

Background Overview LD 623

LD 623 provides an update of the language in the state statute for support of underserved brain injury populations. Specifically, it codifies the state's preference for Maine-based organizations to provide core brain injury supports for underserved populations, it highlights the importance of providing access to community-based brain injury screening and access to federal TBI grant funds.

There are three recent developments that highlight the importance of codifying community-based brain injury screening in the current brain injury law:

1. Brain injury co-occurs frequently in individuals with mental health and substance use disorder. This is a key underserved population in the state. Since the existing statute was passed five years ago, many more individuals are now surviving an overdose through the widespread availability of Naloxone. These individuals are at high risk for anoxic and hypoxic brain injury. Additionally, the response to SUD treatment and the need for accommodations is different for individuals with brain injury.
2. The federal Centers for Medicare and Medicaid Services (CMS) has recently designated traumatic brain injury (TBI) as a chronic health condition. Those who experience brain injury often have lifelong altering effects, even if they were never diagnosed.
3. The American Society for Addiction Medicine (ASAM) has approved a new criterion for "neurologic informed care", emphasizes that substance use disorder treatment providers need to be aware of potential cognitive impairments and adjust their approach to treatment accordingly.

In codifying the importance of brain injury screening in the current statute, no new resources are needed. The Office of Aging and Disability Services is already subscribing to an innovative brain injury screening tool – the Online Brain Injury Screening and Support System (OBISSS). It is now available to any organization supporting individuals with co-occurring brain injury and mental health and/or substance use disorder. It is currently being piloted at Kennebec Behavioral Health, Aroostook Mental Health and Spurwink in Lewiston.



The NASHIA Online Brain Injury Screening & Support System for Maine

What is the Online Brain Injury Screening and Support System (OBISSS)? The OBISSS is an online screening system to determine lifetime exposure to brain injury and to identify associated challenges that may be present for youth and adults. This system utilizes the validated and reliable Ohio State University TBI-Identification Method (OSU TBI-ID). It is self-administered and appropriate for ages 10 and up. With the link provided by you, any individual can complete the OBISSS screen on their own, or with your help. OBISSS collects additional demographic information from each individual, and if the individual screens positive, would be prompted to complete the Symptoms Questionnaire for Brain Injury (SQBI). Tip sheets are delivered, responding to identified challenges, to the individual and to you. OBISSS will provide customized referral information and where to access additional resources and supports. It can be used for:

Client Support:

- Identify brain injury history
- Determine program eligibility
- Identify challenges and strategies with the individual
- Provide strategies for you on how to support individuals with brain injury

Data:

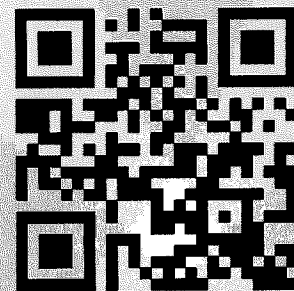
- Provide State data of brain injury in screening settings
- Contribute to the larger picture of national lifetime history of brain injury
- Leverage data collected to help inform program and policy in your setting

Is the OBISSS a public platform? Only in the sense that you can share the link with anyone you are serving. NASHIA manages the OBISSS through a secure, HIPAA-compliant data platform.

What to do? Share the link and your email address with the individual who is completing the screen. Then review the emailed results.

OBISSS Link: nashia.org/maine

Or scan below to access the OBISSS:



Questions?

nashia.org/maine

Enter "207."

Scroll to Helpdesk.

Your State: Maine

Password/Subscriber Code: 207



NATIONAL ASSOCIATION
OF STATE HEAD INJURY
ADMINISTRATORS

Leading source of information on national trends and best practices for state employees, public brain injury programs, and agencies across the country. Visit us at: nashia.org

Brain Injury and Behavioral Health: At Risk Populations

Homelessness

Domestic/ Intimate
Partner Violence

Criminal Legal System

These groups are further impacted by being less likely to seek medical care for a BI or diagnosis, lack of access to health care and rehabilitation and treatment.

