



DEPARTMENT of HEALTH and HUMAN SERVICES

Biennial Report to Congress, the President: Administration for Community Living Traumatic Brain Injury Act Programs *Fiscal Years 2019 and 2020*

Prepared by
ADMINISTRATION FOR COMMUNITY LIVING



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Contents

Executive Summary	1
Introduction	2
About Traumatic Brain Injury.....	2
Traumatic Brain Injury Program Reauthorization Act of 2018.....	3
Part 1. Administration for Community Living	5
Part 2. TBI Federal Coordination Plan.....	6
Part 3. TBI State Partnership Grant Program.....	9
2019-2020 TBI State Grantees	11
State Examples of TBI SPP Activities	13
Advisory Boards & Survivor Engagement.....	13
Criminal & Juvenile Justice.....	14
Opioid Use & Mental Health Needs	14
Return to Play/ Return to Learn	14
Sustainable Partnerships.....	15
Transition & Employment.....	16
Underserved Populations	16
Using Data to Connect People to Services	16
Waivers.....	17
Performance Measures: Outcomes and Results.....	17
Screening	18
Training.....	18
Technical Assistance and Resource Center	19
Part 4. Protection and Advocacy Grants	20
P&A Grantees	20
Technical Assistance	20
Part 5. Special Projects	22
Prevalence and HCBS Services – TBI Model Systems National Data and Statistical Center, Craig Hospital	22
HCBS Functional Assessment Tools – New Editions and The Lewin Group.....	22

Fast Track Access to Home and Community-Based Services for Persons with Disability Due to Traumatic Brain Injury	23
National Center on Advancing Person-Centered Practices and Systems – HSRI	23
National Disability Employment Technical Assistance Center – TASH and The Lewin Group	24
Characterization and Treatment of Chronic Pain After Moderate to Severe Traumatic Brain Injury – Multi-Site TBIMS and VA TBIMS Center.....	24
Appendices	25
Appendix A: Acronyms.....	25
Appendix B: Traumatic Brain Injury (TBI) Federal Coordination Plan: Program Inventory	27
Tier One Inventory of Federal Programs (HHS programs that focus primarily on TBI).....	27
Tier Two Inventory of Federal Programs (HHS service agencies and programs available to all individuals with disabilities; may support individuals with brain injury)	32
Appendix C: 2019-2020 ACL TBI State Partnership Program Grantees.....	38
Mentor States	38
Partner States.....	38
Appendix D: State, Territory, and Tribal P&A Contacts.....	39
Alabama	39
Alaska	39
Arizona	39
Arkansas	39
California	39
Colorado	39
Connecticut	39
Delaware	39
District of Columbia	40
Florida	40
Georgia	40
Hawaii	40
Idaho	40

Illinois	40
Indiana	40
Iowa.....	40
Kansas	41
Kentucky	41
Louisiana.....	41
Maine	41
Maryland.....	41
Massachusetts	41
Michigan	41
Minnesota	41
Mississippi	42
Missouri.....	42
Montana.....	42
Nebraska	42
Nevada.....	42
New Hampshire.....	42
New Jersey	42
New Mexico	42
New York	43
North Carolina.....	43
North Dakota	43
Ohio	43
Oklahoma	43
Oregon.....	43
Pennsylvania.....	43
Rhode Island	43
South Carolina	44
South Dakota.....	44
Tennessee	44
Texas	44

Utah	44
Vermont	44
Virginia	44
Washington	44
West Virginia	45
Wisconsin	45
Wyoming	45
U.S. Territories.....	45
Puerto Rico	45
Virgin Islands	45
American Samoa	45
Commonwealth of the Northern Mariana Islands	46
Guam	46
Native American Disability Law Center, Inc.	46

Executive Summary

According to the Centers for Disease Control and Prevention (CDC), traumatic brain injury (TBI) is a major cause of death and disability in the United States.¹ Symptoms and impairments can vary from mild to severe; after their injury, individuals may need short-term and long-term rehabilitation, services, and supports to return to home, education, employment, and to participate in the community. To assist people with TBI and their families, Congress passed the TBI Act in 1996 (Public Law 104-166), which authorized appropriations for the U.S. Department of Health and Human Services (HHS) to award state grants to increase access to rehabilitation and other services that may be needed after a TBI. The 2000 Amendments authorized grants to state protection and advocacy (P&A) agencies to assist individuals in seeking services and to ensure access.

This report is submitted pursuant to the TBI Program Reauthorization Act of 2018 (Public Law 115-377) that directs HHS to submit a biennial report to Congress describing the findings and results of the State Partnership Program and the Protection & Advocacy TBI Program—two programs authorized by the TBI Act and administered by HHS' Administration for Community Living. This report provides information about these grant programs.

The TBI Reauthorization of 2014 (Public Law 113-196) called for HHS to develop a TBI Coordination Plan. To meet that mandate, ACL has compiled a federal inventory of programs that help to meet the needs of people with brain injury and their families (see Appendix B).

¹ Centers for Disease Control and Prevention (2019). Surveillance Report of Traumatic Brain Injury-related Emergency Department Visits, Hospitalizations, and Deaths—United States, 2014. Centers for Disease Control and Prevention, U.S. Department of Health and Human Services.

Introduction

About Traumatic Brain Injury

The Centers for Disease Control and Prevention (CDC) identifies traumatic brain injury (TBI) as a serious public health problem in the United States—one that contributes to a substantial number of deaths and cases of permanent disability each year. According to CDC data, there were 223,135 TBI-related hospitalizations in 2019 and 69,473 TBI-related deaths in 2021, disproportionately affecting people 75 years and older and males.² The CDC reported that causes of TBI-related hospitalizations and deaths include falls, firearm related injuries, motor vehicle crashes, and assaults.³ Falls lead to nearly half of the TBI-related hospitalizations, while firearm related suicides is the most common cause of TBI-related deaths in the United States.⁴ The TBI Act defines traumatic brain injury as “an acquired injury to the brain. Such term does not include brain dysfunction caused by congenital or degenerative disorders, nor birth trauma, but may include brain injuries caused by anoxia due to trauma.” (42 USC § 300d–52). CDC further explains TBI as caused by a bump, blow, or jolt to the head—or by a penetrating head injury—that disrupts the normal function of the brain. Not all blows or jolts to the head result in a traumatic brain injury, and the severity of a TBI can range from mild (defined as a brief change in mental status or consciousness) to severe (involving an extended period of unconsciousness or amnesia after the injury).

Resulting symptoms vary depending on the extent of injury and the area of the brain that was impacted. Some symptoms may appear immediately, while others may emerge after several days or years.⁵ Symptoms may include problems relating to cognitive, emotional, physical, and sensory abilities. Individuals may have difficulty with thinking, problem solving, memory, initiation, regulating behavior, and communication—all of which impact how an individual is able to function, live independently, maintain meaningful relationships and work productively.

A range of services and supports may be required after the initial injury, including acute and post-acute rehabilitation, therapies, and psychological care. Individuals may require additional short- and long-term services and supports for community reintegration and living—including personal care, in-home care, counseling, vocational training and

² [TBI Data | Concussion | Traumatic Brain Injury | CDC Injury Center](#)

³ [At a Glance: CDC uses TBI data and research to save lives](#)

⁴ [Get the Facts About TBI | Concussion | Traumatic Brain Injury | CDC Injury Center](#)

⁵ Dams-O'Connor K, Juengst SB, Bogner J, et al. Traumatic brain injury as a chronic disease: insights from the United States Traumatic Brain Injury Model Systems Research Program. *Lancet Neurol.* 2023;22(6):517-528. doi:10.1016/S1474-4422(23)00065-0

rehabilitation, assistance with activities of daily living, educational supports, transportation, housing, and service coordination to assist individuals in connecting to resources.

Multiple agencies, professionals, and payers may be involved in treating, rehabilitating, and supporting people with TBI and their families with community reintegration and living. For example, services may be provided by agencies that provide public and private medical care, healthcare, rehabilitation, vocational rehabilitation, education, and/or mental and behavioral health services, as well as those that provide in-home supports. State brain injury programs are housed in education, health, mental/behavioral health, or vocational rehabilitation agencies across the country and have differing funding resources to support these service needs.

The Administration for Community Living (ACL) TBI State Partnership Program (SPP) assists states in coordinating and expanding resources across agencies to help people with brain injury and their families navigate these systems. ACL's TBI Technical Assistance and Resource Center assists TBI SPP grantees to 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.

ACL also administers the Protection & Advocacy for Individuals with Traumatic Brain Injury (PATBI) program, which provides grant funding for the Protection and Advocacy Systems (P&As) that work at the state level. There are 57 P&As in the United States and its territories, in addition to the Native American P&A Project. Along with assessing their state or territory or tribal systems' responsiveness to TBI issues, P&As provide advocacy support to people with TBI and their families. Funding is also made available to provide training and technical assistance to the state P&A systems.

Traumatic Brain Injury Program Reauthorization Act of 2018

Congress passed the first TBI Act in 1996 (Public Law 104-166) and subsequently reauthorized TBI Act programs in 2000, 2008, 2014, and, most recently, 2018. The Traumatic Brain Injury Program Reauthorization Act of 2018 (Public Law 115-377) authorized appropriations to ACL through fiscal year 2024 for grants to states, tribes, and territories to improve access to rehabilitation and community services as well as to state P&A agencies to assist with self-advocacy, information & referral, and other assistance to families and individuals in accessing service delivery. The law also included provisions for CDC to award grants to states to develop or operate a TBI surveillance system or registry to determine the incidence and prevalence of TBI; to conduct public information and awareness programs relating to TBI; and to reduce the

incidence and prevalence of TBI-related disability in all age groups and racial and ethnic minority groups in the general population of the United States.

Historically, the 2000 Amendments added state P&A grants for purposes of providing information, referrals, and advice; individual and family advocacy; legal representation; and specific assistance in self-advocacy. Initially administered by the Health Resources and Services Administration (HRSA), the 2014 reauthorization removed HRSA as the administering agency, leaving the program administration to the discretion of the Secretary of Health and Human Services (HHS). The Secretary moved the program from HRSA to ACL in 2016. The 2018 reauthorization designated ACL to administer both the TBI SPP and P&A grant programs.

In addition to the TBI Act grant programs, ACL was responsible for developing a TBI Federal Coordination Plan directed by the 2014 reauthorization, which is addressed in Part 2 of this report.

