Injury Fund
  - Neuro-resource facilitation
  - Neuro-rehabilitation
- Maintain partnerships with the Department of Corrections

# QUESTIONS: BRAIN INJURY AND JUSTICE SYSTEM RESPONSES SESSION



An anatomical model of a human head and neck, showing the skull, brain, and major blood vessels. The model is mounted on a stand. The background is a blurred indoor setting, possibly a museum or educational facility. A large, stylized graphic element consisting of overlapping light blue and white curved shapes is on the left side of the image.

# **SESSION #2: AGING WITH BRAIN INJURY**

# Session 2 Moderator & Speakers



**Shawn  
Callaway**

*Project Officer*

Administration for  
Community Living



**Joseph L.  
Lugo**

*Director, Office of  
Network Advancement*

Administration for  
Community Living



**Monique R.  
Pappadis, PhD,  
MEd, FACRM**

*Vice Chair and  
Associate Professor*

The University of  
Texas Medical  
Branch



**Martin  
Kerrigan**

*TBI Survivor/Advocate/  
Educator/Professional*

Traumatic Brain Injury  
Advisory and  
Leadership Group  
(TAL-Group)



**Ann Zuccardy**

*TBI Survivor/Author/  
Speaker/Educator*

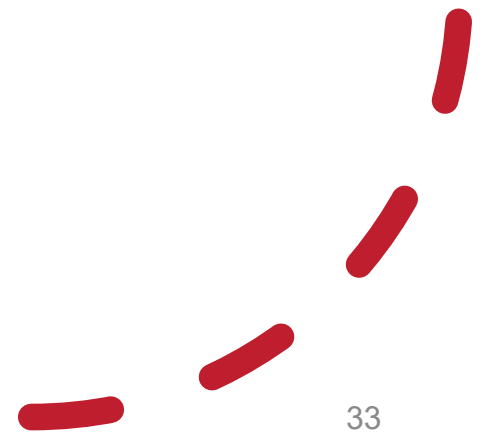
Traumatic Brain Injury  
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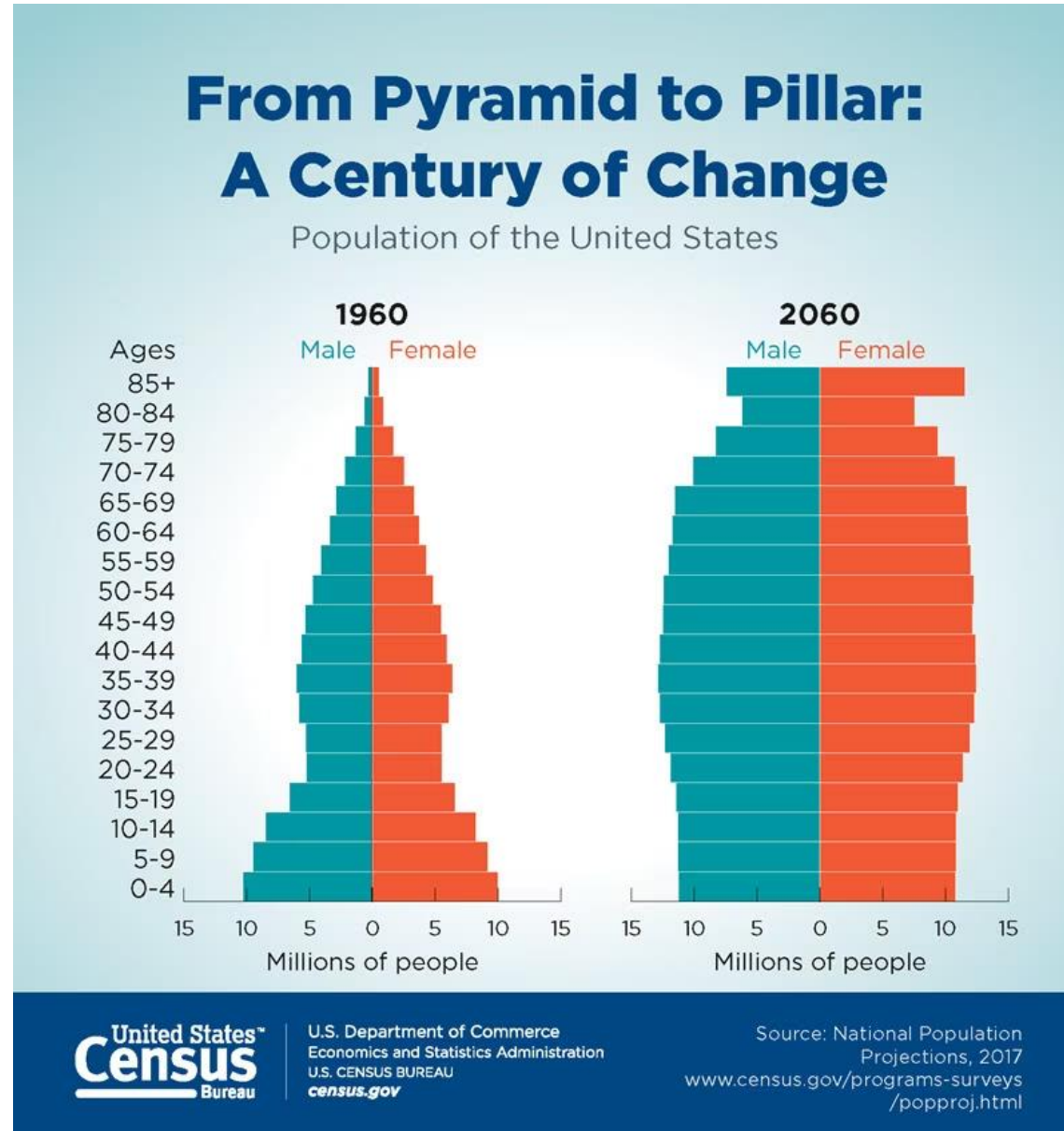


Monique R.  
Pappadis, PhD,  
MEd, FACRM

# Chronic Care Management of Geriatric Traumatic Brain Injury

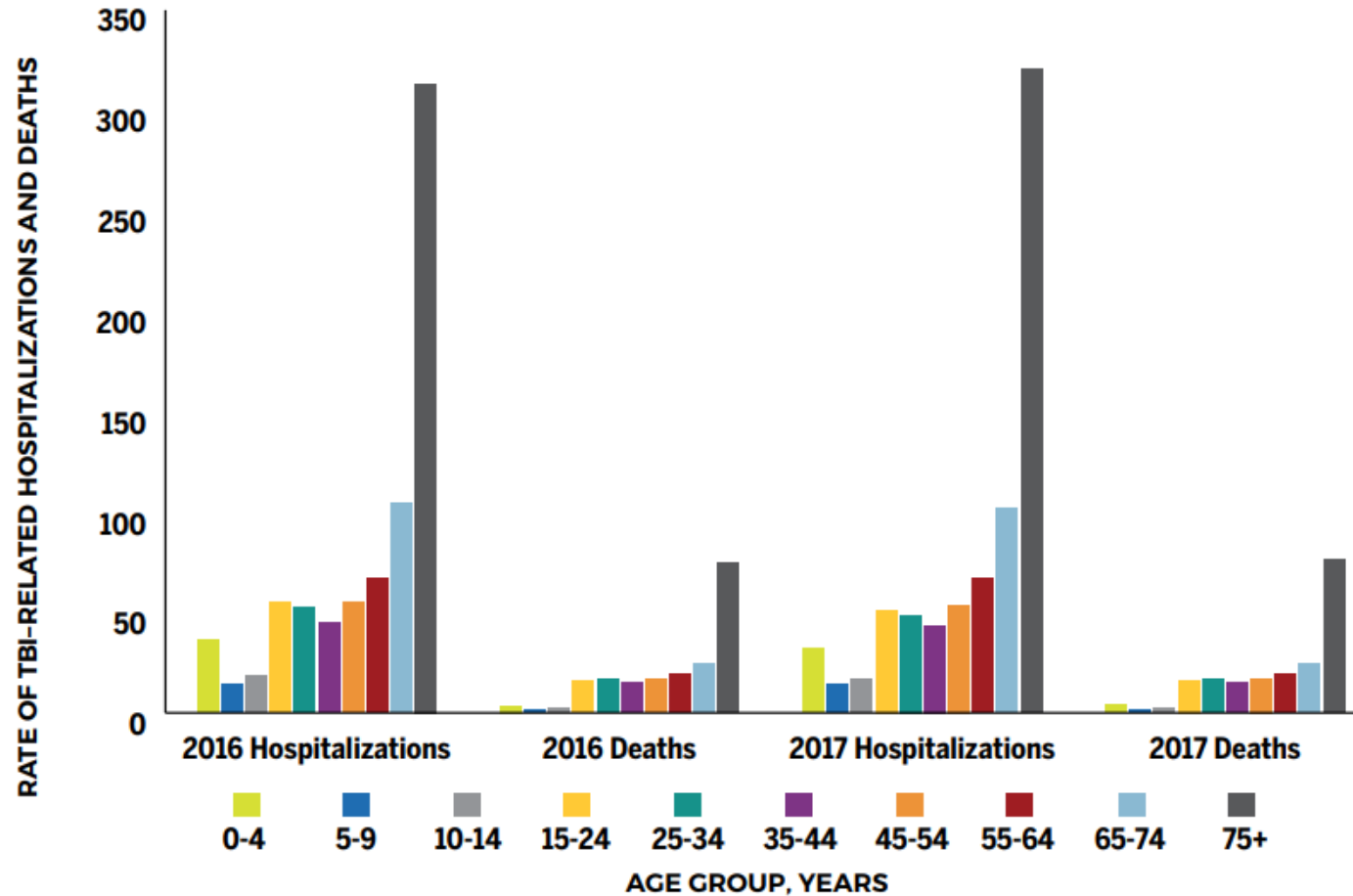


# U.S. Older Adult Population Growth



# Growth of Older Adults with TBI

Estimated rate\* of traumatic brain injury-related (TBI) hospitalizations† and deaths by age group – United States, 2016 and 2017



Source: <https://www.cdc.gov/traumaticbraininjury/pdf/TBI-surveillance-report-2016-2017-508.pdf>

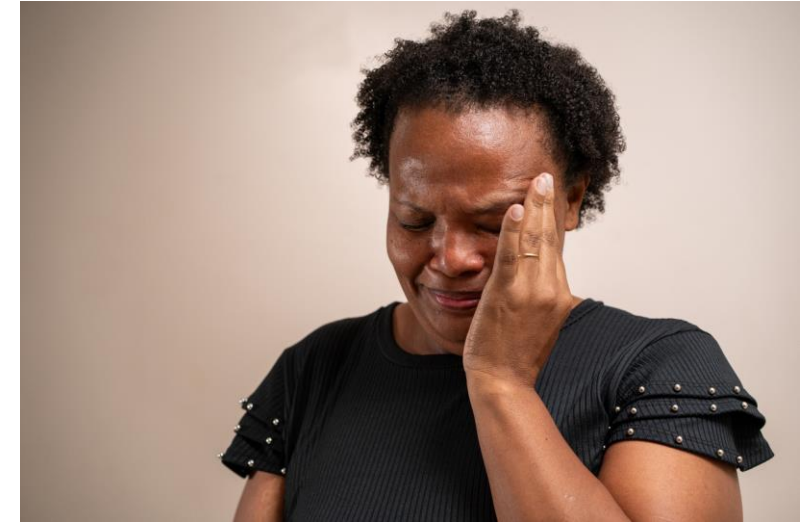
# Injury Mechanisms among Older Adults



Accidental Falls



Motorvehicular Accidents



Struck by or  
Against an Object

# Long-term Consequences of TBI



Balance and vestibular function, headaches, visual disturbances, motor spasticity