Adverse Childhood
Experiences

Poverty

Veterans

Synovec, 2021

CMS Policy: Brain Injury is Chronic Condition



The Centers for Medicare and Medicaid Services (CMS) has recognized traumatic brain injury (TBI) as a chronic health condition.



TBI has been added to CMS's list of chronic conditions for chronic special needs plans (C-SNPs), effective for the January 2025 plan year.



Obtaining official recognition of TBI as a chronic condition from CMS is a significant step forward and provides validation that brain injury should be more broadly recognized as a chronic condition.



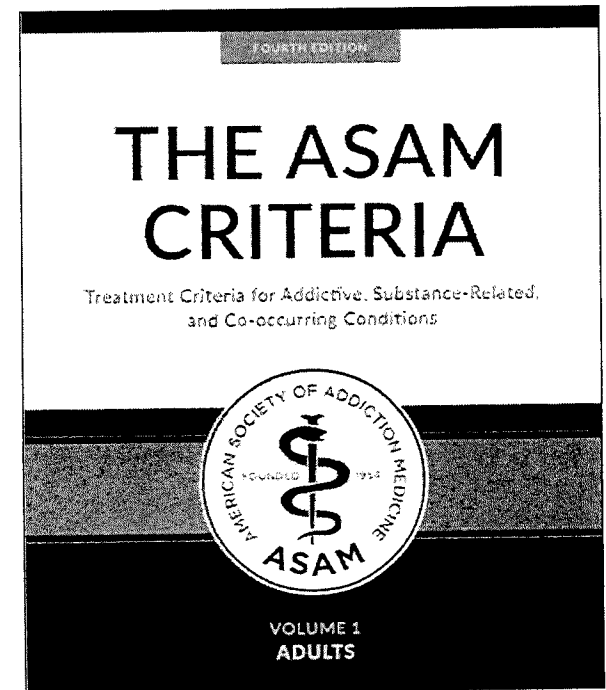
This designation provides credibility to Medicaid teams to prioritize brain injury in their behavioral health and other activities.

American Society of Addiction Medicine (ASAM)

4th Edition ASAM Criteria, Chapter 19

Cognitive Impairment

“...cognitive impairment exacerbates barriers to care, complicates clinical management, and further limits treatment outcomes” (p. 457)



Symptoms Associated with BI

| CATEGORY | SYMPTOMS | |
|---|--|--|
| MOTOR AND SENSORY EFFECTS | <ul style="list-style-type: none"> • Dizziness, lightheadedness, or vertigo. • Fatigue or lethargy. • Changes in walking and coordination. • Headaches and other pain symptoms. | <ul style="list-style-type: none"> • Sensory impairments (e.g., blurred vision, sensitivity to light and sound, ringing in ears). • Sleep disturbances. • Weakness. |
| COGNITIVE IMPAIRMENT | <ul style="list-style-type: none"> • Cognitive slowing (i.e., inability to process information efficiently). • Memory impairment (i.e., inability to remember what has happened in the past). • Impaired attention and concentration (i.e., knowing what to do in the present). • Difficulty multitasking. • Impairments of language and communication. | <ul style="list-style-type: none"> • Executive dysfunction (organization, planning, judgment, reasoning, initiation). • Impaired self-monitoring (insight and awareness). • Inability to problem-solve and develop new solutions. • Problems with generalizing strategies from one setting to another. |
| EMOTION AND BEHAVIORAL DYSREGULATION | <ul style="list-style-type: none"> • Increased likelihood of concurrent mental health issues (e.g., anxiety). • Increased likelihood of behavioral problems (e.g., anger, irritability, socially inappropriate behavior). | <ul style="list-style-type: none"> • Increased likelihood of impulsivity. • Increased sensitivity to environmental stimuli. • Lack of initiation. • Difficulty learning from experience. |

Sources: American Psychiatric Association, 2013; Lux, 2007; National Institute of Neurological Disorders and Stroke, 2002; Ohio Valley Center for Brain Injury Prevention and Rehabilitation, 1994