Part 1. Administration for Community Living

The Administration for Community Living (ACL) was created around the fundamental principle that older adults and people with disabilities of all ages should be able to live where they choose, with the people they choose, and with the ability to participate fully in their communities. ACL administers a number of grant programs authorized by federal legislation, including the Older Americans Act; Assistive Technology Act; the Developmental Disabilities Assistance and Bill of Rights Act; and the Rehabilitation Act of 1973. In keeping with its vision, ACL programs provide and facilitate access to individualized, person-centered home and community-based services and supports. The Administration accomplishes its mission by working with other federal agencies, states, localities, tribal organizations, nonprofit organizations, and businesses—as well as with individuals with disabilities, families, and caregivers—to help individuals with disabilities, including individuals with TBI, to live in their own homes and fully participate in their communities.

In addition to the TBI Act programs, ACL also supports the TBI Model Systems (TBIMS) program, which conducts rehabilitation research to improve care and outcomes for people with TBI including injury follow up at the 1, 2 and 5 year mark to observe long-term changes to the brain and help inform new policies in the TBI space.⁶ Other ACL-funded research centers also contribute data to the TBIMS National Database, the largest longitudinal study of TBI, to improve the understanding of long-term outcomes and impacts on survivors, their families, and their communities. This research is also beneficial to the ACL TBI programs.

⁶ See FN 5, above.

Part 2. TBI Federal Coordination Plan

The Traumatic Brain Injury Reauthorization Act of 2014 (Public Law 113-196) directed the Health and Human Services (HHS) Secretary to develop a TBI Coordination Plan. The law specifically required the plan to:

- 1) Review existing interagency coordination efforts with respect to federal activities related to traumatic brain injury, including services for individuals with traumatic brain injury;
- 2) Identify areas for improved coordination between relevant federal agencies and programs, including agencies and programs with a focus on serving individuals with disabilities;
- 3) Identify each recommendation in the report required by section 393C(b) of the Public Health Service Act (42 U.S.C.280b–1d(b)) that has been adopted and each such recommendation that had not been adopted, and describe any planned activities to address each such recommendation that has not been adopted; and
- 4) Incorporate, as appropriate, stakeholder feedback, including feedback from individuals with traumatic brain injury and their caregivers.

In 2016, ACL conducted stakeholder calls to obtain input on federal programs and the ways that an interagency coordination plan may be of benefit. During these calls, stakeholders recommended:

- That the federal government should provide publicly available information to stakeholders to assist them with leveraging resources.
- That TBI State Partnership Program grantees should be required to coordinate with other ACL programs.
- That ACL play a leadership role in educating other federal agencies about living well with a brain injury.
- That ACL invite federal partners to ACL meetings with state brain injury programs and grantees.
- That ACL create an inventory of federal programs and the ways that states have utilized them.
- That information be provided to families, caregivers, and individuals with brain injury.

Other themes included:

- Medical professionals need better TBI education to increase their capacity to recognize and treat early on those individuals who sustain a TBI, and to treat TBI as a chronic condition, not an acute condition.
- Vision issues, which include blurred or double vision, and difficulty with eye movements, focus, light sensitivity, and tracking, are currently missing from and need to be included in the TBI conversation as they are often overlooked during initial treatment.
- More support is needed for alternative medicine and therapy for TBI.
- Educators need more TBI training so they can better understand and help students.
- Criminal justice systems need to be involved in federal coordination efforts. Law enforcement and federal judges need more TBI education.
- Individuals who have sustained a TBI need:
 - More federal financial support and comprehensive insurance coverage.
 - Better access to affordable housing and transportation services.
 - Managed care services.
- Individuals who have sustained a TBI and can no longer work also need:
 - More opportunities to be involved with their community and with TBI organizations in order to provide their life with structure and purpose.
 - More financial support, especially when denied access to worker's compensation or Social Security disability benefits.
- There needs to be more federal support for advocacy organizations.
- Rural areas need attention; they do not have as many services for TBI as more populated areas.

The federal programs and accompanying statutes that may directly or indirectly impact individuals with brain injury and their families are listed in Appendix B. These programs are categorized as either Tier One or Tier Two: Tier One refers to programs with a sole focus on supporting individuals with brain injury, their families, and caregivers, as well as all professionals who impact this community; Tier Two refers to programs and resources that are available to all individuals with disabilities and may also support individuals with brain injury.

To improve coordination among federal programs, ACL invited federal program representatives to present information about their programs during meetings with

stakeholders in 2019 and 2020. These representatives presented on federal agencies administering programs in the areas of education, housing, employment, intellectual/developmental disabilities, and vocational rehabilitation. ACL has also included TBI grantees in ACL cross-disability projects that focus on employment and person-centered planning with regard to long-term services and supports. As part of these projects, subject matter experts on brain injury have been providing technical assistance to participating states that focus on programs and services for individuals with other disabilities.

Part 3. TBI State Partnership Grant Program

The TBI Reauthorization Act of 2018 (Public Law 115-377) authorized appropriations for grants to states, tribes, and territories to improve access to rehabilitation and community services through fiscal year 2024. The law requires states to agree to establish an advisory board within the appropriate health department of the state or American Indian consortium or within another department as designated by the chief executive officer of the state or American Indian consortium. The advisory board is to advise and make recommendations on ways to improve service coordination for people with TBI and their families and encourage citizen participation through public hearings and other types of community outreach programs. The law also requires the state to provide a 2:1 state match (cash or non-federal in-kind).

A state, territory, or American Indian consortium is to use grant funding received for the following (either directly or through awards of contracts to nonprofit private entities):

(A) To develop, change, or enhance community-based service delivery systems that include timely access to comprehensive appropriate services and supports. Such service and supports —

- (i) shall promote full participation by individuals with traumatic brain injury and their families in decision making regarding the services and supports; and
- (ii) shall be designed for children, youth, and adults with traumatic brain injury.

(B) To focus on outreach to underserved and inappropriately served individuals, such as individuals in institutional settings, individuals with low socioeconomic resources, individuals in rural communities, and individuals in culturally and linguistically diverse communities.

(C) To award contracts to nonprofit entities for consumer or family service access training, consumer support, peer mentoring, and parent to parent programs.

(D) To develop individual and family service coordination or case management systems.

(E) To support other needs identified by the advisory board.⁷

In 2016, the TBI state grant and P&A programs were transferred from the Health Resources and Services Administration (HRSA) to ACL. Subsequently, ACL sought stakeholder feedback through a variety of mechanisms, including 1) through interviews

⁷ 42 United States Code (USC) § 300d–52

with people who have sustained a brain injury and their family members and with experts in research and rehabilitation; 2) through engagement with national membership groups and state brain injury program administrators; and 3) through outreach to other federal partners conducting and administering funding for injury prevention and for clinical and other research initiatives. This feedback was collected and detailed in the ACL TBI “As-Is Assessment” that was produced in November 2016.

Based on stakeholder input and to meet the TBI Act intent, ACL adopted the overall goal for the TBI state grant program to:

- 1) Help states strengthen and grow their capacity to support and maintain a system of services and supports that will maximize the independence, well-being, and health of persons with brain injury; and
- 2) Learn from and call upon the expertise of states that have built and maintained a strong and sophisticated state infrastructure.

Additional stakeholder feedback regarding the scope of the program was also received. In general, stakeholders were in support of ACL funding more states, engaging in national efforts for interagency collaboration, promoting standardized data collection and metrics, and sharing information regarding evidence-based practices.

ACL revamped the TBI SPP program into two categories: Mentor State Grants and Partner State Grants. The Partner State Grantees and Mentor State Grantees worked together to maximize the program’s impact nationally. Partner State Grants provided funding to states for building and enhancing basic infrastructure. Mentor State Grants provided funding to more established states to build their infrastructure, to mentor Partner State grantees, and to work with other Mentor State grantees and with ACL to improve the national impact of the TBI SPP.

Applicants for Mentor State grants agreed to:

- Provide the required 2:1 state match;
- Support a state TBI advisory board;
- Provide at least one full-time dedicated staff person;
- Create an annual TBI state plan;
- Create and/or expand their state’s TBI registry;
- Work to expand and strengthen their state’s capacity to provide access to comprehensive and coordinated services for individuals with TBIs and their families;

- Work with one or more Partner State Grantee(s) to help the Partner State Grantee(s) increase their capacity to provide access to comprehensive and coordinated services for individuals with TBIs and their families; and
- Work with other Mentor State Grantees and with ACL to improve national coordination of and collaboration regarding TBI services and supports.

Applicants for the Partner State grants agreed to:

- Provide the required 2:1 state match;
- Support a state TBI advisory board;
- Provide at least one dedicated staff person at 50 percent FTE;
- Create an annual TBI state plan;
- Create and/or expand their state's TBI registry; and
- Work independently and with one or more Mentor State grantee(s) to expand and strengthen the Partner State's capacity to provide access to comprehensive and coordinated services for individuals with TBIs and their families.

Additionally, grantees were instructed to provide a plan for recruiting additional members onto their advisory boards to include the following representatives:

- A substantial number of people with TBI (states should work toward ensuring that people with TBIs comprise 50 percent of the advisory board membership)
- Family member(s) of people with TBIs
- Centers for Independent Living/Statewide Independent Living Councils
- Aging and Disability Resource Center
- Protection & Advocacy agency
- Long-term Care Ombudsman
- ACL-funded TBI Model System Center (if it exists within the state)

2019-2020 TBI State Grantees

In 2019-2020, 27 states received funding under the TBI SPP program to improve access to service delivery: 24 states were awarded three-year grants in FY 2019, and 3 states were awarded two-year Partner State grants the following year (FY 2020). The states that received funding are listed in the following table.

Mentor States	Partner States
Colorado	Alabama
Indiana	Alaska
Iowa	Arkansas
Massachusetts	California
Nebraska	Georgia
Oregon	Idaho
Pennsylvania	Kansas
Tennessee	Kentucky
Virginia	Maine
West Virginia	Maryland
	Minnesota
	Missouri
	North Carolina
	Ohio
	Rhode Island
	Utah
	Vermont

To assist the work of the grantees, workgroups were formed around common projects, with the Mentor States leading the discussion and providing assistance. The following is a list of the workgroups that were established and their respective aims.

- **Advisory Boards & Survivor Engagement**, to support state efforts in developing and maintaining effective advisory boards, including improving board engagement.
- **Criminal & Juvenile Justice**, to focus on information sharing among states with interest in brain injury identification and implementation of supports in a variety of criminal and juvenile justice settings.
- **Opioid Use & Mental Health Needs**, to identify and share best practices across states with regard to addressing the intersections between substance use-related disorders, mental health, and brain injuries.
- **Return to Learn & Return to Play**, to identify and share best practices across states with regard to students transitioning back to school after sustaining a brain injury.
- **Sustainable Partnerships**, to focus on product development related to creating and sustaining partners; technical assistance for workgroup members and

others; and to identify opportunities for partnerships, address challenging prospective partners, sustain planning, and work with advisory board members.