Attention, Learning, Recall, Processing Speed, Executive Functioning



Anxiety and Depression



Apathy, initiation, self-regulation

**\*\*not an exhaustive list\*\***

# Managing Chronic Conditions and TBI

- Previous research indicate that as much as 70% of older adults had at least 1 chronic condition.
- Examples of prevalent chronic conditions:
  - Cardiovascular (e.g., hypertension)
  - Diabetes
  - Diseases of Lipid Metabolism (e.g., high cholesterol)
  - Musculoskeletal Disease (e.g., osteoarthritis)
  - Pulmonary Diseases (e.g., chronic obstructive pulmonary disease)
  - Fluid and electrolyte disorders
  - Other neurological conditions (e.g., stroke)



# Impact of Chronic Conditions

- ER Visits
- Readmissions
- Institutionalization
- Poorer outcomes (e.g., quality of life, mental and physical health)



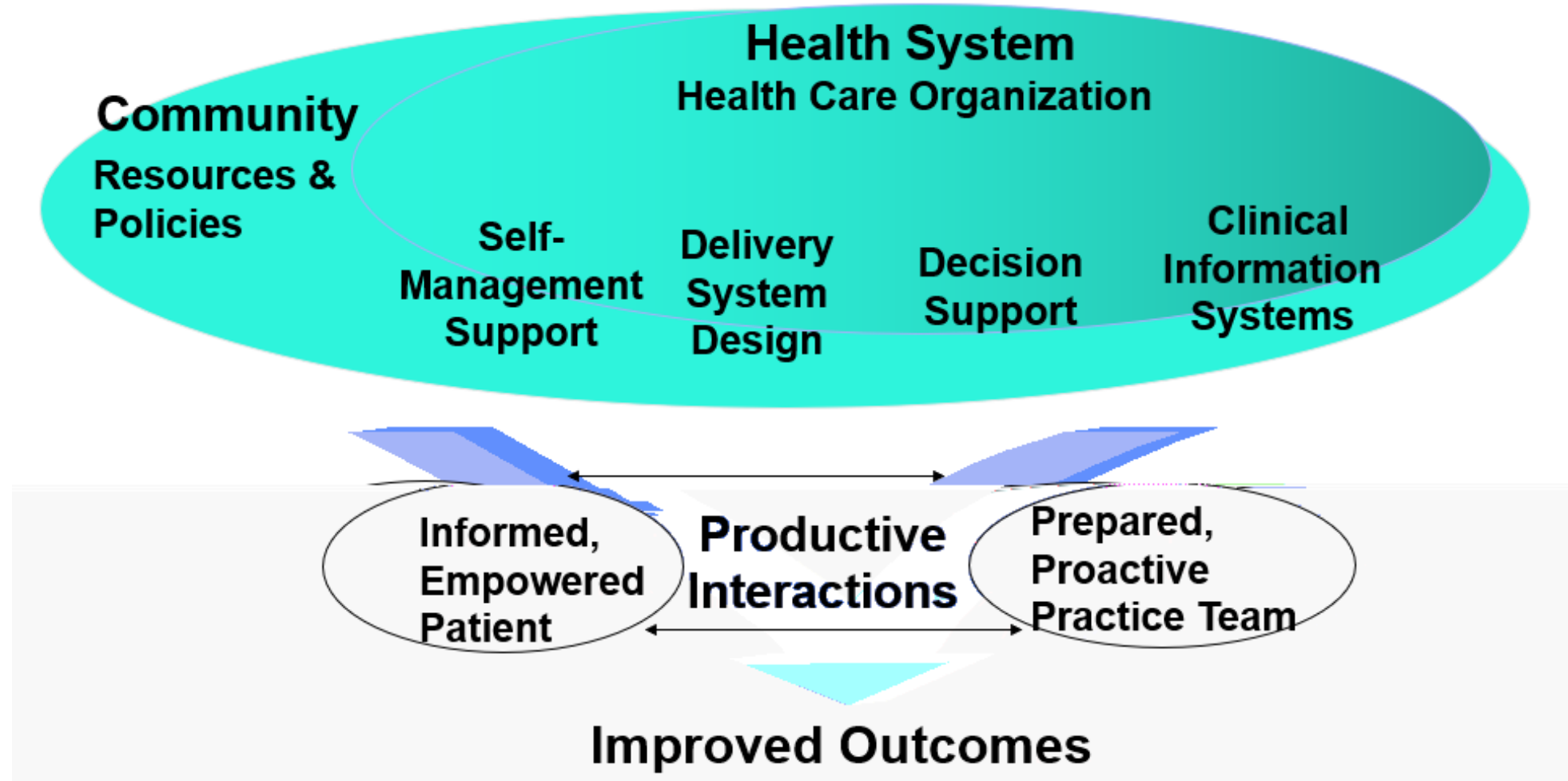




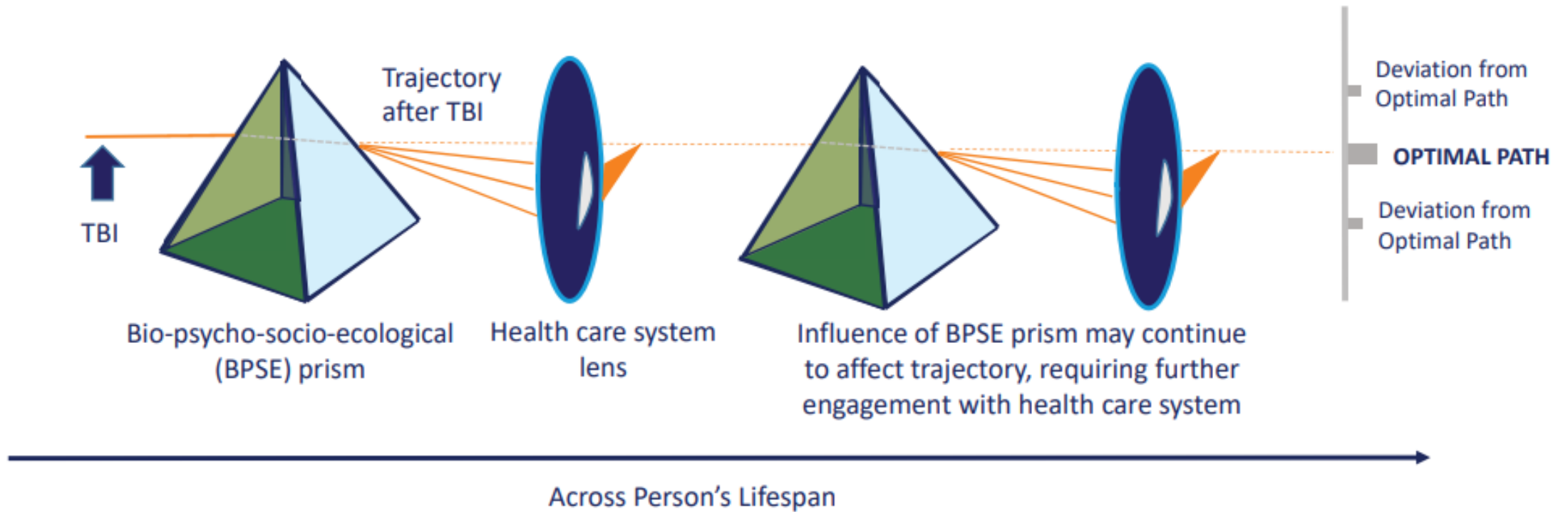
# Long-term Management Recommendations

- Prospective clinical surveillance
- Timing and Continuity of specialty and primary care
- Preventive interventions
- Self-management training and support
- Access to medical care
- Access to rehabilitation services
- Healthcare and community systems integration

# Chronic Care Model (CCM)

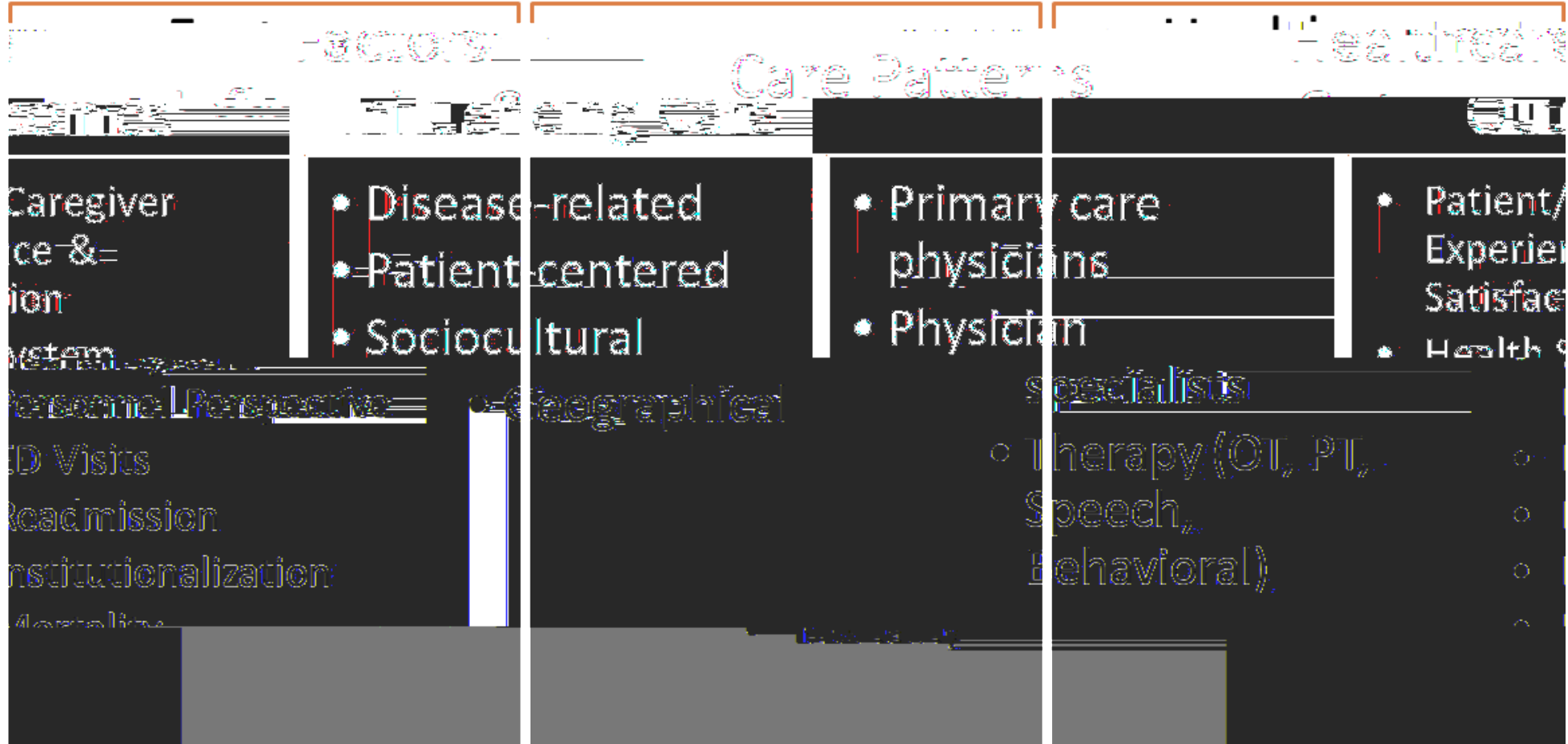


# Bio-psycho-socio-ecological model



Source: National Academies of Sciences, Engineering, and Medicine 2022. Traumatic Brain Injury: A Roadmap for Accelerating Progress. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25394>.