- **Transition & Employment**, to focus on describing the core knowledge, skills and abilities (competencies) that vocational rehabilitation counselors and related professionals should possess to help individuals with brain injury achieve successful employment.
- **Underserved Populations**, to identify and share best practices across states with regard to underserved populations accessing appropriate resources after sustaining a brain injury. Underserved populations included rural/ frontier communities, victims of violence, those struggling with substance use disorder, those who are unhoused, and those affected by co-occurring disorders.
- **Using Data to Connect People to Services**, to support state efforts in using data to expand access to services for individuals living with brain injury and their families/caregivers by developing and sharing tools and best practices.
- **Waivers and Trust Funds**, to identify needs and products that would help further the work of states interested in Medicaid Home and Community-Based Services (HCBS) waiver programs and trust funds, which are State accounts derived from dedicated funding, typically from traffic fines, earmarked for brain injury programs and for other purposes as established by state laws.

State Examples of TBI SPP Activities

The following are examples of ACL TBI SPP grantee activities that fall within these categories.

Advisory Boards & Survivor Engagement

Nebraska Vocational Rehabilitation (VR) built a statewide, voice-driven association. The voice-driven association uses the voices of individuals with brain injury and family members to advocate for policy, program, and service changes that increase access to comprehensive and coordinated services in their communities. With expert consulting and technical assistance, the association was incorporated as the Nebraska Injured Brain Network (NIBN). Following incorporation, NIBN elected a board of directors, adopted written bylaws and a mission statement, established three chapters in rural areas, opened a bank account with a line of credit, and created a logo; at the time of writing, NIBN was finalizing a website. Nebraska VR collaborated with NIBN to deliver the *2nd Annual Living With An Injured Brain Summit* in November 2020. NIBN successfully competed for and won a contract with Nebraska VR to complete assessment and planning activities for a pilot of peer to peer supports for individuals with brain injury. The pilot began in December 2020.

Criminal & Juvenile Justice

Pennsylvania Department of Health collaborated with the Brain Injury Association of Pennsylvania (BIAPA) to provide brain injury education and training to juvenile justice providers statewide. They also collaborated to provide technical assistance to facilities to build their capacity to implement brain injury screening and neuro-resource facilitation. The Department and BIAPA partnered with the Office of Juvenile Justice and Delinquency Prevention to host “More Than Half: Brain Injury Among Justice-Involved Youth.” This webinar provided information on brain injury basics, brain injury prevalence and impact on youth offenders, brain injury screening, the National Partnership for Juvenile Services (NPJS) position statement on brain injury, and implications for practice and resources. The Department and BIAPA also presented at the Pennsylvania Partnership for Juvenile Services Conference. The presentation, “Why isn’t this working? Different approaches for individuals with cognitive impairment,” focused on increasing staff resiliency by providing strategies for more effective interactions with youth with brain injury. The Department is converting all of its in-person trainings to virtual trainings in order to maximize safety while still meeting the needs of juvenile justice providers regarding brain injury among justice-involved youth.

Opioid Use & Mental Health Needs

Alabama Department of Rehabilitation Services (ADRS) addressed statewide needs of individuals with TBI and co-occurring conditions relating to mental illness and substance use disorders. The ADRS Alabama TBI Program partnered with the Alabama Department of Mental Health to expand capacity for identifying and screening individuals for TBI and to expand virtual TBI education and training opportunities statewide for mental illness/substance use community providers/clinics. The training provided information on resources and services within the state’s P&A program, ADRS, and the state’s Department of Mental Health. The ADRS TBI Program collaborated with other Alabama state agencies and initiatives to promote TBI education within the mental illness, substance use, and veterans’ populations; collaborators included community partners as well as the Governor’s Challenge to Prevent Suicide Among Service Members, Veterans, and their Families (SMVF) and the Ala-VETNET, which consists of 18 state agencies that coordinate resources for veterans. The ACL TBI SPP grant also enabled ADRS to provide training to promote and educate TBI caregivers/partners on person-centered planning, caregiver support, and empowerment. The training also included information on state TBI resources as another ACL TBI SPP grant activity.

Return to Play/ Return to Learn

Missouri Department of Health and Senior Services, Bureau of Special Health Care Needs collaborated with the Brain Injury Association of Missouri and the Institute for

Human Development - University of Missouri Kansas City to sponsor and hold regional sports concussion seminars across the state. The seminars, titled “Sports Concussions: Facts, Fallacies and New Frontiers,” provided quality information on TBI policy and procedure development to coaches, school administrators, school nurses, and first responders. These statewide efforts are in keeping with Missouri’s “Return to Play” law—The Interscholastic Youth Sports Brain Injury Prevention Act—which was enacted in 2011. The law directed the health department to develop guidelines, information, and forms to educate coaches, youth athletes, and parents or guardians on the risk of concussion and brain injury should athletes continue to play after an injury.

The Department also developed a self-assessment form titled *Concussion BINGO – Are You Prepared?*, which covers a range of concussion management policies and practices, including coaches’ education, safety equipment checks, and the use of “Return to Play” forms. The Department also used the self-assessment as a tool to gather information on how frequently schools across the state implemented TBI screening and education policies and accommodations following reported injuries. The data will help inform decision making as the Department pursues “Return to Learn” legislation to address the academic challenges that follow a concussion. Such legislation would promote training among educators to address protocols for athletes returning to the classroom following a concussion.

Sustainable Partnerships

Maryland Department of Health, Behavioral Health Administration launched a statewide initiative called STAR—Screen, Train, Activate, Reduce—to address the needs of Marylanders living with brain injuries. The approach was to involve other state and community agencies to integrate training within their jurisdictions in order to sustain the training over the long-term. Voluntary screening and training were geared toward addressing identification and best practices to support individuals living with brain injury with co-occurring behavioral health disorders. Maryland also provided technical assistance to the state's Overdose Fatality Review Teams—offering information, training, and tools to better understand brain injury as a possible contributor to the overdose epidemic—and recommended interventions to mitigate the risk of overdose through harm reduction strategies that are brain injury-informed. In addition, Maryland continued its longstanding support and training initiatives related to public safety, including the development of a “train the trainer” guide for local police departments’ Crisis Intervention Training (CIT) curriculums for police and other public safety partners. Maryland engaged the Brain Injury Association of Maryland and other partners to enhance support and resources for individuals, their families, and caregivers. Maryland stakeholders are working to establish a TBI registry and to support a funding generator for Maryland's Brain Injury Trust Fund in order to expand services and resources.

Transition & Employment

Vermont Department of Disabilities, Aging & Independent Living (DAIL), Adult Services Division (ASD), as the lead agency for the TBI SPP grant, participated in ACL's Transition and Employment workgroup. The group, consisting of ACL TBI SPP grantees, used an in-depth process to draft competencies for professionals who serve individuals with TBI. The goal was to use the competencies to form the basis for a national TBI Professional Workforce Training and Development model. There is widespread interest in the brain injury field to learn what Vocational Rehabilitation (VR) counselors perceive to be their own strengths, and to identify areas where more training may be desired or needed. The Vermont TBI SPP grant staff facilitated input from Vermont VR counselors, as the Division of VR Services is also under DAIL and are partners with ASD in supporting individuals who have experienced brain injury. Therefore, they were very willing to participate in a Self-Assessment Survey. Future professional education and training opportunities may be informed by the results of this self-assessment.

Underserved Populations

Oregon's lead agency for the TBI SPP grant, the Center on Brain Injury Research and Training (CBIRT) at the University of Oregon, focused on building capacity for coordinated services on behalf of people with TBI living in rural communities and those who are homeless. CBIRT established the Eastern Oregon Brain Injury Provider network to cultivate relationships between rural providers and to build awareness of TBI and available resources. CBIRT created a webinar series that highlighted resources for individuals living in rural areas and presented information on TBI screening and accommodations. With regard to its other population of focus, CBIRT provided training and resources to staff working with individuals who are homeless and may have incurred a TBI. Staff at an urban program that serves adults and families impacted by homelessness were trained to screen for and provide accommodations for brain injury-related disabilities. CBIRT is working to establish a system of statewide resource facilitation to serve all Oregonians with TBI—including those in rural settings and those who are homeless.

Using Data to Connect People to Services

Georgia Brain and Spinal Injury Trust Fund Commission conducted a statewide public service announcement campaign via Georgia Public Broadcasting for three consecutive years. According to A.C. Nielsen, the campaign reached more than 3 million Georgians each year. The Commission administers the Georgia Brain and Spinal Injury Registry, referred to as the Central Registry, which is a report of Georgians who have sustained a traumatic brain or spinal cord injury in a given year and who receive a follow-up letter

to inform them of resources and the trust fund program that administers dedicated funding to assist individuals with TBI and spinal cord injury. Through the grant, letters have been sent to 20,000 individuals with TBI treated in hospital emergency rooms annually as the result of capturing their names and contact information from the Central Registry.

Waivers

North Carolina Department of Health and Human Services (NC DHHS), Division of Mental Health, Developmental Disabilities and Substances Abuse Services (DMHDDSAS) TBI program collaborated with the Division's Substance Use Disorder (SUD) section and the Division of Health Benefits (NC Medicaid) regarding the rollout of the Medicaid Section 1115 Demonstration Waiver for SUD. This Waiver includes an American Society of Addiction Medicine (ASAM) Level 3 (residential treatment services) service component specifically for individuals with TBI. The TBI program, the recipient of the ACL TBI SPP grant, provided resource information from similar existing residential treatment programs across the country. The program also provided consultative services during waiver development and is in the process of updating an online training module focused on TBI and MH/SUD that includes an emphasis on opioid misuse. Education and training were available to providers and other stakeholders throughout the Waiver preparation and will be available through the implementation processes and beyond. The federal Centers for Medicare & Medicaid Services (CMS) has since approved North Carolina's 1115 waiver for a five-year demonstration period. NC DHHS received federal authority to provide a specific, more intensive set of behavioral health benefits through Tailored Plans to serve people with a serious mental illness, serious emotional disturbance, severe substance use disorder, intellectual/developmental disability or a TBI.

Performance Measures: Outcomes and Results

ACL developed performance measures to understand how grantees are using grant funds and the impact the funds are having across all participating states. Draft measures were distributed to the public for input and then submitted to the Office of Management and Budget (OMB). OMB approved the measures on March 10, 2020. The TBI SPP grantees report on measures related to:

- Partnership development;
- Planning and infrastructure development;
- Information and referral assistance;
- Screening;

- Resource facilitation; and
- Training, outreach, and awareness.

The TBI SPP grantees only reported performance measures for those activities that directly related to their grant. For some of the performance measures, grantees reported on the target populations for the activities, defined by age, setting, and location (such as rural populations). Since most TBI SPP grantees conducted screening and training activities, data on these areas are reported below.

Screening

Out of the 27 TBI SPP grantees, 14 reported screening activities during the period of July 1, 2019 through May 31, 2020, with a total of 17,972 people screened for TBI. About 4,669 (26%) of the people screened had a history of TBI, including 139 (3%) who identified as veterans. Since all grantees were not able to report full screening data, the numbers reported may be an underestimate of the actual data.

States screened people for a lifetime history of TBI across a variety of settings to determine if individuals needed specialized services and supports that would address TBI-related disabilities. These settings and populations included individuals in behavioral or mental health programs, substance use treatment programs, and/or juvenile justice or criminal justice settings; recipients of domestic and intimate violence service programs; and older adults in nursing homes and long-term care settings.

Training

During the period of July 1, 2019 through May 31, 2020, almost all TBI SPP grantees reported that they or their grant partners conducted trainings in at least one topic area related to TBI. The types of training modalities included in-person (prior to the COVID-19 pandemic), webinar, and online training modules. Due to the pandemic, in-person training was discontinued, and online/virtual modules were created. Some trainings were recorded and made available to all interested stakeholders. Training topics addressed by 10 or more TBI SPP grantees or their partners and the person-exposure⁸ were: concussions and mild TBI (11,178); TBI basics (8,867); behavioral health and TBI (3,918); community-based services and support resources (3,899); neurobehavioral aspects of TBI (2,006); and identification, screening, and assessment (1,530). Fourteen training topics were addressed by less than 10 TBI SPP grantees or their partners and the person-exposure was 6,989. Sixteen grantees exposed 7,364 persons to trainings in the “other” category covering an array of topics such as suicide awareness, crisis

⁸ A “person-exposure” refers to an individual attendance at a training—as opposed to the total number of unique individuals who received training.

management, concussion management, concussion support within school settings, and cultural competence.

These 2019-2020 TBI SPP grantees are listed in Appendix C of this report.

Technical Assistance and Resource Center

ACL awarded a contract to the Human Services Research Institute (HSRI) to administer the Traumatic Brain Injury Technical Assistance and Resource Center (TBI TARC). With the assistance of the National Association of State Head Injury Administrators (NASDIP), the Center helps states promote access to integrated, coordinated supports for people who have sustained a TBI, their families, and their caregivers. TBI TARC provides resources to a wide variety of stakeholders.

TBI TARC began in October 2019 to support 27 state grantees by delivering the following key services:

- Providing technical assistance and support to state grantees and others;
- Evaluating the impact, training, and performance of the ACL grantee program and the Technical Assistance and Resource Center;
- Sharing information, communicating policy research, facilitating product development, and training through key partnerships;
- Creating and maintaining Community Snapshots on grantee activities;
- Conducting annual needs assessments with states to determine activities and support needs;
- Convening subject matter experts and a TBI Advisory and Leadership group to guide TARC activities and assist with training in a person-centered capacity;
- Planning, implementing, and coordinating Stakeholder Day meetings;
- Making relevant legacy resources available to states and community organizations through the TBI Portal and website; and
- Training (through webinars) on identified and prioritized topics.

Part 4. Protection and Advocacy Grants

Protection & advocacy systems (P&A) were first created as part of the Developmental Disabilities Assistance and Bill of Rights Act (DD Act) of 1975, following an exposé of abuse and neglect in a state facility for individuals with developmental disabilities. The DD Act directs the governor of each state to designate an entity to be the P&A and to ensure that the P&A is independent of any service provider, including state government programs. The Children's Health Act of 2000 (Public Law 106-310) authorized the P&A grants to address issues relating to individuals with TBI and their families, specifically offering:

- 1) Information, referrals, and advice;
- 2) Individual and family advocacy;
- 3) Legal representation; and
- 4) Specific assistance in self-advocacy.

P&A Grantees

The DD Act and other authorizing statutes give the P&A authority to advocate for the rights of individuals with disabilities. The DD Act states that each P&A must have the authority to “pursue legal, administrative, and other appropriate remedies or approaches to ensure the protection of, and advocacy for, the rights of [individuals with developmental disabilities] within the State” (42 U.S.C. §15043). The P&As use a range of remedies to advocate for individuals with developmental disabilities, including self-advocacy assistance, negotiation, and litigation. There are 57 P&As—one in every state and U.S. territory as well as one serving the Native American population in the Four Corners region.

The ACL federal Protection and Advocacy TBI (PATBI) program, authorized by the 2000 TBI Amendments (42 U.S. Code § 300d–53), provides formula grants to state/territory/tribal P&A systems, which in turn provides individuals with TBI access to legal representation and work to protect the civil rights of individuals with brain injury and their families. The P&A entities are listed in Appendix D of this report.

Technical Assistance

The Training and Advocacy Support Center (TASC) at the National Disability Rights Network (NDRN), a national membership association for the P&A network, provides technical assistance to grantees. This technical assistance is provided through a contract funded by three agencies—ACL and the Substance Abuse and Mental Health Services Administration of HHS, and the Office of Special Education and Rehabilitative

Services at the U.S. Department of Education. Through this contract, coordinated and comprehensive training and technical assistance (T/TA) is provided to support the P&As in providing legal advocacy services to people with disabilities. Included is support relating to people living with traumatic brain injury. Coordinated T/TA means addressing the P&A network needs related to implementing the various protection and advocacy grants from multiple funding Federal agencies. Comprehensive T/TA refers to resources that provide a broadly applicable foundation for all P&As regardless of size (small, medium, large) and capacity, yet are responsive to the emerging needs of P&As, such as highly complex, individualized issues. Specialized T/TA is tailored to the unique role of the P&As in providing legal advocacy services to people with developmental disabilities, support relating to people living with traumatic brain injury and ensuring voting access.

Part 5. Special Projects

ACL awarded contracts for special projects to further assist states with developing, expanding, and improving home and community-based services for individuals with brain injury. These projects resulted in reports and in the form of technical assistance to state grantees to assist with their ACL TBI SPP grant activities to expand employment opportunities within states and to improve community-based systems that reflect person centered practices. By including people with brain injury in projects that addressed cross-disability issues, these special projects reflected the overall mission of ACL to maximize the independence, well-being, and health of people with disabilities across the lifespan and their families and caregivers.

Prevalence and HCBS Services – TBI Model Systems National Data and Statistical Center, Craig Hospital

At the request of ACL, the TBI Model Systems (TBIMS) National Data and Statistical Center (NDSC) researched methods for estimating the prevalence of TBI—by state and within each state—and the use of HCBS by individuals with TBI. The [final report](#) identified a tiered set of options to estimate both the prevalence of TBI at the state level and the number of people with TBI in a state using HCBS. The recommendations provided options for states in order to accommodate differences in existing state infrastructures and resources among states. These recommendations reflect the approximate cost, complexity, and resulting accuracy of estimates.

HCBS Functional Assessment Tools – New Editions and The Lewin Group

ACL contracted with New Editions and The Lewin Group to conduct a study to review the functional assessment tools used by all 50 states to determine eligibility for Medicaid HCBS waiver programs, which provide services for individuals with a history of brain injury. States have considerable flexibility in determining level-of-care (LOC) criteria and use functional assessment tools, in part, to determine eligibility for Medicaid long-term services and supports (LTSS). To assess the functional status of individuals with brain injury, states may use similar tools across populations (e.g., aging, developmental disabilities), assessment tools specific to brain injury, or a combination of tools. These tools may be commercial proprietary assessment tools or “home grown” tools developed by a state to assess the ability of a person with brain injury to conduct activities of daily living (ADLs) and instrumental activities of daily living (IADLs) that allow them to live independently in their home and community.

ACL convened a technical expert panel (TEP) that included individuals with brain injury, researchers, state administrators, representatives from national organizations, the Defense and Veterans Brain Injury Center (DVBIC), and staff from selected state HCBS

LTSS programs. These individuals reviewed state assessment tools used for Medicaid brain injury HCBS. The Lewin Group analyzed the feedback collected from the first two TEP meetings and presented a preliminary outline of its recommendations during the final meeting.

The study found several emerging issues that state HCBS program administrators should consider as they develop or refine eligibility determination assessment tools for HCBS programs that serve survivors of brain injury. These considerations focused on the process of developing eligibility determination assessment tools, the contents or domains covered in the tools, and the process of conducting assessments with TBI survivors and preparing assessors. The findings were submitted to ACL in a July 2020 report entitled *Review of State Home and Community-Based Services (HCBS) Eligibility Determination Assessment Tools and Recommendations for Improving Assessment Tools and the Assessment Process for People with Traumatic Brain Injury (TBI)*.

[Fast Track Access to Home and Community-Based Services for Persons with Disability Due to Traumatic Brain Injury](#)

ACL contracted with the Ohio State University Wexner Medical Center (OSUWMC) and the Central Ohio Area Agency on Aging, the primary node in the Aging and Disability Resource Network serving Central Ohio and the location of Ohio State. They collectively studied an expedited process for determining HCBS waiver eligibility implemented by Ohio's HCBS program, with assistance from the Medicaid Balancing Incentive Program. Under the expedited process, eligibility screening occurred while individuals with TBI were receiving inpatient rehabilitation, with the goal of a seamless transition to community services once discharged and an expectation that early and continuous assistance following rehabilitation would minimize the risk for deterioration.

The contract with OSUWMC called for the Central Ohio Area Agency on Aging to conduct eligibility assessments for HCBS upon request from the OSUWMC brain injury rehabilitation team—and while the patient was still in OSUWMC's Inpatient Rehabilitation Facility. (The normal referral process required by the Ohio Department of Medicaid was initiated simultaneously.) Of the 20 people with TBI who were part of the pilot, 16 were eligible for HCBS. The study team found that streamlining the eligibility process eliminated waitlists for specialized waiver programs serving adults with a disability, including individuals with a TBI, and encouraged continuity in the recovery process.