# Chronic Care Management of TBI: Texas Medicare Analysis



# TBI Care Continuum



**Emergency**



**Acute Care**



**Outpatient**



**Rehabilitation**



**Community**



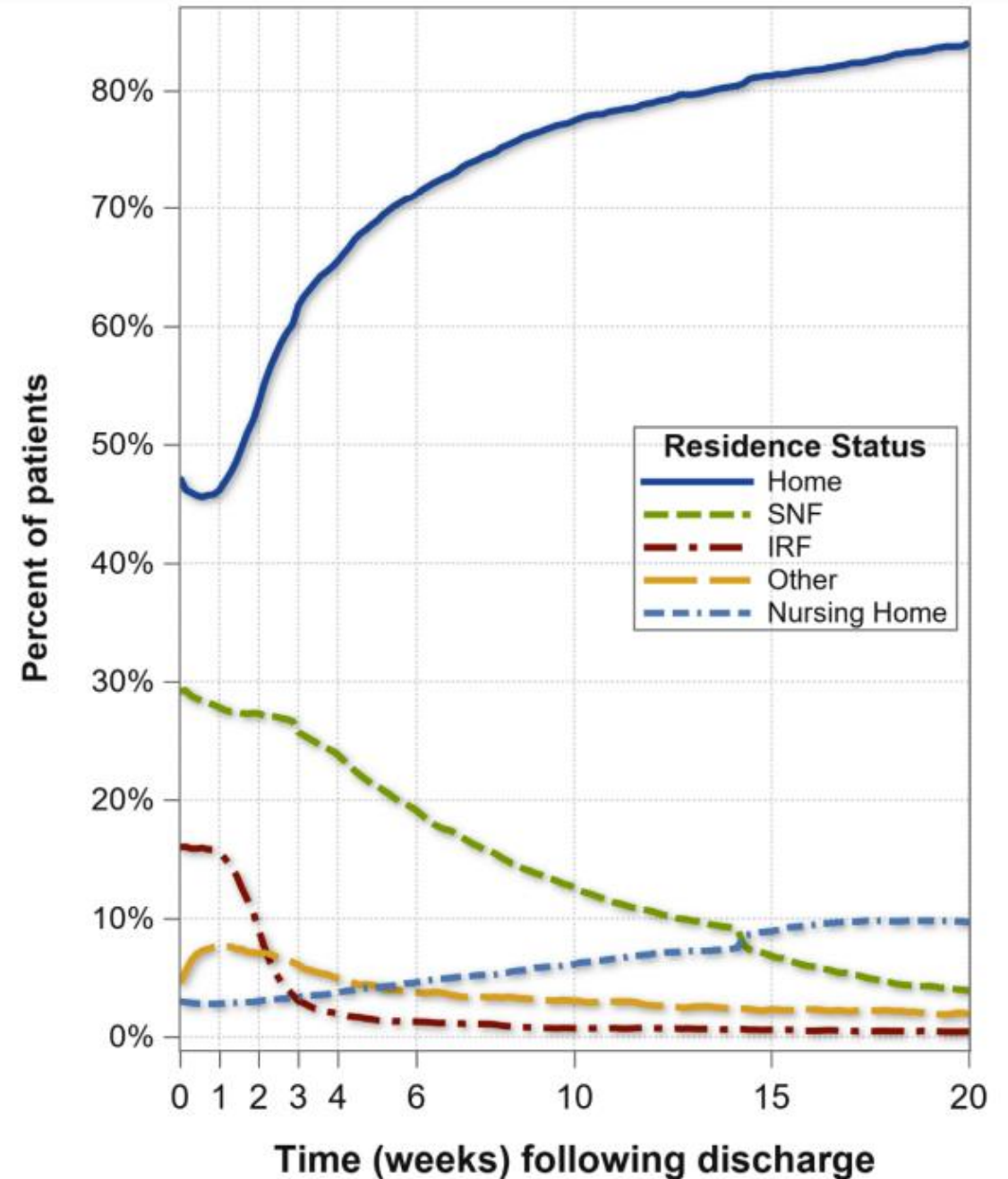
**Nursing Home**



**Hospice**

# Community Residence after TBI in Texas

\*12.5% - mortality by 90<sup>th</sup> day





# Predictors of Community Residence (Texas)

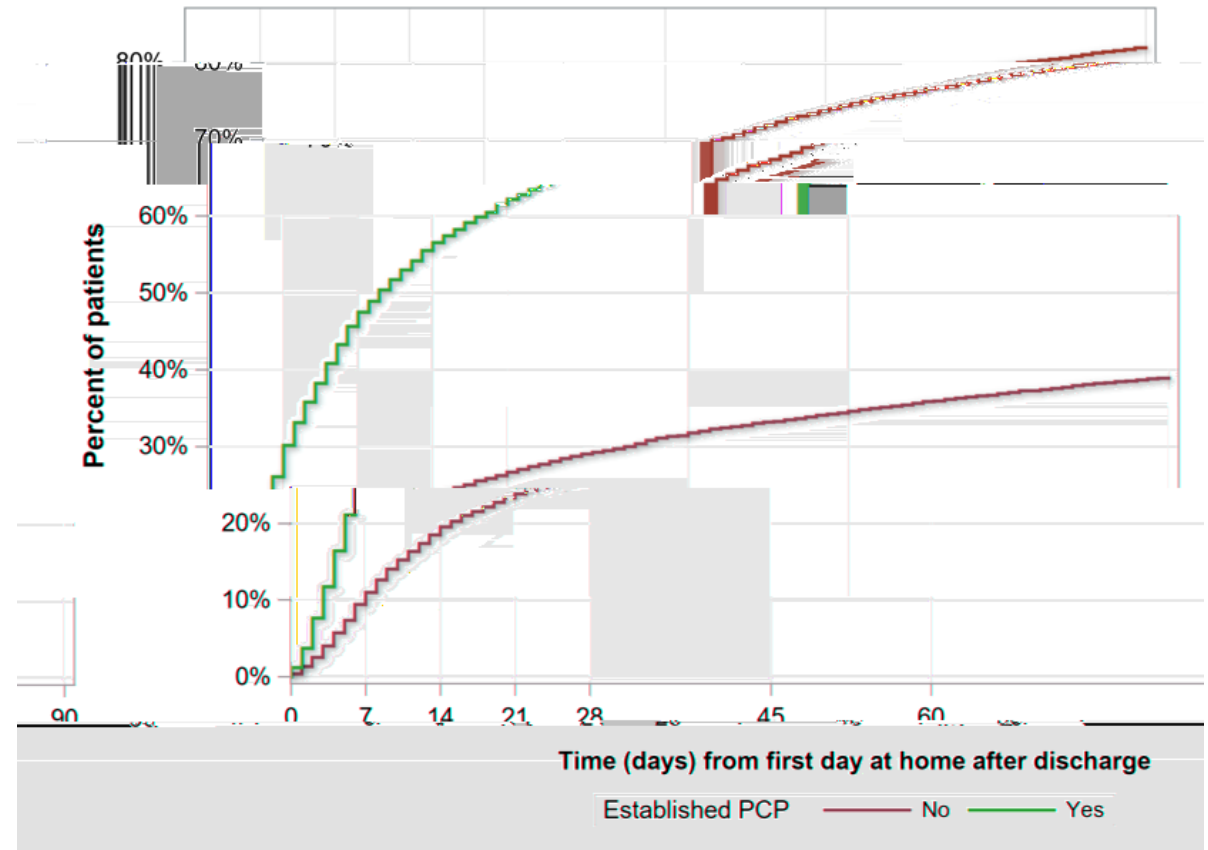
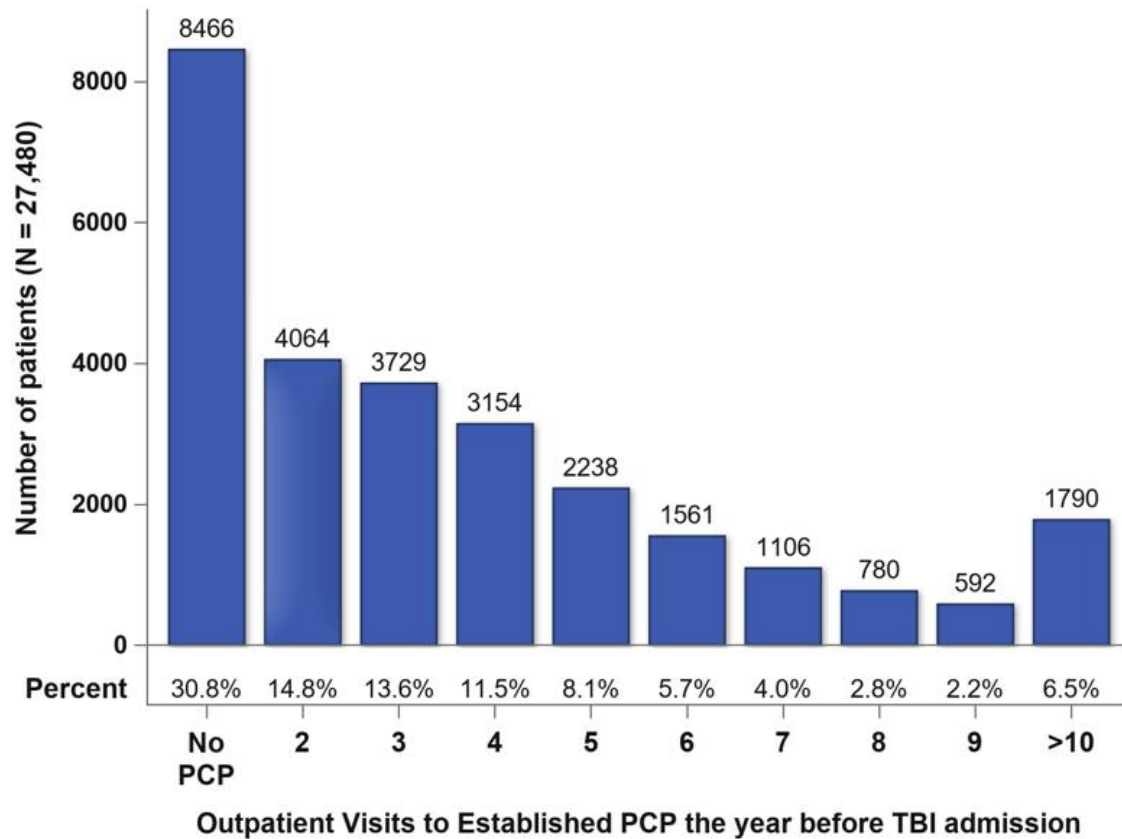
- **Increased likelihood of community residence:**
  - Sociodemographic factors (i.e., Female sex, Hispanic ethnicity, Other race)
  - Established primary care provider (PCP)
- **Decreased likelihood of community residence:**
  - Sociodemographic factors (i.e., 75+ years old, Medicaid eligible)
  - Injury factors (i.e., prior TBI history, moderate-to-severe injury)