[National Center on Advancing Person-Centered Practices and Systems – HSRI](#)

ACL and the Centers for Medicare & Medicaid Services (CMS) fund the National Center on Advancing Person-Centered Practices and Systems (NCAPPS), a technical

assistance center to assist states, tribes, and territories to implement person-centered practices. The project provides technical assistance and training to selected states providing HCBS to individuals with brain injury. NCAPPS convened a Person-Centered Advisory and Leadership Group that includes national experts with lived experience of brain injury and long-term services. The group guides and contributes to all aspects of NCAPPS' work. In FY2019 and FY2020 NCAPPS provided intensive technical assistance to 10 ACL TBI SPP grantees. NCAPPS also established a Brain Injury Learning Collaborative during this period.

National Disability Employment Technical Assistance Center – TASH and The Lewin Group

In October 2020, ACL announced the creation of the National Disability Employment Training & Technical Assistance Center to provide training and technical assistance to ACL grantees across programs, including ACL TBI SPP grantees. The Center offers a comprehensive source for disability employment information, providing grantees with the tools and resources to help individuals with disabilities more effectively in achieving meaningful competitive-wage employment in integrated settings.

Characterization and Treatment of Chronic Pain After Moderate to Severe Traumatic Brain Injury – Multi-Site TBIMS and VA TBIMS Center

ACL funded a multisite cross-sectional observational study involving nine TBIMS centers and one VA TBIMS center to examine chronic pain and pain treatment after an individual sustains a moderate to severe TBI in order to improve the health and function of individuals experiencing pain. Results from this study will not only provide detailed information on chronic pain (e.g., identification of the most common types of pain, co-occurring pain conditions, beneficial treatments), the study will also gather key information from treatment providers on the facilitators and barriers to appropriate pain treatment.

As of January 2020, 369 participants had completed data collection for this study. Of those, 158 (43 percent) were classified as having *Current Pain*, defined as persistent or recurring pain lasting longer than three months. This includes headaches or pain anywhere in the body occurring more than half of the days over a three-month period. A total of 55 participants (or 15 percent) reported having *Past Pain*, defined as having chronic pain after their TBI that has stopped or was resolved. And a total of 156 participants (or 42 percent) reported having *No Pain*, defined as not having chronic pain since their TBI.

Appendices

Appendix A: Acronyms

ACES – Adverse Childhood Experiences
ADRC – Aging and Disability Resource Center
BRFSS – Behavioral Risk Factor Surveillance System
CDC – Centers for Disease Control and Prevention
CMHS – Center for Mental Health Services
CSAT – Center for Substance Abuse Treatment
CSAP – Center for Substance Abuse Prevention
DD – Developmental Disabilities
DoD – Department of Defense
DVBIC – Defense and Veterans Brain Injury Center
EPSD&T – Early and Periodic Screening, Diagnostic and Treatment benefit
EVV – Electronic Visit Verification
HCBS – Home and Community-Based Services (Medicaid)
HRSA – U.S. Health Resources and Services Administration
HHCS – Home Health Care Services
HHS – U.S. Department of Health and Human Services
HSRI – Human Services Research Institute
IDEA – Individuals with Disabilities Education Act
LIMBIC-CENC – Long-term Impact of Military Relevant Brain Injury Consortium – Chronic Effects of Neurotrauma Consortium
LTSS – Long-term Services and Supports
MHBG – Community Mental Health Services Block Grant
NASHIA – National Association of State Head Injury Administrators
NCAPPS – National Center on Advancing Person-Centered Practices and Systems
NDRN – National Disability Rights Network
NICoE – National Intrepid Center of Excellence
NIDILRR – National Institute on Disability, Independent Living and Rehabilitation Research
NISND – National Institute of Neurological Disorders and Stroke

P&A – Protection & Advocacy

SSA – Social Security Administration

SSI – Supplemental Security Income

SSDI – Social Security Disability Insurance

SUD – Substance Use Disorder

SUPTRSBG – Substance Use Prevention, Treatment, and Recovery Services Block Grant

TBI TARC – Traumatic Brain Injury Technical Assistance and Resource Center

TBI – Traumatic Brain Injury

TBI Act – Traumatic Brain Injury Act of 1996, as amended in 2000, 2008, 2014 and 2018

TBIMS – TBI Model Systems

TBI SPP – Traumatic Brain Injury State Partnership Program

VA – Veterans Administration

VR – Vocational Rehabilitation

WIOA – Workforce Innovation and Opportunity Act

Appendix B: Traumatic Brain Injury (TBI) Federal Coordination Plan: Program Inventory

Tier One Inventory of Federal Programs
(Programs that focus primarily on TBI)

HHS, Administration for Community Living – Administration on Disabilities

TBI State Grant Partnership Program

Since the passage of the TBI Act of 1996, HHS has awarded state grants for improving access to TBI-related services. In FY2019 and FY2020, 27 states received grant funding. ACL also contracted for a TBI Technical Assistance and Resource Center to assist states in their efforts.

TBI Protection & Advocacy Grant Program

HHS awards grant funding to all 57 U.S. states, territories, and the Native American Protection and Advocacy Project to protect the rights of persons with brain injury by using different tools ensuring that they and their families have access to legal representation, self-advocacy support and advice, and information and referrals, including advocacy, investigation of abuse, and monitoring of settings where people with disabilities receive services.

HHS, Administration for Community Living – Center for Innovation and Partnership

Aging and Disability Resource Centers Program/No Wrong Door

ADRCs support state efforts to develop more efficient, cost-effective, and consumer-responsive systems of providing information and access to long-term services and supports, which are often referred to as “No Wrong Door” (NWD) systems. State TBI programs may partner with their ADRCs to provide information and referral services for people living with TBI.

HHS, Administration for Community Living - Administration on Aging

ACL’s Administration on Aging provides grants to states and territories that include programs for older adults and adults with disabilities to promote healthy lifestyles and to support healthy behaviors. Two programs that intersect with brain injury are:

BRAIN Health

The goal of BRAIN Health is to educate older adults and adults with disabilities about brain health as we age. The [Brain Injuries: Prevention, Rehabilitation, and Community](#)

[Living \(PDF\)](#) brochure addresses brain injuries, how to prevent them, and what happens after they occur. The pamphlet covers brain injury statistics, causes of brain injuries, prevention strategies, health and rehabilitation after injury, and sources of help. National brain injury organizations provided input into the materials that were developed.

Falls Prevention

Awards grants for evidence-based falls prevention programs that have been proven to reduce falls, fear of falling, and fall-related injuries in older adults. Recent amendments to the Older Americans Act authorized health promotion activities to include TBI and screening for TBI after an older adult fall.

HHS, Administration for Community Living – National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR)

ACL's National Institute on Disability Independent Living and Rehabilitation Research (NIDILRR) is the federal government's primary disability research organization. As such, NIDILRR funds research, demonstration, training, and technical assistance to maximize the full inclusion and integration into society of individuals with disabilities of all ages; and to ensure the widespread distribution, in usable formats, of practical scientific and technological information. With regard to TBI research, NIDILRR funds:

TBI Model Systems (TBIMS)

NIDILRR funds 16 TBI Model Systems that provide coordinated systems of rehabilitation care for patients aged 16 and older, and conduct research on recovery and long-term outcomes. These centers serve as platforms for collaborative, multi-site research, including research on interventions using randomized controlled approaches. The TBIMS also track Model Systems patients over time in large databases.

Model Systems Knowledge Translation Center (MSKTC)

The MSKTC is a national center that facilitates the knowledge translation process to make research meaningful to those with Spinal Cord Injury, Traumatic Brain Injury and Burn Injury. The goal is to ensure that TBI research is relevant and accessible to people with disabilities and their families; researchers; practitioners, and clinicians; and policy makers and advocates. MSKTC disseminates resources to all potential stakeholders; and implements utilization activities to promote stakeholders' awareness and use of Model Systems research for informed decision making.

TBIMS National Database

NIDILRR funds this prospective, multicenter database, which is the largest longitudinal TBI database in the world. It includes data on pre-injury, injury, acute care, rehabilitation, and outcomes at one, two- and five-years post-injury and every five years with information up to 25 years post-injury so far. The TBIMS National Database has

been used to inform research, treatment and policy to benefit individuals with TBI and their families. TBIMS contribute to the database.

HHS, Centers for Disease Control and Prevention (CDC) – National Center on Injury Prevention and Control

TBI & Concussion

CDC's Injury Center tracks data trends on fatal and non-fatal injuries, including TBI, as well as conducts prevention and public education efforts. The TBI program within the Injury Center focuses on collecting national TBI data, developing novel primary prevention strategies, and managing the effects of TBI across the lifespan to protect all Americans.

HHS, Centers for Medicare & Medicaid Services (CMS) - Center for Medicaid and CHIP Services

Medicaid HCBS

The CMS allows states to apply for HCBS waiver programs and State Plan HCBS services for specified populations. States may offer HCBS for people with brain injury through 1915(c) HCBS waivers; 1115 demonstration waivers; and 1915(j) 1915(k); and 1915(i) State Plan options.

HHS, Centers for Medicare & Medicaid Services (CMS) – Medicare-Medicaid Coordination Office

Program of All-Inclusive Care for the Elderly (PACE)

PACE, a partnership between CMS, States, and the PACE organization, provides comprehensive medical, rehabilitative, and social services to certain frail elderly individuals living in the community with the goal of aging in place and independence. PACE is financed jointly through Medicare and Medicaid funds and administered jointly between the PACE organization and States. States may provide services for elderly populations in need of TBI care in the community or at an individual's home.

HHS, National Institutes of Health (NIH)

National Institute for Neurological Disorders and Strokes (NINDS)

NINDS supports research on the nervous system to seek fundamental knowledge about diagnosis, treatment, and prevention of brain injury and neurological diseases and to

use that knowledge to reduce the burden of neurological diseases. NINDS is the lead agency for the BRAIN initiative to better understand the complexities of the brain in order to develop effective ways of treating TBI and other brain and neurological disorders.

Department of Defense (DoD) – U.S. Military Health System

The Military Health System (MHS) provides direct health care and contracts with the private sector to provide health care to uniformed service members, military retirees, and family members. Within this system is the TBI Center of Excellence.

Traumatic Brain Injury Center of Excellence (TBI CoE)

Formally known as the Defense and Veterans Brain Injury Center (DVBIC), the TBI CoE provides care from the point of injury to reintegration for service members, veterans, and families. The Center supports a multi-center network of military treatment facilities and Department of Veterans Affairs medical centers nationwide and in Germany. TBI CoE oversees and conducts TBI clinically relevant research addressing gaps in TBI knowledge for service members and veterans who have sustained a TBI. Additionally, TBI CoE continues to provide training and materials to military medical personnel for diagnosis, prevention and treatment of TBIs. TBI CoE develops, provides and distributes educational materials for both military and civilian providers, families, service members and veterans.