# Predictors of Readmission (Texas)

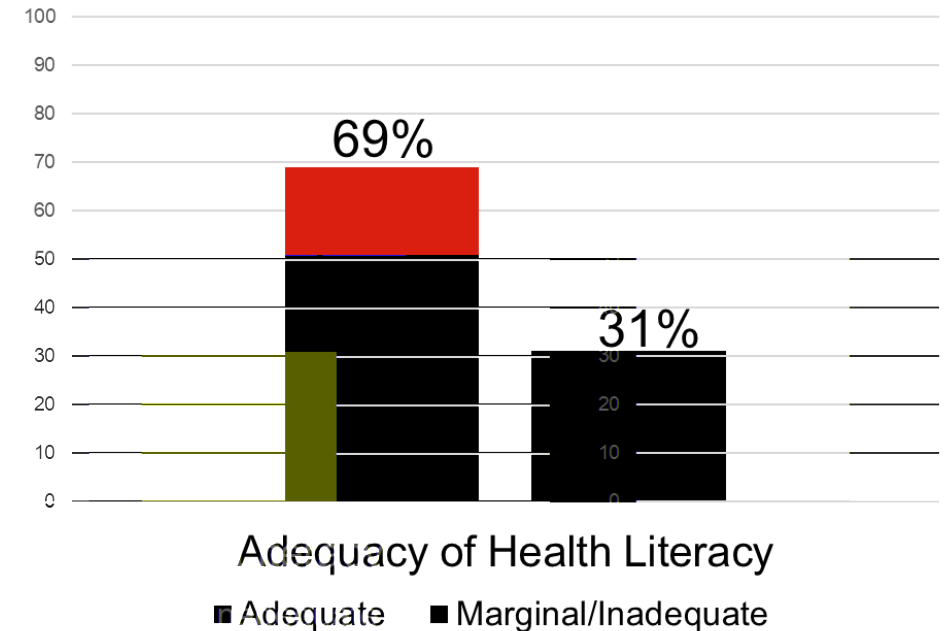
- **Increased risk of readmission:**
  - Sociodemographic factors (i.e., Black race, Medicaid dual eligible)
  - Care transitions (i.e., Inpatient rehabilitation, skilled nursing)
  - Injury factors (i.e., prior TBI history)
  - Established primary care provider (PCP)
- **Decreased risk of readmission:**
  - Sociodemographic factors (e.g., Female sex, other race)
  - Injury factors (moderate-to-severe injury)

# Primary Care Access in Texas



# Health Literacy and Aging with TBI

- Differences by education and race/ethnicity
- Impact on outcomes:
  - Perceived Health
  - Depression
- Older adults more likely to have more physical conditions.
- Over time, greater chronic conditions and decreased mental health are reported.



# Self-Management of Conditions and TBI

- Benefits of self-management interventions in diverse populations with a variety of conditions:
  - Quality of life, self-efficacy, hope, and occupational and social functioning
  - Reduction of disability, pain, relapse and rehospitalization rates, psychiatric symptoms
- Self-management interventions for persons with TBI are needed.
  - Consideration or Adaption for cognitive impairments

# Future Considerations

- No clinical guidelines exist that addresses the long-term care needs of older adults with TBI.
- Disparities continue to exist in access to care (Post-Acute, Primary Care, Specialty Care, and Community-Based Services) and Outcomes.
- Care partnerships with primary care and specialty care are needed to support management of chronic conditions and TBI.
- Need for a Chronic Care Model for Persons Aging with TBI that includes interventions to improve health literacy and self-management skills.

# No Wrong Door 101: “Love IT or List IT”

**Joseph Lugo, ACL**  
**Director, Office of Network Advancement**  
**2/29/24**



# OBJECTIVES (slide 1 of 3)

- I. Love it or List It?**
  - Healthcare and Social Service Alignment
  
- II. Are you in the game?**
  - What is Access & Defining Our Terms
  
- III. So What? Why Should I Care?**
  - Key Action Steps to Consider







# OBJECTIVES (slide 2 of 3)

- I. Love it or List It?**
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Public Awareness



Application Assistance, Screening,  
Eligibility & Enrollment



Service  
Activation & Follow-up



Search Engines  
(incl. Google,  
Yahoo)



Helpline, 211, & Toll-free 1-800#

Federal, State, Local  
Governance & Oversight  
(incl. CQI, IT systems,  
workforce & cross-training)



Consumer Portal &  
Resource Databases



Assistance, Peer Counseling, 1:1  
Counseling incl. care transitions

A Journey through Access  
System Components to  
Community Services  
Many organizations work together to  
create this system.

# CMS Guidance: Medicaid Administrative Claiming

**Medicaid.gov** Keeping America Healthy

Search | Archive | Site Map | FAQs

State Overviews | About Us | Federal Policy Guidance | Resources for States | Medicaid | CHIP | Basic Health Program

Home > Medicaid > Financial Management > Medicaid Administrative Claiming > No Wrong Door

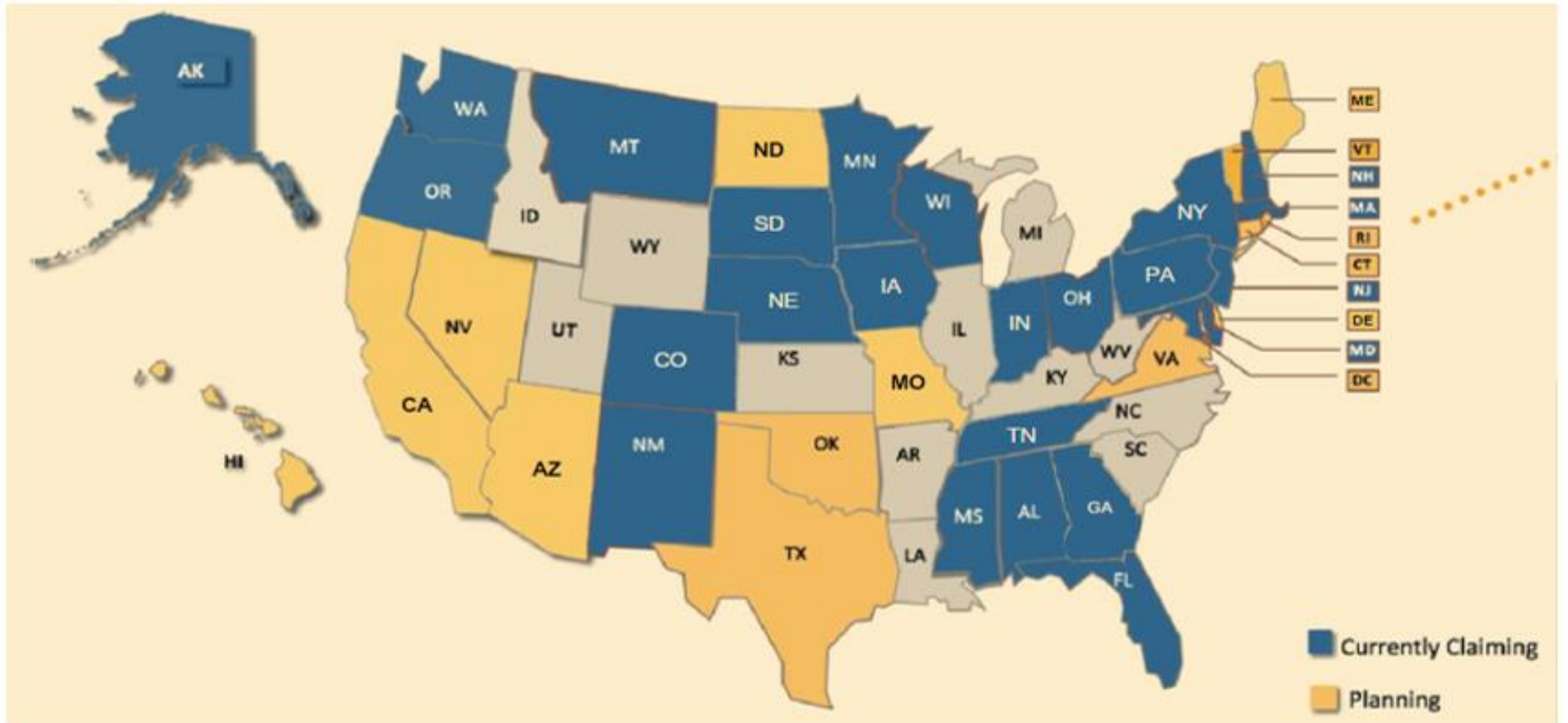
## Medicaid Administrative Claiming

### No Wrong Door System Administrative Claiming Guidance

The No Wrong Door (NWD) System represents a collaborative effort of the U.S. Administration for Community Living (ACL), the Centers for Medicare & Medicaid Services (CMS), and the Veterans Health Administration (VHA), to support state efforts to streamline access to LTSS options for all populations and to ensure that all payers. The state Medicaid agency is a critical partner and outreach, referral, assessment, functional and financial player within the NWD System. Federal matching funds that are part of a state's NWD System. Federal matching funds for administrative activities that directly support efforts that directly support the provision of medical services covered by Medicaid are available for costs incurred by the state Medicaid agency or through a contract or interagency agreement by another entity. The purpose of this guidance is to inform states about the appropriate methods for claiming federal matching funds, known as Federal Financial Participation (FFP), for Medicaid administrative activities performed through NWD Systems, and to ensure non-Medicaid employees perform administrative activities under a



# Map of States Claiming



States with  
Disability  
Partners  
No Wrong  
Door (NWD)  
Claiming



**Oregon**  
Claiming for CILs



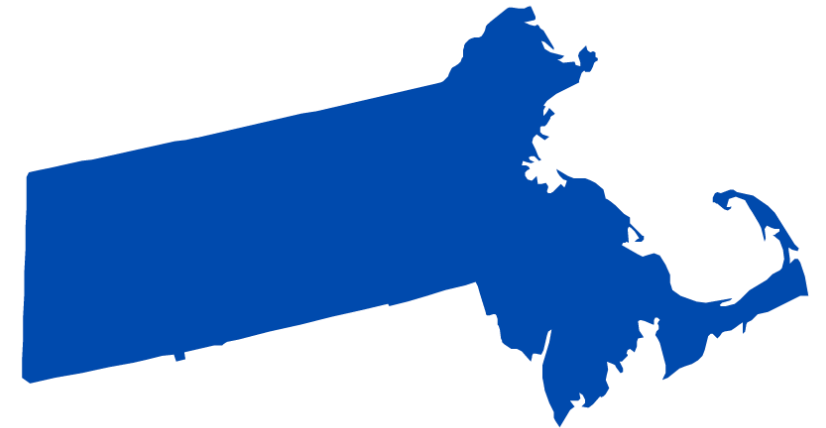
**Nebraska**  
Claiming for CILs and Brain  
Injury Organizations



**Colorado**  
Claiming for CILs



**Alaska**  
Claiming for Developmental  
Disabilities Resource Connections



**Massachusetts**  
Claiming for CILs



# Agreements and Approvals

- Likely Chain of Agreements:



- MoU between Single State Medicaid agency and operating agency
- Will be incorporated into Cost Allocation Plan (CAP)
  - CMS will need to approve the amended plan

# Activities That May Be Eligible Under Medicaid Administrative Claiming (MAC)



Outreach and enrollment



Information and referral



Case management



Provider monitoring



Planning and development



Network development



Auditing



Quality improvement

# OBJECTIVES (slide 3 of 3)

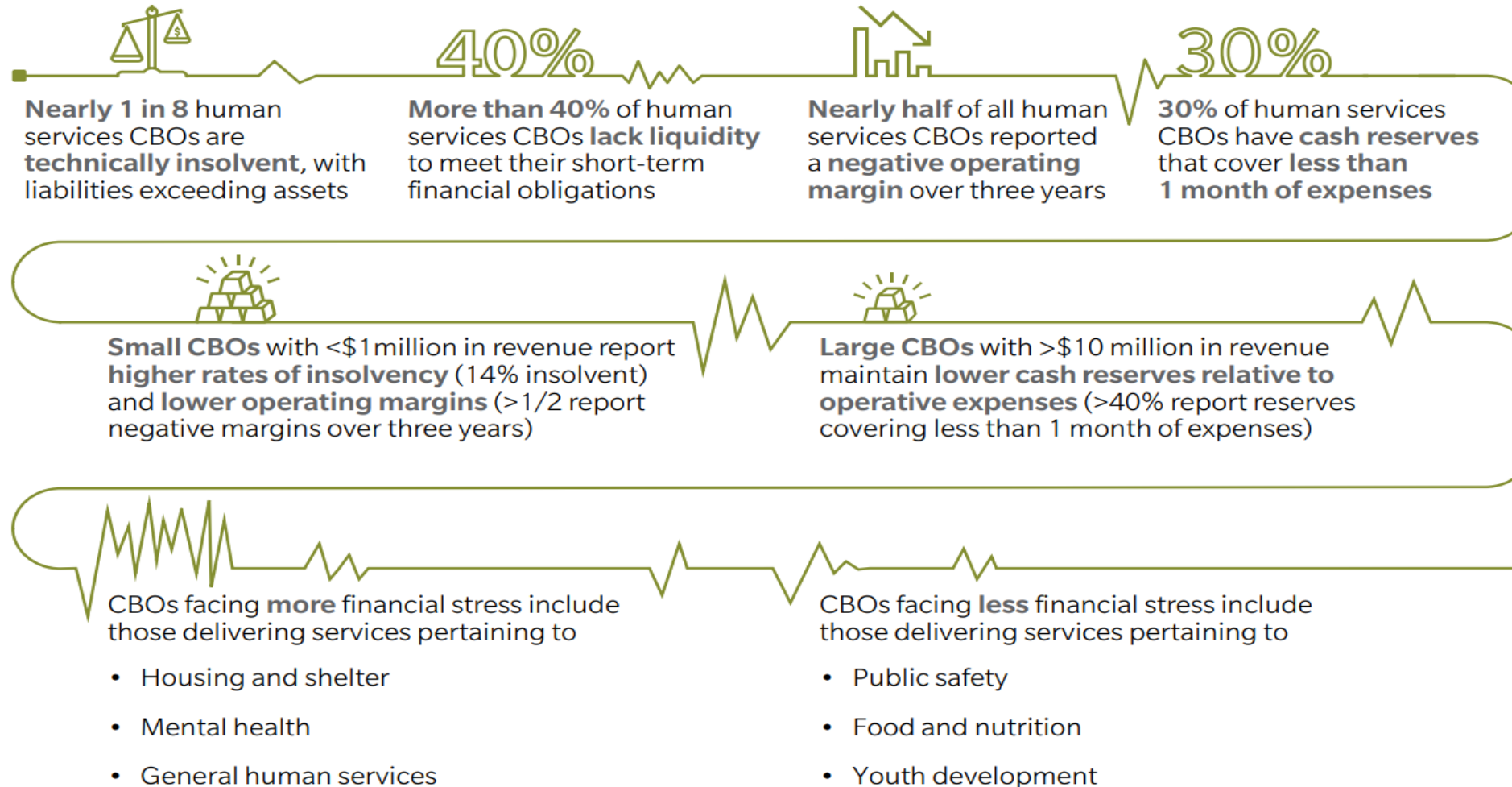
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# Stressed Human Service Delivery System

A National Imperative: Joining Forces to Strengthen Human Services in America

## Exhibit 7: Financial “vital signs” of human services CBOs



### Data source

2018: Wyman, Oliver Wyman and SeaChange Capital Partners (2017).  
Strong Families and Communities and the American Public Human Services Association (APHSA).

. Alliance for

# Federal Support for Access Functions (since 2020)



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# BIA-NE “In Their Own Words”

## BIA-NE's MAC Experience

- **First Hand Experience**
  - What, we don't bill Medicaid
  - Time studies, sounds scary, not really
  - Cost pool spreadsheet, not so bad once you get it figured out
- **MAC Funds**
  - Life changing
  - Pot of Gold - cost pool spreadsheet was our map, Steven and Andrew our tour guides
- **Funds used for:**
  - Staff training/Participation at events
  - Strategic Planning
  - Database upgrades
  - Rising transportation cost
  - Marketing and outreach



# MAC Funding for BIANE “In Their Own Words”

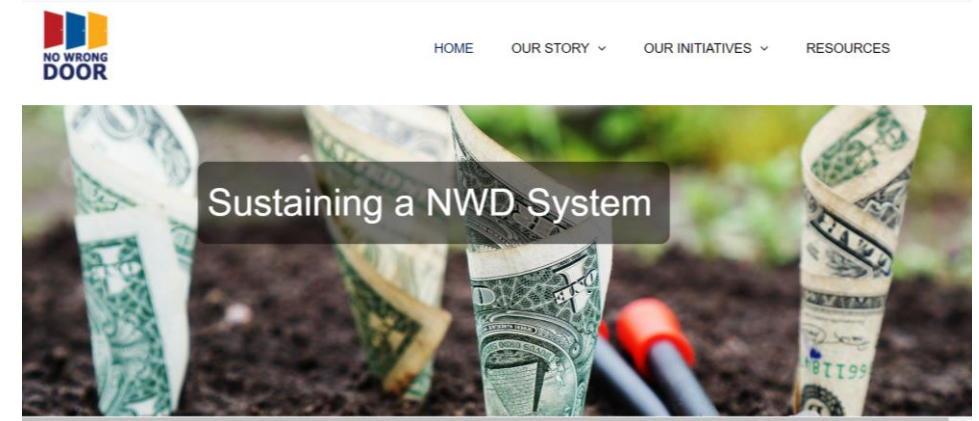
- BIA-NE currently has eight staff participating in MAC
  - During their first quarter of claiming only included two staff and reported reimbursable costs of \$71,213, resulting in a reimbursement of \$25,953
- 
- Latest quarter reported costs of \$250,007 and received \$110,030 in reimbursement
  - Over the past year have drawn down over \$310,000 in MAC reimbursement
  - Nebraska State Unit on Aging (SUA) has allowed for flexibility in how these funds are reinvested in programs, allowing BIANE to meet the greatest community need



# Where do we start?

Determine whether your state is already participating in MAC

- ✓ If so, identify: State operating agency, local agencies involved (e.g., ADRCs), activities the State is claiming for, ability and appetite for adding partner agencies
- ✓ If not, begin conversations with the State entity overseeing the ADRCs. MAC may already be on their radar. Eventually will need to involve State Medicaid



## Toolkit

### Phase 1 Tools: Establish Costs and Document Medicaid Time

Tool One - Project Work Plan

Tool Two - Presentation for State Level Partner Agencies

Tool Three - Presentation for Stakeholders

Tool Four - Cost Simulator

Tool Five - Code Development Guidance

### Phase 2 Tools: Develop Agreements and Approvals

Tool Six - Cost Pool Guidance and Tool Six(a) Cost Pool Spreadsheet

Tool Seven - Sample MOU Language

Go To Top

ACL have a wide variety of resources at <https://nwd.acl.gov/sustaining-a-nwd-system.html>

CMS has NWD Medicaid claiming guide at

<https://www.medicaid.gov/medicaid/downloads/no-wrong-door-guidance.pdf>

For ACL Technical Assistance, contact: [nowrongdoor@acl.hhs.gov](mailto:nowrongdoor@acl.hhs.gov)