National Intrepid Center of Excellence (NICoE)

The NICoE, a directorate of Walter Reed National Military Medical Center, helps service members and their families manage their TBI and psychological health conditions. NICoE provides in-patient care, outpatient services, brain fitness center and a veterans crisis line.

Department of Education – Office of Special Education Programs (OSEP)

IDEA of 1990 (Public Law 101-476) added TBI as a disability eligible for special education and related services and changed the name to Individuals with Disabilities Education Act. OSEP offers funding for state Parent Training Information Centers and administers three formula grant programs described below:

Parent-Training Information Centers

OSEP funds parent training and information centers, which must serve parents of children of all ages (birth to 26) and all types of disabilities. The training and information provided by the centers must meet the training and information needs of parents of children with disabilities living in areas served by the centers, particularly underserved parents and parents of children who may be inappropriately identified.

IDEA Early Intervention (birth through age 2)

Under the Infants and Families program (Part C), OSEP awards formula grants to states to assist them in implementing statewide systems of coordinated, comprehensive, multidisciplinary, interagency programs and making early intervention services available to children with disabilities, aged birth through 2, and their families. Infants and toddlers with disabilities are defined as children who are experiencing developmental delays or have been diagnosed for a physical or mental condition that has a high probability of resulting in a developmental delay.

IDEA Part C: Infants and toddlers (pre-school)

The Preschool Grants program provides formula grants to states to make available special education and related services for children with disabilities aged 3 through 5.

IDEA Part B: Services for school-aged children (ages 3-21)

The Grants to States program provides formula grants to assist the states in meeting the excess costs of providing special education and related services to children with disabilities between the ages of 3 through 21.

Department of Veterans Affairs – Veterans Health Administration

Office of Research and Development

The Department of Veterans Affairs (VA) funds research and in 2019, VA and the Department of Defense (DOD) launched the Long-Term Impact of Military-related Brain Injury Consortium (LIMBIC) for which the two organizations pledged to funding to research mild traumatic brain injuries (TBI) or concussions.

Polytrauma/TBI System of Care

The Polytrauma System of Care (PSC) is an integrated network of specialized rehabilitation programs dedicated to serving veterans and service members with both combat and civilian related TBI and polytrauma. Services available through PCS include: interdisciplinary evaluation and treatment, development of a comprehensive plan of care, case management, patient and family education and training, psychosocial support, and application of advanced rehabilitation treatments and prosthetic technologies.

The VA Polytrauma Rehabilitation Center TBI Model System

The VA Polytrauma Rehabilitation Center (PRC) Traumatic Brain Injury Model System (TBIMS) is a longitudinal multi-center research program that examines the recovery course and outcomes of veterans and active-duty military with TBI following comprehensive inpatient rehabilitation. The goal of TBIMS is to conduct research that contributes to evidence-based rehabilitation interventions and practice guidelines that improve the lives of individuals with TBI. Currently, there are five VA flagship hospitals designated as PRCs.

Tier Two Inventory of Federal Programs

(Service agencies and programs available to all individuals with disabilities; may support individuals with brain injury)

HHS, Administration for Community Living - Center for Innovation and Partnership

State Grant for Assistive Technology Program

The program provides financial assistance to the states to help each state to develop and implement a consumer-responsive statewide program of technology-related assistance for individuals with disabilities.

HHS, Administration for Community Living – Administration on Disability

Centers for Independent Living

Centers for Independent Living (CILs) are designed and operated by individuals with disabilities and support community living and independence for people with all types of disabilities. The Independent Living Services (ILS) program provides financial assistance, through formula grants, to states and territories for providing, expanding, and improving the provision of independent living services. To be eligible to receive financial assistance, states must develop a State Plan for Independent Living and establish a Statewide Independent Living Council (SILC). Funds may be used for an array of activities as reflected in an approved SPIL:

The Centers for Independent Living (CILs) program provides grants to consumer-controlled, community-based, cross disability, private nonprofit agencies that provide services according to local needs. At a minimum, CILs provide the following:

- Information and referral;
- Independent living skills training;
- Peer counseling;
- Individual and systems advocacy; and
- Services that facilitate transition from nursing homes and other institutions to the community, provide assistance to those at risk of entering institutions, and facilitate transition of youth to postsecondary life.

HHS, Administration for Community Living - Administration on Aging

National Family Caregiver Support Program

The National Family Caregiver Support Program provides formula grants to states and territories (and Tribal entities under Title VI-C of the OAA) to fund a range of services supports, including information; assistance with accessing needed supports; counseling, education and support groups; respite; and supplemental goods and services to help address specific caregiver needs. The NFCSP aims to help family caregivers provide care for older adults in their homes for as long as possible. The program also targets grandparent and older relative caregivers caring for children or adults with disabilities ages 18-59.

Lifespan Respite Care

The Lifespan Respite Care program provides grants to eligible state agencies (e.g., the state unit on aging, the state Medicaid agency or the state disability services agency) to improve the quality of, and access to, respite care for family caregivers of children or adults with disabilities.

HHS, Centers for Disease Control and Prevention

National Center on Injury Prevention and Control

The Injury Center authorizes grants, cooperative agreements or contracts with states and nonprofits to conduct injury prevention programs and crosscutting issues and with academic institutions to provide training and research. It also tracks data and trends on fatal and non-fatal injuries. The TBI program, authorized by the TBI Act, is located in this agency that also addresses a range of prevention programs: Adverse Childhood Experiences (ACES), suicide prevention, sexual and intimate violence, firearm violence, elder abuse, older adult falls, drug overdose and transportation safety.

HHS, Centers for Disease Control and Prevention – National Center for Chronic Disease Prevention and Health Promotion

The Behavioral Risk Factor Surveillance System (BRFSS)

BRFSS is a system of health-related telephone surveys that collect state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. Several federal agencies, including other CDC centers, assist with the project. In several states, the BRFSS has included questions relating to TBI to gain a better understanding of the extent of TBI in the state.

HHS, Centers for Medicare & Medicaid Services - Center for Medicaid and CHIP Services

Early and Periodic Screening, Diagnostic and Treatment (EPSD&T)

EPSD&T is a mandated Medicaid benefit that provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid to ensure that children and adolescents receive appropriate preventive, dental, mental health, and developmental, and specialty services. The program was strengthened in 1989 to require states to provide medically necessary treatment even if the treatment is an optional service that the state has chosen not to provide for the rest of the Medicaid population.

HHS, Health Resources and Services Administration –

Maternal and Child Health Block Grant

The Maternal and Child Health Block Grant provides funding to states to support state programs for children and youth with special health care needs to facilitate the development of family-centered, community-based, coordinated systems of care. Programs include injury prevention, respite care, transportation, and other supports. Children with special health care needs are defined as being at risk for chronic physical, emotional, developmental or behavioral conditions. State Special Health Care Needs programs may provide case management to children with TBI.

Emergency Medical Services for Children (EMSC) Program

The program provides funding to develop a coordinated system of care for children needing treatment for trauma or critical care to reduce child and youth severe injuries, including TBI, illness and death. State partnership grants fund activities to improve and integrate pediatric emergency care in a state EMS system.

Family to Family Health Information Centers

The Centers assist families of children and youth with special health care needs to be partners in health care decision making through patient-centered information, education, and support to families of children and youth with special health care needs as well as to health professionals.

HHS, National Institutes of Health (NIH)

National Center for Medical Rehabilitation Research

The Center aims to foster development of scientific knowledge needed to enhance the health, productivity, independence, and quality of life of people with physical disabilities by way of research on the pathophysiology and management of chronically injured nervous and musculoskeletal systems, including TBI.

HHS, Substance Abuse and Mental Health Services Administration (SAMHSA)

Community Mental Health Services Block Grant (MHBG)

The MHBG program provides funds and technical assistance to all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and 6 Pacific jurisdictions. Grantees use the funds to provide comprehensive, community-based mental health services to adults with serious mental illnesses and to children with serious emotional disturbances and to monitor progress in implementing a comprehensive, community-based mental health system.

Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRSBG)

The SUPTRSBG program, provides funds and technical assistance to all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, 6 Pacific jurisdictions, and 1 tribal entity. Grantees use the funds to plan, implement, and evaluate activities that prevent, treat, and provide recovery support services for substance use disorders, and promote public health.

Department of Education - Office of Special Education and Rehabilitative Services (OSERS)

Rehabilitation Services Administration (RSA)

RSA is authorized to make grants to state agencies for vocational rehabilitation (VR) services, which is an integral part of a statewide workforce development system. State VR programs provide VR services for individuals with disabilities to assist with gaining and maximizing employment, independence, and integration into the community and the competitive labor market.

The Rehabilitation Act of 1973 prohibited discrimination on the basis of disability in programs conducted by federal agencies, in programs receiving federal financial assistance, in federal employment, and in the employment practices of federal contractors. Section 504 forbids organizations and employers from excluding or denying individuals with disabilities an equal opportunity to receive program benefits and services. It defines the rights of individuals with disabilities to participate in, and have access to, program benefits and services.

Department of Housing and Urban Development (HUD) – Office of Public and Indian Housing

Non-elderly Disabled Vouchers

Since 1997, Housing Choice Vouchers (HCVs) have been awarded under different special purpose voucher program types to serve Non-Elderly Persons with Disabilities (NED). Through the NED Program, vouchers could be used to access affordable housing in a community that adequately meets their needs. This allows non-elderly

disabled families to lease affordable private housing of their choice. NED vouchers also assist persons with disabilities who often face difficulties in locating suitable and accessible housing on the private market.

Section 8 Rental Vouchers

HUD provides Section 8 rental vouchers and certificates to public housing authorities (PHAs) that have approved plans to designate certain housing as elderly-only, disabled-only, or mixed elderly and disabled households to enable people with disabilities to rent affordable housing. Approved plans must be consistent with total affordable housing needs of the community.

Department of Housing and Urban Development – Office of Housing

Supported Housing for Persons with Disabilities (Section 811)

The program provides assistance to expand the supply of housing with the availability of supportive services for people with disabilities and promotes and facilitates community integration for people with significant and long-term disabilities. Capital advances are made to eligible sponsors to finance the development of rental housing with the availability of supportive services for persons with disabilities.

The Section 811 Project Rental Assistance (PRA) Program collaborates with the U.S. Department of Health and Human Services (HHS) to assist states with offering community living opportunities linked with critically needed supportive services to persons with disabilities who might otherwise be institutionalized or homeless. HUD collaborates through the provision of joint technical assistance to states and to evaluate the program's success in terms of reducing health care costs, institutionalization, and homelessness.