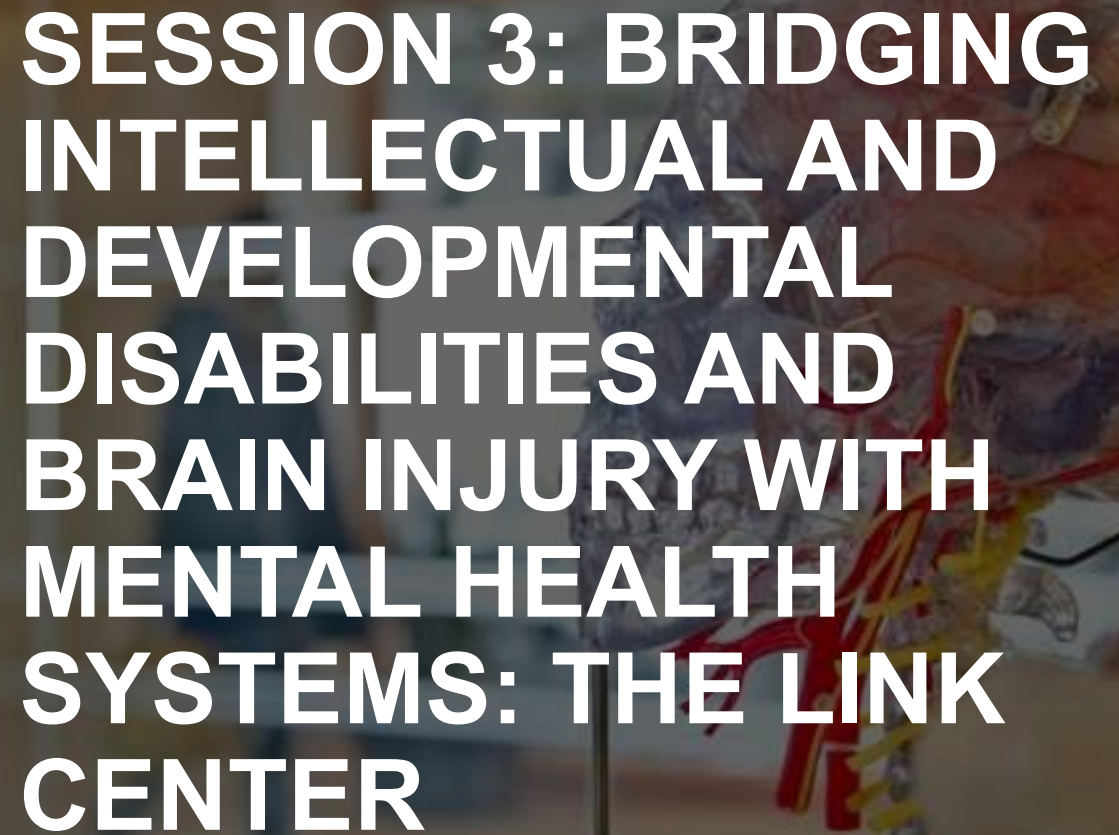
# Questions to be Addressed

Martin Kerrigan  
Ann Zuccardy

1. What kinds of challenges/impact has aging with a brain injury had on your life?
2. What kinds of services and supports do individuals aging with BI need?

# QUESTIONS: AGING WITH BRAIN INJURY



An anatomical model of a human brain and spine is displayed on a stand. The brain is shown in a lateral view, with various structures highlighted in different colors. The spine is shown in a sagittal view, with the vertebrae and intervertebral discs clearly visible. The model is set against a blurred background of a museum or educational facility.

**SESSION 3: BRIDGING  
INTELLECTUAL AND  
DEVELOPMENTAL  
DISABILITIES AND  
BRAIN INJURY WITH  
MENTAL HEALTH  
SYSTEMS: THE LINK  
CENTER**



# Session 3 Moderator & Speakers



**Rebeccah  
Wolfkiel, MPP**

*Executive Director*

National Association of  
State Head Injury  
Administrators



**Mary P. Sowers**

*Executive Director*

National Association of  
State Directors of  
Developmental  
Disabilities Services



**Stefani O'Dea**

*Director, the Office of Older  
Adults and Long Term  
Services and Supports*

Maryland Behavioral  
Health  
Administration



**Eric Washington**

*TBI Survivor/ Self-  
Advocate*



**Mary Sowers, NASDDDS**

**February 2024**

***A Project of National Significance funded by Administration for  
Community Living***

# A Project of National Significance

- Nation struggles to provide community mental health services for individuals with intellectual and developmental disabilities (I/DD), brain injury, and other cognitive disabilities
- People with complex needs stretching systems of care
- Lawsuits relating to care occurring in multiple states
- Lack of expertise, resources and capacity to best support people with a dual diagnosis
- Siloed systems responsible for different elements of care
- Lack of trained medical, law enforcement, and crisis care providers



# The Link Center Partner Organizations

## Leading Partners

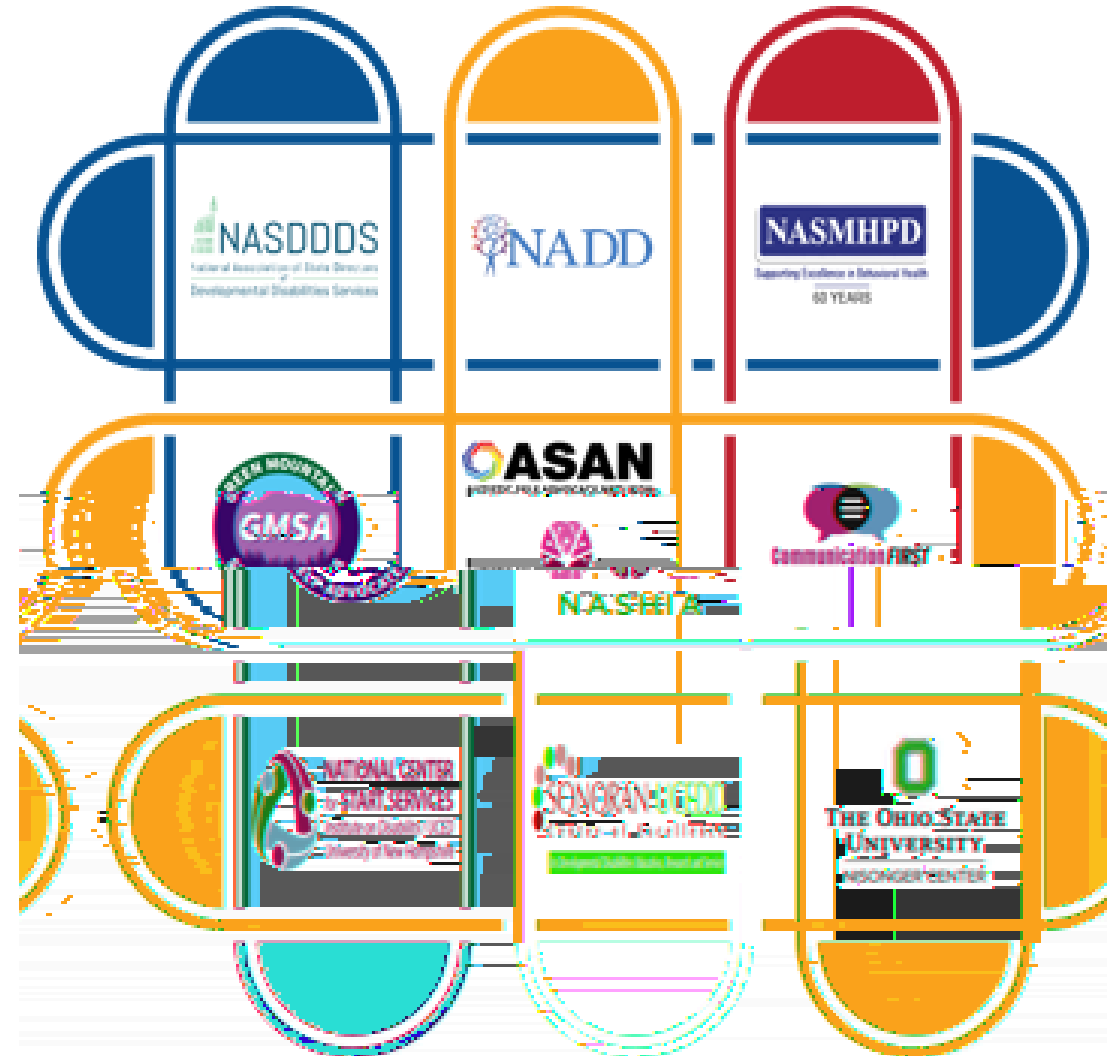
- National Association of State Directors of Developmental Disabilities Services (NASDDDS)
- National Association for the Dually Diagnosed (NADD)
- National Association of State Mental Health Program Directors (NASMHPD)

## Diversity, Equity and Inclusion

- Green Mountain Self Advocates
- Autistic Self Advocacy Network
- National Association of State Head Injury Administrators
- CommunicationFIRST

## Continuous Quality

- National Center for START Services
- Sonoran Center of Excellence
- Ohio State University Nisonger Center

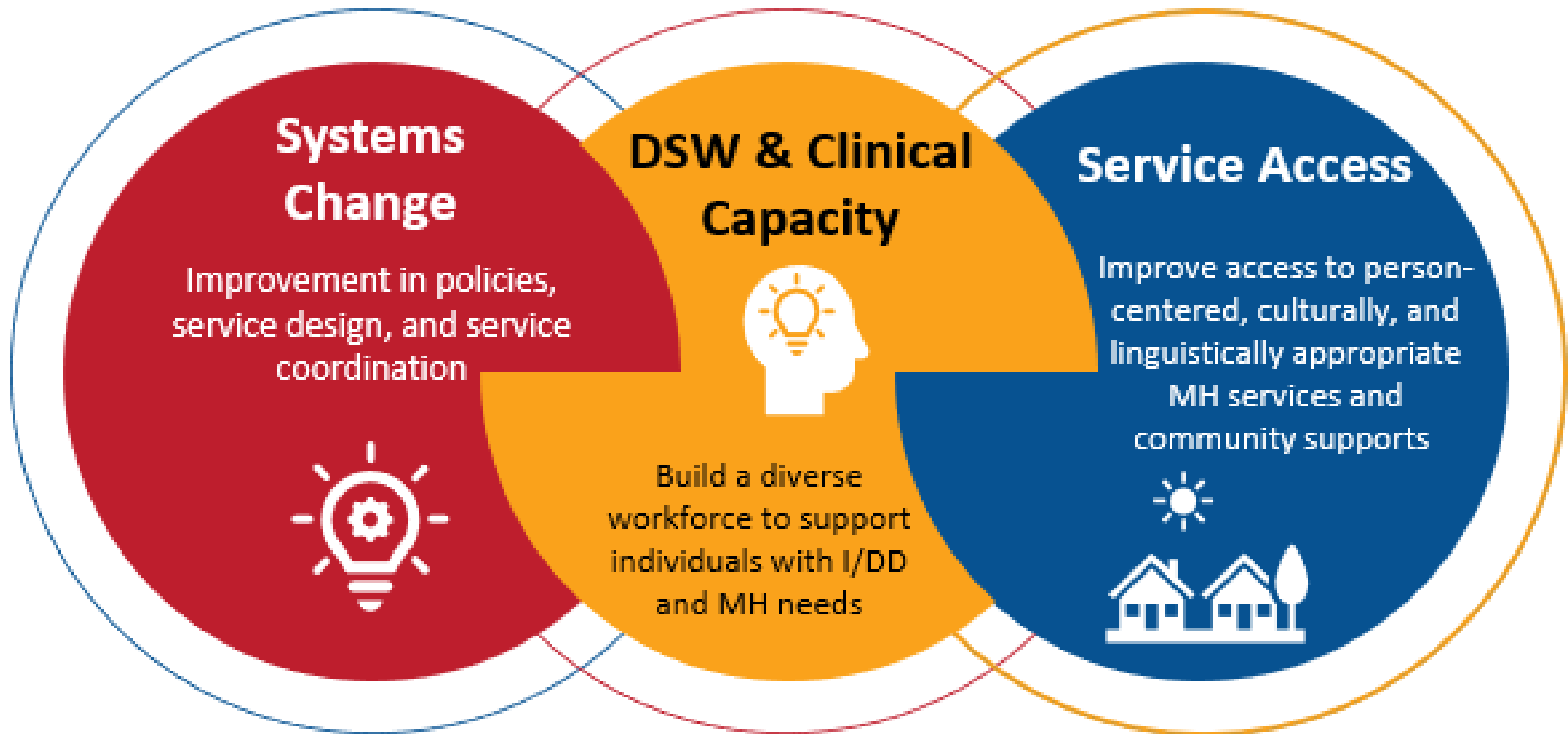


# NASDDDS – NASMHPD – NADD

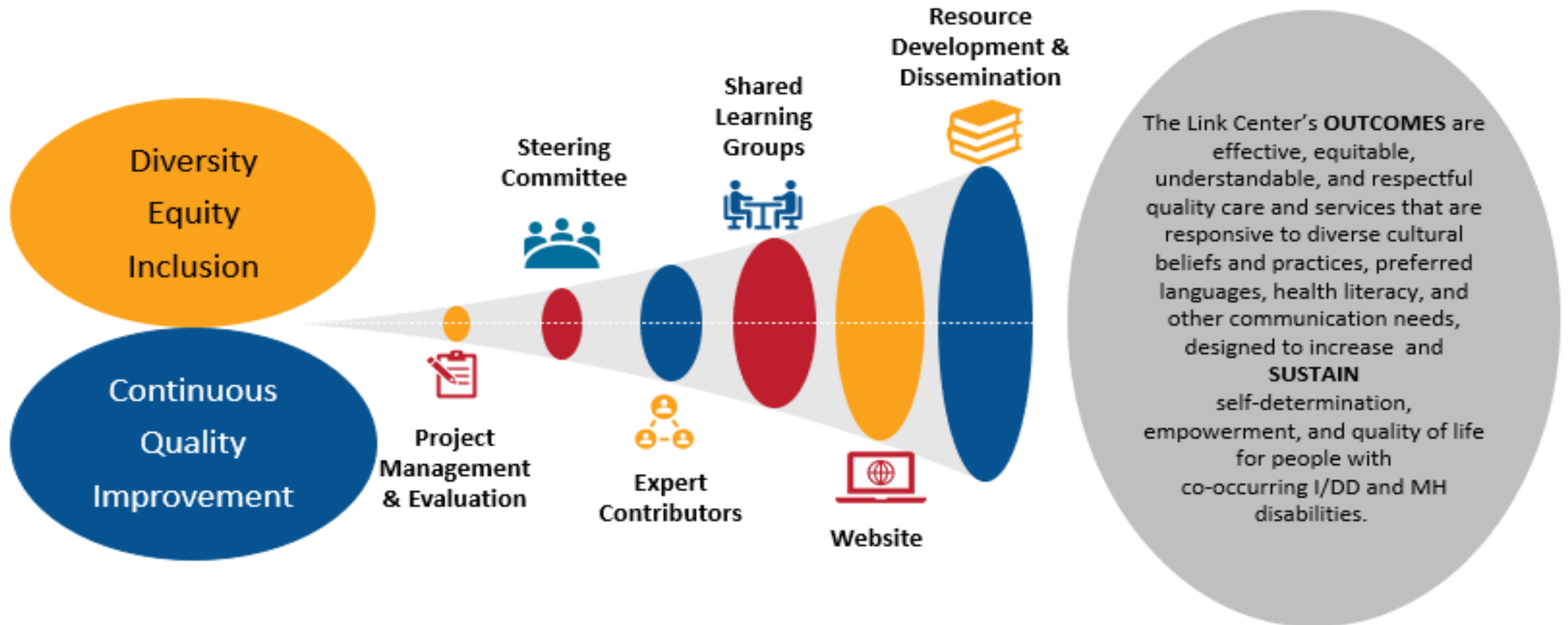
## An Increasingly Necessary Partnership

- While our associations have long recognized the importance of working together on shared issues, our partnership was renewed with vigor on the heels of the 2018 Substance Abuse and Mental Health Services Administration (SAMHSA) Convening regarding individuals with co-occurring I/DD and MH conditions
- In 2019, NASDDDS/NASMHPD/NADD convened a roundtable series with a cohort of states to identify promising practices
- We have partnered on several other initiatives like the Dual Diagnosis Capacity Building Institute

# Key Goals of The Link Center



# The Link Center's Key Activities



# Key Project Outputs



Curated resource library for a wide array of audiences



Accessible website as the hub for all TA center activities



Identification of best practices and strategies for scalability



Model policies and protocols for state systems and clinicians



Training curricula to support workforce competencies in trauma-informed supports



Toolkits and resources for meaningful engagement and adaptive approaches to treatment

# Steering Committee

- Over **100** applications submitted
- Selection focused on diversity specifically related to the person's area of residence, race, culture, ethnicity, age, communication strategy, and lived experience
- Quarterly, virtual meetings with Getting Ready and Let's Review meetings
- To date, feedback on topics including a) language use, b) engaging families and persons with lived experience in other grant activities, and c) priority areas for resource identification and development

# Partnership with SAMHSA



**988**

**SUICIDE  
& CRISIS  
LIFELINE**



# Policy Academy


- Aimed at building strong, collaborative systems of support that enable states to effectively support individuals in crisis regardless of disability and/or communication differences
- Bringing a team of partners - 5-6 states
  - ✓ Survey
  - ✓ State tailored interventions
  - ✓ Virtual learning opportunities
  - ✓ In person academy
- Announcements on selected states coming soon

# Challenges, Opportunities and Next Steps

1. Continued efforts to debunk historical misperceptions of individuals with I/DD and their ability to benefit from mental health treatment
2. Opportunities for improved cross system partnerships, including child welfare and substance use
3. Workforce development
4. Equity and accessibility issues

# Questions





Website  
Coming  
Soon!

Until the website is available, you can reach us by  
email at:

[thelinkcenter@nasdds.org](mailto:thelinkcenter@nasdds.org)



# Real-Time Evaluation Questions

- Please take a moment to respond to these six evaluation questions to help us deliver high-quality TBI TARC webinars
- If you have suggestions on how we might improve TBI TARC webinars, or if you have ideas or requests for future webinar topics, please send us a note at [TBITARC@hsri.org](mailto:TBITARC@hsri.org)

# Real-Time Evaluation Questions (cont.)

- 1. Overall, how would you rate the quality of this webinar?**
- 2. How well did the webinar meet your expectations?**
- 3. Do you think the webinar was too long, too short, or about right?**
- 4. How likely are you to use this information in your work or day-to-day activities?**
- 5. How likely are you to share the recording of this webinar or the PDF slides with colleagues, people you provide services to, or friends?**
- 6. How could future webinars be improved?**



**MEET THE  
MODERATORS &  
PRESENTERS**

# Alison Barkoff

## Performing the duties of ACL Administrator and Assistant Secretary for Aging Administration for Community Living



**Alison Barkoff** was sworn in as Principal Deputy Administrator on January 20, 2021 and is currently performing the duties of the ACL Administrator and the Assistant Secretary for Aging. She provides executive leadership and coordination for ACL programs nationwide and advises the HHS Secretary on issues affecting people with disabilities and older adults. A sibling of an adult brother with developmental disabilities and a civil rights attorney, Alison is a lifelong advocate for community living – both professionally and personally – and has been at the forefront of national efforts to expand the home and community-based services (HCBS) that make community living possible. As part of countless coalitions of people with disabilities, older adults, and advocates, she has fought to uphold the rights of people with disabilities and older adults and advance policies to ensure their access to health care, housing, employment, education, and all other facets of community life. She has testified before Congress and the US Commission on Civil Rights on disability rights and community living. She has served in a variety of leadership roles with disability rights organizations, including leading advocacy efforts at the Center for Public Representation and the Bazelon Center for Mental Health Law. She also is a veteran of the federal government. As Special Counsel for Olmstead Enforcement in the Civil Rights Division of the Department of Justice, she led efforts to enforce the rights of people with disabilities to live, work and fully participate in their communities. She also led interagency initiatives with the Centers for Medicare & Medicaid Services on Medicaid HCBS and with the Department of Labor on direct care workforce issues. Alison has brought that same focus on collaboration and coordination to her current role. Under her leadership, ACL is working with partners across HHS and the federal government on initiatives and interagency approaches to issues that affect people with disabilities and older adults, such as expanding access to HCBS and affordable, accessible housing; strengthening the direct care workforce; increasing competitive, integrated employment for people with disabilities; and advancing equity, to name just a few.

# Traci Barney

## Brain Injury Program Administrator Utah Department of Health and Human Services



**Traci Barney** is the Brain Injury Program Administrator for the Utah Department of Health and Human Services. Working in the field of brain injury since 2002, she started her career as a direct staff support at a non-profit organization that provided supported living support and other support to people with TBI. Through her 14-year tenure, she further served as the program director, executive team member, and interim executive director. Traci transitioned to working for the state of Utah in 2014 where she administers two brain injury funds and is the PIO on the ACL TBI Partnership Grant and the DOJ Grant for mental health and criminal justice. She received a bachelor's degree in Health Administration Services and is a CBIST, in addition to being a certified public manager for the state of Utah. Her experience in the field extends to being a parent to a son with a brain injury. In her free time, she enjoys the beautiful Utahn outdoors and spending time with her family.

# Shawn Callaway

## Project Officer Administration for Community Living

**Shawn Callaway** is a Program Specialist at the Administration for Community Living (ACL), within the Office of Disability Services Innovation. Shawn is currently working with the Traumatic Brain Injury (TBI) State Partnership Planning Grant (SPP) program, the Dual Diagnosis Behavioral Health grant, the Bridging Aging and Disability grant as well as a handful of Protection and Advocacy grants. Prior to working with ACL, Shawn was a social worker for the Washington, D.C. Department of Behavioral Health. He has served as President of the National Federation of the Blind (NFB) in Washington D.C. and on the NFB National Board of Directors where he is the Co-Chairman of the NFB Diversity, Equity and Inclusion committee and the Chairman of the Black Leaders for Advancement committee. Shawn is the host of a radio show titled “Open Our Eyes” which focuses on the inclusion of persons with disabilities within our society.





# Martin Kerrigan, M.A. Ed.S.

## TBI Survivor/Advocate/ Educator/Professional



**Martin Kerrigan, M.A. Ed.S.**, is a special education teacher in the Montgomery County Public School system. He is also a consultant to the Maryland Behavioral Health (BHA), ACL's TBI SPP grant. Martin is also a part time contract employee with Maryland's BHA conducting trainings on brain injury. His educational background includes both a Master of Arts and an Educational Specialist degree from George Washington University in Transitional Special Education with an emphasis in Acquired Brain Injury. Martin has been advocating for individuals impacted by brain injury for over 20 years. He has worked with individuals living with brain injuries in different capacities including providing individual support services, and jobs development/coaching. Martin serves on the Maryland Traumatic Brain Injury Advisory Board, and he is active in the Brain Injury Association of Maryland. He has presented at local, regional, and national conferences and his areas of focus and research are working with students with brain injuries as well as substance abuse/misuse in individuals with brain injuries. Martin also co facilitates a weekly support group for individuals with brain injury and substance abuse disorder. He is also a member of the TBI Technical Assistance and Resource Center (TARC) TBI Advisory and Leadership Group (TAL-Group).