Department of Transportation

The National Highway Traffic Safety Administration (NHTSA)

NHTSA oversees road safety programs and provides grants to state highway safety programs, including state highway patrol data (FARS). TBI programs have partnered with state highway safety programs to promote awareness. Highway traffic safety data may be linked together with other data systems to learn more about injuries/costs/healthcare related to crashes in addition to fatalities (crash outcome data systems).

Social Security Administration – Benefits for People with Disabilities

Supplemental Security Income

SSI is a federal income supplement program funded by general tax revenues (not Social Security taxes) to help aged, blind, and people with disabilities, who have little or no income; and to provide cash to meet basic needs for food, clothing, and shelter. Most Social Security disability claims are initially processed through a network of local Social Security Administration (SSA) field offices and state agencies (usually called Disability Determination Services or DDSs).

The law defines disability as the inability to engage in any substantial gainful activity (SGA) by reason of any medically determinable physical or mental impairment(s) which can be expected to result in death, or which has lasted or can be expected to last for a continuous period of not less than 12 months.

Under title XVI, a child under age 18 will be considered disabled if he or she has a medically determinable physical or mental impairment or combination of impairments that causes marked and severe functional limitations, and that can be expected to cause death or that has lasted or can be expected to last for a continuous period of not less than 12 months.

Social Security Disability Insurance

The SSDI program is a payroll tax-funded federal insurance program administered by SSA. Monthly disability insurance benefits were first established by the Social Security Amendments of 1956. Benefits were provided for insured workers with disabilities between the ages of 50 and 65 and for disabled children of retired or deceased insured workers if the child was disabled before age 18.

SSDI pays benefits to people who have a medically determinable disability (physical or mental) that restricts their ability to be employed, and to certain family members.

Appendix C: 2019-2020 ACL TBI State Partnership Program Grantees

Mentor States

- Colorado Department of Human Services
- Indiana State Department of Health
- Iowa Department of Public Health
- Massachusetts Rehabilitation Commission
- Nebraska Department of Vocational Rehabilitation
- Oregon, University of Oregon, Center for Brain Injury Research and Training
- Pennsylvania Department of Health, Bureau of Family Health, Division of Community Systems Development and Outreach
- Tennessee Department of Health
- Virginia Department of Aging and Rehabilitative Services
- West Virginia, Center for Excellence in Disabilities at West Virginia University

Partner States

- Alabama Department of Rehabilitation
- Alaska Department of Health and Social Services
- Arkansas Trauma Rehabilitation Program at the University of Arkansas for Medical Sciences' Center for Distance Health
- California State Department of Rehabilitation
- Georgia Department of Public Health, Brain and Spinal Cord Injury Trust Fund Commission
- Idaho State University, Institute of Rural Health
- Kansas Department for Aging and Disability Services
- Kentucky Cabinet for Health and Family Services
- Maine Department of Health and Human Services
- Maryland Department of Health, Behavioral Health Administration
- Minnesota Department of Human Services
- Missouri Department of Health and Senior Services
- North Carolina Department of Health and Human Services
- Ohio, Ohio Valley Center for Brain Injury Prevention & Rehabilitation, OSU
- Rhode Island Department of Health
- Utah Department of Health
- Vermont Department of Disabilities

Appendix D: State, Territory, and Tribal P&A Contacts

Alabama

Alabama Disabilities Advocacy Program
University of Alabama
PO Box 870395
Tuscaloosa, AL 35487-0395
Phone: (205) 348-4928
Toll-free: (800) 826-1675
TDD: (205) 348-9484
Fax: (205) 348-3909
Email: adap@adap.ua.edu
Web: adap.ua.edu/

Alaska

Disability Law Center of Alaska
3330 Arctic Boulevard, Suite 103
Anchorage, AK 99503
Phone & TDD: (907) 565-1002
Toll-free: (800) 478-1234
Fax: (907) 565-1000
Email: akpa@dlcak.org
Web: www.dlcak.org

Arizona

Arizona Center for Disability Law
177 North Church Ave, Suite 800
Tucson, Arizona 85701-1119
Phone: (520) 327-9547
Toll-free: (800) 927-2260
Fax: (520) 884-0992
Email: center@azdisabilitylaw.org
Web: www.azdisabilitylaw.org

Arkansas

CAP/PADD/PAIMI/PAIR/PABSS/PAAT/
PATBI/PAVA
Disability Rights Arkansas, Inc.
400 W Capitol Ave, Suite 1200
Little Rock, AR 72201
Phone & TDD: (501) 296-1775
Toll-free: (800) 482-1174
Fax: (501) 296-1779
Email: info@disabilityrightsar.org
Web: disabilityrightsar.org/

California

Disability Rights California
1831 K St
Sacramento, CA 95811-4114
Phone: (916) 504-5800
Toll-free: (800) 776-5746
Toll-free TTY: (800) 719-5798
Fax: (916) 488-9962
Email: legalhelp@disabilityrightsca.org
Web: www.disabilityrightsca.org

Colorado

Disability Law Colorado
455 Sherman St, Suite 130
Denver, CO 80203
Phone & TDD: (303) 722-0300
Toll-free: (800) 288-1376
Fax: (303) 722-0720
Email: dlcmail@disabilitylawco.org
Web: www.disabilitylawco.org

Connecticut

Disability Rights Connecticut
846 Wethersfield Avenue
Hartford, CT 06114
Phone: (860) 297-4300
Toll-free: (800) 842-7303
Email: info@disrightsct.org
Web: www.disrightsct.org

Delaware

Community Legal Aid Society, Inc.
Community Services Building, Suite 801
100 W 10th St
Wilmington, DE 19801
Phone: (302) 575-0660 ext. 229
TDD: (302) 575-0660
Fax: (302) 575-0840
Email: datkins@declasi.org
Web: www.declasi.org

District of Columbia

University Legal Services
220 I Street, NE, Suite 130
Washington, DC 20002
Phone: (202) 547-0198
Fax: (202) 547-2083
Email: jbrown@uls-dc.org
Web: www.uls-dc.org

Florida

Disability Rights Florida
2473 Care Dr, Suite 200
Tallahassee, FL 32308
Phone: (850) 488-9071
Toll-free: (800) 342-0823
Toll-free TDD: (800) 346-4127
Fax: (850) 488-8640
Email: cherieh@disabilityrightsflorida.org
Web: www.disabilityrightsflorida.org

Georgia

PADD/PAIMI/PAIR/PABSS/PAAT/
PATBI/PAVA
Georgia Advocacy Office, Inc.
One Decatur Town Center
150 E Ponce de Leon Ave, Suite 430
Decatur, GA 30030
Phone & TDD: (404) 885-1234
Toll-free: (800) 537-2329
Toll-free TDD: (800) 610-2779
Fax: (404) 378-0031
Email: info@thegao.org
Web: www.thegao.org

Hawaii

Hawaii Disability Rights Center
1132 Bishop Street, Suite 2102
Honolulu, HI 96813
Phone & TTY: (808) 949-2922
Fax: (808) 949-2928
Toll-free TTY: (800) 882-1057
Email: info@hawaiidisabilityrights.org
Web: www.hawaiidisabilityrights.org

Idaho

Disability Rights Idaho
4477 Emerald St, Suite B-100
Boise, ID 83706-2066
Phone & TDD: (208) 336-5353
Toll-free: (866) 262-3462
Fax: (208) 336-5396
Email: info@disabilityrightsidaho.org
Web: disabilityrightsidaho.org/

Illinois

Equip for Equality, Inc.
20 N Michigan Ave, Suite 300
Chicago, IL 60602
Phone: (312) 341-0022
Toll-free: (800) 537-2632
Fax: (312) 541-7544
Toll-free TDD: (800) 610-2779
Email: contactus@equipforequality.org
Web: www.equipforequality.org

Indiana

Indiana Disability Rights
4701 N Keystone Ave, Suite 222
Indianapolis, IN 46205
Phone: (317) 722-5555
Toll-free: (800) 622-4845
Fax: (317) 722-5564
Email: dawadams@ipas.in.gov
Web: www.in.gov/idr/

Iowa

Disability Rights Iowa
400 East Court Avenue, Suite 300
Des Moines, IA 50309
Phone: (515) 278-2502
Toll-free: (800) 779-2502
TDD: (515) 278-0571
Toll-free TDD: (866) 483-3342
Fax: (515) 278-0539
Email: info@disabilityrightsiowa.org
Web: www.disabilityrightsiowa.org

Kansas

Disability Rights Center of Kansas
214 SW 6th Ave, Suite 100
Topeka, KS 66603
Phone: (785) 273-9661
Toll-free: (877) 776-1541
Fax: (785) 273-9414
Email: info@drckansas.org
Web: www.drckansas.org

Kentucky

Kentucky Protection and Advocacy
5 Mill Creek Park
Frankfort, KY 40601
Phone: (502) 564-2967
TDD: (800) 372-2988 (Toll-free)
Fax: (502) 695-6764
Email: Jeffp.edwards@ky.gov
Web: www.kypa.net

Louisiana

Advocacy Center
8325 Oak St
New Orleans, LA 70118
Phone: (504) 522-2337
Toll-free: (800) 960-7705
Fax: (504) 522-5507
Email: advocacycenter@advocacyla.org
Web: www.disabilityrightsla.org

Maine

Disability Rights Maine
24 Stone Street, Suite 204
Augusta, ME 04330
Phone: (207) 626-2774
Fax: (207) 621-1419
TDD: (800) 452-1948
Email: advocate@drme.org
Web: www.drme.org

Maryland

Maryland Disability Law Center
The Walbert Building, Suite 400
1500 Union Ave, Suite 2000
Baltimore, MD 21211-1982
Phone: (410) 727-6352
Toll-free: (800) 233-7201
TDD: (410) 235-5387
Fax: (410) 727-6389
Email: virginiak@mdlclaw.org
Web: www.mdlclaw.org

Massachusetts

PADD/PAIMI/PAIR/PABSS/PAAT/PATBI/
PAVA
Disability Law Center, Inc.
11 Beacon Street, Suite 925
Boston, MA 02108
Phone: (617) 723-8455
Toll-free: (800) 872-9992
Fax: (617) 723-9125
Email: mail@dlc-ma.org
Web: www.dlc-ma.org

Michigan

CAP/PADD/PAIMI/PAIR/PABSS/PAAT/
PATBI/PAVA
Michigan Protection and Advocacy
Services, Inc.
4095 Legacy Parkway, Suite 500
Lansing, MI 48911
Phone: (517) 487-1755
Toll-free: (800) 288-5923
Fax: (517) 487-0827
Email: mroberts@mpas.org
Web: www.mpas.org

Minnesota

Minnesota Disability Law Center
430 First Ave, North, Suite 300
Minneapolis, MN 55401-1780
Phone: (612) 332-1441
Toll-free: (800) 292-4150
Fax: (612) 334-5755
Email: dschaffer@mylegalaid.org
Web: www.mylegalaid.org

Mississippi

Disability Rights Mississippi
210 E Capitol St, Suite 600
Jackson, MS 39201
Phone: (601) 968-0600
Toll-free: (800) 772-4057
Fax: (601) 968-0665
Email: amaclaine@drms.ms
Web: www.drms.ms

Missouri

Missouri Protection and Advocacy
Services
925 S Country Club Dr
Jefferson City, MO 65109
Phone: (573) 893-3333
Toll-free: (800) 392-8667
Fax: (573) 893-4231
Email: mopasjc@earthlink.net
Web: www.moadvocacy.org

Montana

Disability Rights Montana
1022 Chestnut St
Helena, MT 59601
Phone: (406) 449-2344
Toll-free: (800) 245-4743
Fax: (406) 449-2418
Email: advocate@disabilityrightsmt.org
Web: www.disabilityrightsmt.org

Nebraska

Disability Rights Nebraska
134 S 13th St, Suite 600
Lincoln, NE 68508
Phone & TDD: (402) 474-3183
Toll-free: (800) 422-6691
Fax: (402) 474-3274
Email: info@disabilityrightsnebraska.org
Web: www.disabilityrightsnebraska.org

Nevada

Nevada Disability Advocacy & Law
Center
2820 W Charleston Blvd, Suite 11
Las Vegas, NV 89102
Phone: (702) 257-8150
Toll-free: (888) 349-3843
TDD: (702) 257-8160
Fax: (702) 257-8170
Email: lasvegas@ndalc.org
Web: www.ndalc.org

New Hampshire

Disability Rights Center New Hampshire
64 N Main St, Suite 2, 3rd Floor
Concord, NH 03301-4913
Phone & TDD: (603) 228-0432
Toll-free: (800) 834-1721
Fax: (603) 225-2077
Email: advocacy@drcnh.org
Web: www.drcnh.org

New Jersey

Disability Rights New Jersey
210 S Broad St, 3rd Floor
Trenton, NJ 08608
Phone: (609) 292-9742
Toll-free: (800) 922-7233 (NJ Only)
Fax: (609) 777-0187
Email: advocate@drnj.org
Web: disabilityrightsnj.org/

New Mexico

Disability Rights New Mexico
1720 Louisiana Blvd, NE, Suite 204
Albuquerque, NM 87110
Phone & TDD: (505) 256-3100
Toll-free: (800) 432-4682
Fax: (505) 256-3184
Email: info@drnm.org
Web: www.drnm.org

New York

Disability Rights New York
725 Broadway, Suite 450
Albany, NY 12207
Phone: (518) 432-7861
Toll-free: (800) 993-8982
Fax: (518) 427-6561
Email: mail@drny.org
Web: www.drny.org

North Carolina

Disability Rights North Carolina
3724 National Dr, Suite 100
Raleigh, NC 27612
Phone: (919) 856-2195
Toll-free: (877) 235-4210
TDD: (919) 733-9250
Fax: (919) 856-2244
Email: info@disabilityrightsnnc.org
Web: www.disabilityrightsnnc.org

North Dakota

CAP/PADD/PAIMI/PAIR/PABSS/PAAT/
PATBI/PAVA
North Dakota Protection & Advocacy
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400 E Broadway, Suite 409
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Phone: (701) 328-2950
Toll-free: (800) 472-2670
Fax: (701) 328-3934
Email: panda@nd.gov
Web: www.ndpanda.org

Ohio

Disability Rights Ohio
50 W Broad St, Suite 1400
Columbus, OH 43215-5923
Phone & TDD: (614) 466-7264
Toll-free: (800) 282-9181
Fax: (614) 644-1888
Email:
mkirkman@disabilityrightsohio.org
Web: www.disabilityrightsohio.org

Oklahoma

Oklahoma Disability Law Center, Inc.
2915 Classen Blvd, Suite 300
Oklahoma City, OK 73106
Phone: (405) 525-7755
Toll-free: (800) 880-7755
Fax: (405) 525-7759
Email: melissa@okdlc.org
Web: okdlc.org/

Oregon

Disability Rights Oregon
610 SW Broadway, Suite 200
Portland, OR 97205
Phone: (503) 243-2081
Toll-free: (800) 452-1694
Toll-free TDD: (800) 556-5351
Fax: (503) 243-1738
Email: bob@disabilityrightsoregon.org
Web: www.droregon.org

Pennsylvania

Disability Rights Network of
Pennsylvania (DRN)
301 Chestnut St, Suite 300
Harrisburg, PA 17101
Phone: (717) 236-8110
Toll-free: (800) 692-7443
Fax: (717) 236-0192
Email: drnpa-hbq@disabilityrightspa.org
Web: www.disabilityrightspa.org

Rhode Island

Disability Rights Rhode Island
33 Broad Street, Suite 601
Providence, RI 02903
Phone: (401) 831-3150
Toll-free: (800) 733-5332
TDD: (401) 831-5335
Fax: (401) 274-5568
Email: info@drri.org
Web: drri.org/

South Carolina

Protection and Advocacy for People with Disabilities, Inc.
3710 Landmark Dr, Suite 208
Columbia, SC 29204
Phone & TTY: (803) 782-0639
Toll-free: (866) 275-7273
Toll-free TTY: (866) 232-4525
Fax: (803) 790-1946
Email: info@pandasc.org
Web: www.pandasc.org

South Dakota

CAP/PADD/PAIMI/PAIR/PABSS/PAAT/
PATBI/PAVA
Disability Rights South Dakota
221 S Central Ave, Suite 38
Pierre, SD 57501
Phone & TTY: (605) 224-8294
Toll-free: (800) 658-4782
Fax: (605) 224-5125
Email: sdas@sdadvocacy.com
Web: drsdlaw.org

Tennessee

Disability Rights Tennessee
2 International Plaza, Suite 825
Nashville, TN 37217
Phone: (615) 298-1080
Toll-free: (800) 342-1660
Fax: (615) 298-2046
Toll-free TTY: (800) 852-2852
Email: gethelp@disabilityrightstn.org
Web: www.disabilityrightstn.org

Texas

Disability Rights Texas
2222 W Braker Ln
Austin, TX 78758
Phone: (512) 454-4816
Toll-free & TDD: (800) 252-9108
Fax: (512) 323-0902
Email: mfaithfull@DisabilityRightsTx.org
Web: www.DisabilityRightsTx.org

Utah

Disability Law Center
The Community Legal Center
205 North 400 West
Salt Lake City, UT 84103
Phone: (801) 363-1347
Toll-free: (800) 662-9080
TDD: (801) 924-3185
Fax: (801) 363-1437
Email:
azahradnikova@disabilitylawcenter.org
Web: www.disabilitylawcenter.org

Vermont

Vermont Protection and Advocacy, Inc.
141 Main St, Suite 7
Montpelier, VT 05602
Phone: (802) 229-1355
Toll-free: (800) 834-7890
Fax: (802) 229-1359
Email: info@disabilityrightsvt.org
Web: www.disabilityrightsvt.org

Virginia

disAbility Law Center of Virginia
1512 Willow Lawn Dr, Suite 100
Richmond, VA 23230
Phone & TDD: (804) 225-2042
Toll-free: (800) 552-3962
Fax: (804) 662-7431
Email: info@dlcv.org
Web: www.dlcva.org

Washington

Disability Rights Washington
315 5th Ave S, Suite 850
Seattle, WA 98104
Phone: (206) 324-1521
Toll-free: (800) 562-2702
Toll-free TDD: (800) 905-0209
Fax: (206) 957-0729
Email: info@dr-wa.org
Web: www.disabilityrightswa.org

West Virginia

West Virginia Advocates, Inc.
Litton Bldg, 4th Floor
1207 Quarrier St
Charleston, WV 25301
Phone & TDD: (304) 346-0847
Toll-free: (800) 950-5250
Fax: (304) 346-0867
Email: sgiven@drofwv.org
Web: www.drofwv.org

Wisconsin

Disability Rights Wisconsin
131 W Wilson St, Suite 700
Madison, WI 53703
Phone: (608) 267-0214
Toll-free: (800) 928-8778
Toll-free TDD: (888) 758-6049
Fax: (608) 267-0368
Email: info@drwi.org
Web: disabilityrightswi.org

Wyoming

Wyoming Protection and Advocacy
System, Inc.
7344 Stockman St
Cheyenne, WY 82009
Phone: (307) 632-3496
Toll-free & Toll-free TDD:
(800) 821-3091
Fax: (307) 638-0815
Email: wypanda@wypanda.com
Web: www.wypanda.com

U.S. Territories

Puerto Rico

Defensoria De Las Personas Con
Impedimentos
Protection and Advocacy System Puerto
Rico
PO Box 41309
San Juan, PR 00940-1309
Phone: (787) 725-2333
Toll-free: (800) 981-4125
TDD: (787) 725-4014
Fax: (787) 721-2455
Email: collazo@dpi.pr.gov
Web: www.dpi.pr.gov

Virgin Islands

CAP/PADD/PAIMI/PAIR/PABSS/PAAT/
PATBI/PAVA
Disability Rights Center of the Virgin
Islands
63 Estate Cane Carlton
Frederiksted, VI 00840
Phone: (340) 772-1200
TDD: (340) 772-4641
Fax: (340) 772-0609
Email: amelia@drcvi.org
Web: drcvi.org

American Samoa

Client Assistance Program and
Protection & Advocacy
PO Box 3937
Pago Pago, AS 96799
Phone & TDD: (684) 633-2441
Fax: (684) 633-7286
Email: uta.opad@americansamoa.gov
Web: americansamoa.gov

Commonwealth of the Northern Mariana Islands

Northern Marianas Protection and Advocacy Systems, Inc.
PO Box 503529
Saipan, MP 96950-3529
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Fax: (670) 235-7275
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Web: www.nmpasi.com

Guam

Guam Legal Services
113 Bradley Pl
Hagatna, GU 96910-4911
Phone: (671) 477-9811
Fax: (671) 477-1320
Email: information@guamlegalservices.com
Web: www.guamlegalservices.org

Native American P&A

Native American Disability Law Center, Inc.

3535 E 30th St, Suite 201
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Web: www.natedisabilitylaw.org