# Joseph L. Lugo

## Director, Office of Network Advancement Administration for Community Living



**Joseph L. Lugo** serves within the Center for Innovation & Partnership within U.S. Administration for Community Living. He is currently serving as Director for the Office of Network Advancement. Joseph joined the AoA in 2006 and has served as the Team Lead for multiple initiatives including Aging & Disability Resource Center (ADRC), No Wrong Door System, Person Centered Counseling Training Program and Veteran Directed Care Program. Prior to joining ACL, Joseph served in the Division of Planning, Research & Development at the Illinois Department on Aging (IDoA). In his tenure at the IDoA, he led the roll-out of Illinois' ADRC initiative, Illinois' implementation of the National Family Caregiver Support Program and served as Bureau Chief over the aged/disabled Medicaid waiver program. His experience prior to this time was as a budget analyst for the Office of Management and Budget under the Executive Office of the Governor. He received a master's degree in Gerontology and a Graduate Certificate in Public Management Practices both from the University of Illinois at Springfield. In conjunction with the Wharton School of Business, he participated in the Global Leadership and Organizational Behavior Effectiveness Research Program (GLOBE) and Dwight D. Eisenhower Leadership Program. In addition, Joseph was selected as James H. Dunn Fellow in 1997 and a Learning to Lead Fellow in 1995. Joseph and his wife Michelle reside with their family in Virginia.

# Megan Davidson, PhD

Program Director, Behavioral Health  
Council of State Governments Justice Center



**Megan Davidson, PhD**, is the Program Director of the Stepping Up Initiative with the Council of State Governments (CSG) Justice Center. This national Initiative is focused on reducing the overincarceration of persons with serious mental illness in county jails, involving a partnership between CSG, National Association of Counties (NACo) and the American Psychiatric Foundation (APAF). In this role, Dr. Davidson oversees the provision of broad-based technical assistance deliverables to support counties with this work, guides statewide technical assistance centers that provide targeted resources and support, and cultivates and maintains stakeholder and funder partnerships to maintain and grow the Stepping Up Initiative across the country. Dr. Davidson has over 15 years of experience leading complex projects involving stakeholder and community engagement, research and evaluation, and technical assistance at the intersection of behavioral health and criminal justice through which she has supported many jurisdictions with the implementation and evaluation of systemic efforts intended to improve outcomes for individuals involved in those systems. Dr. Davidson earned her PhD in Public Affairs with a Concentration in Criminal Justice from the University of Central Florida.

# Stefani O'Dea

Director, Office of Older Adults and Long Term Services and Supports

Maryland Behavioral Health Administration



**Stefani O'Dea** is the Director of the Office of Older Adults and Long Term Services and Supports for the Maryland Behavioral Health Administration (BHA). In that role, she directs the Maryland Department of Health's (MDH) plans, initiatives, and services for individuals with brain injury and older adults with behavioral health conditions. Specifically, she was hired in 2001 to create the Maryland Brain Injury Waiver program, which was created as a result of a 1994 class action lawsuit against the state of Maryland on behalf of individuals with brain injury who were unnecessarily institutionalized in state psychiatric hospitals. Prior to coming to MDH in 2001, she worked for six years as a manager of a community-based neurorehabilitation program for individuals with acquired brain injury. Stefani also represents Maryland's Behavioral Health Administration on the National Association of State Mental Health Program Director's (NASMHPD) Older Persons Division. She holds a Master of Arts degree in Management from the College of Notre Dame of Maryland, a Bachelor of Arts degree in Psychology from the University of Maryland, and is a member of the Delta Mu Delta Honor Society in Business.

# Monique R. Pappadis, PhD, MEd, FACRM

Vice Chair and Associate Professor  
The University of Texas Medical Branch



**Monique R. Pappadis, PhD, MEd, FACRM**, is a tenured Associate Professor in the Department of Population Health and Health Disparities at the University of Texas Medical Branch (UTMB) at Galveston. She is a Fellow of the Sealy Center on Aging, and currently the Lead for the CTSA Program Steering Committee Task Force/Institute for Translational Sciences. Dr. Pappadis is also an Investigator and the Director of Dissemination and Cultural Humility at TIRR Memorial Hermann's Brain Injury Research Center in Houston, Texas. Her research aims to improve rehabilitation outcomes and decrease ethnic minority health disparities, particularly among persons with traumatic brain injury (TBI) or stroke, as well as improve care transitions and continuity of care following acute and post-acute care. Her recent work aims to improve screening for elder mistreatment with emphasis on vulnerable, older adults with mild cognitive impairment or Alzheimer's Disease and Related Dementias, as well as the intersection between elder mistreatment and TBI. She has a continued interest in minority aging, gender/sex disparities in rehabilitation, health literacy of patients and caregivers, and psychosocial adjustment to disability. She is a member of the Academy of Certified Brain Injury Specialists' (ACBIS) Board of Governors for the Brain Injury Association of American and member of the Pink Concussions Professional Advisory Board. Dr. Pappadis was recently named a Fellow of the American Congress of Rehabilitation Medicine (ACRM) for her outstanding record of professional service to ACRM and for the nationally significant contributions she has made to the field of medical rehabilitation. <https://researchexperts.utmb.edu/en/persons/monique-pappadis>



# Zaida Ricker, MPS

## Director of Strategic Partnerships and Policy National Association of State Head Injury Administrators



**Zaida Ricker, MPS**, supports NASHIA as the Director of Strategic Partnerships and Policy. In this role, she leads federal advocacy and has helped secure increases in funding for the Traumatic Brain Injury State Partnerships Program at the Administration for Community Living and the National Concussion Surveillance System at the Centers for Disease Control. She also helps support policy efforts related to the overlap between intimate partner violence and justice-involved populations. Zaida also worked for former Homeland Security Secretary Tom Ridge at the Ridge Policy Group from 2018 - 2023. She managed clients related to disability policy, helping to ensure that individuals with disabilities have equal opportunities in all aspects of life. Zaida helps to communicate with Capitol Hill and the Administration, supports grassroots communication, and provides legislative strategies to ensure successful government relations plans. She joined Ridge Policy Group after working for Congressman Brad Schneider of Illinois. In that position, she managed the Congressman's portfolio as the Ranking Member of the House Small Business Subcommittee on Agriculture, Energy, and Trade, as well as a wide range of other issues, including disability issues. Before joining Rep. Schneider's office, Zaida worked for Senate Democratic Leader Harry Reid, where she handled a diverse domestic policy portfolio. During her time in both the Senate and the House, Zaida developed an understanding of Congressional procedure, shaped and passed policy, and built relationships with key staffers of both parties. Zaida graduated from Brigham Young University with a degree in political science and received her master's degree in legislative affairs from George Washington University. In her free time, Zaida enjoys spending time with her family, husband Cameron, daughter Zona, and dog Champion.



# Mary P. Sowers

Executive Director

## National Association of State Directors of Developmental Disabilities Services



**Mary P. Sowers**, joined the National Association of State Directors of Developmental Disabilities Services (NASDDDS) in 2014 and became the NASDDDS Executive Director on July 1, 2019. Before joining NASDDDS, Mary was with Mercer Government Human Services Consulting where she provided consultation and technical assistance to state governments on a wide array of Medicaid-related issues, with a focus on integrated care, home and community-based services, and managed long-term services and supports. Prior to joining Mercer in 2011, Mary held senior positions with the federal Centers for Medicare & Medicaid Services (CMS), Disabled and Elderly Health Programs Group within the Center for Medicaid, and CHIP Services (CMCS). During her tenure at CMS, Mary specialized in Medicaid home and community-based services, managed long-term services and supports (including strategies for reducing institutional reliance), self-direction, and strategies to design person-centered systems of care.

Mary also has extensive experience within state government and non-profit organizations serving individuals with I/DD. Like many others in our field, Mary has also served as a direct support professional.

# Eric Washington

TBI Survivor/ Self-Advocate



**Eric Washington** is a former football player for the University of Minnesota and the University of Kansas. His football career ended on September 30th, 2006 due to a concussion and spinal cord injury. After recovering from the neck injury, he returned to graduate with a bachelor's degree in Applied Behavioral Sciences. Today, Eric's life mission is to advocate for people like him – people with TBI, especially those who are also homeless. He also serves as a strong advocate in the high school athletic community helping student athletes make educated decisions when taking a scholarship and helping their families understand the importance of not rushing back after injury. Eric was a faculty member for the National Center on Advancing Practices and Systems (NCAPPS) Brain Injury Learning Collaborative. He is Co-Lead and member of the TBI Technical Assistance and Resource Center (TARC) TBI Advisory and Leadership Group (TAL-Group).

# Rebecca Wolfkiel

Executive Director

National Association of State Head Injury Administrators



**Rebeccah Wolfkiel** joined NASHIA as Executive Director in January 2018. She brings over a decade of experience in promoting federal policies that provide resources for individuals with brain injury, and their families. In her role as Executive Director, Rebeccah is committed to representing the interests of state governments and supporting the unique and integral role they play within the service delivery system. Rebeccah has also worked with former Pennsylvania Governor, Tom Ridge, at the Ridge Policy Group, for nine years, where she represented NASHIA as a government affairs advisor. She played an integral role in the successful reauthorization of the Traumatic Brain Injury in 2014, paving the way for the federal TBI program's move to the Administration for Community Living. Rebeccah works closely with the Congressional TBI Taskforce to host educational events related to brain injuries sustained by individuals of all ages, as well as advocates for additional resources for the TBI programs at the Departments of Health and Human Services and Defense. Prior to time at the Ridge Policy Group, Rebeccah worked on Capitol Hill for over six years where she served as Legislative Director to Congressman Todd R. Platts, Co-Chair of the Traumatic Brain Injury Taskforce. Managing the Congressman's legislative agenda, she learned how to effectively navigate the lawmaking process and develop successful strategies. During her tenure on the Hill, Rebeccah became keenly aware of the importance of bipartisanship and developed strong Congressional relationships with Republicans and Democrats alike. She often bridged partisan gaps and facilitated communication between contrasting viewpoints.

# Ann Zuccardy

TBI Survivor/Author/ Speaker/Educator



**Ann Zuccardy** suffered a brain injury in 2011 and was subsequently diagnosed with major depressive disorder among other neurological challenges. She is a 2-time TEDx speaker, professor, fitness and nutrition advocate and neuroPLAYsticity expert, Ann is the queen of creative adaptation and resilience. Ann is a popular keynote speaker, teacher, and coach. More information about Ann is available at <https://www.annzuccardy.com/>.

# Thank You.

The Traumatic Brain Injury Technical Assistance and Resources Center (TBI TARC) is an initiative from the Administration for Community Living that helps TBI State Partnership Program grantees promote access to integrated, coordinated services and supports for people who have sustained a TBI, their families, and their caregivers. The Center also provides a variety of resources to non-grantee states, people affected by brain injury, policymakers, and providers.

