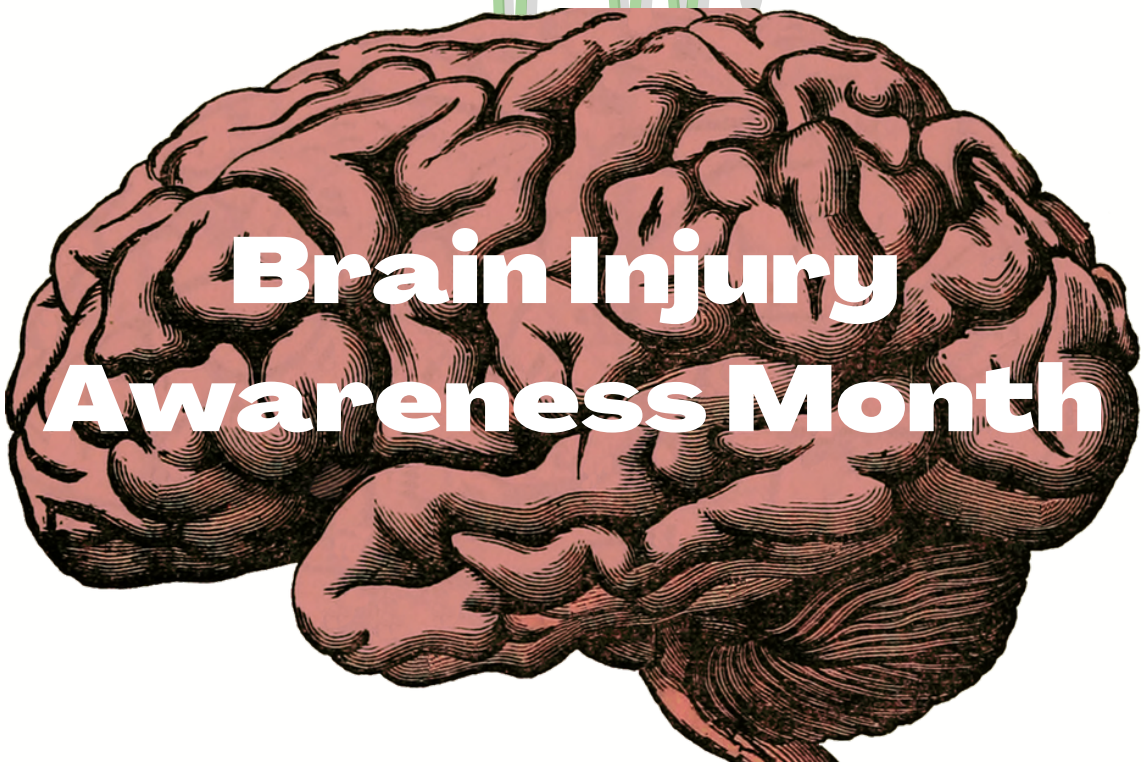
MARCH, 2021

THE PULSE

EnRICHing the lives of individuals we serve and keeping a pulse on healthcare integration at RBHA



Brain Injury Awareness Month

Every 9 seconds someone in the United States sustains a brain injury. 3.5 million individuals every year sustain an acquired brain injury. An acquired brain injury is an injury to the brain that is not hereditary, congenital, degenerative, or induced by birth trauma. The injury results in a change to the brain's neuronal activity, which affects the physical integrity, metabolic activity, or functional ability of nerve cells in the brain.

There are two types of acquired brain injury: traumatic and non-traumatic. 2.5 million individuals sustain a traumatic brain injury each year. A traumatic brain injury is defined as an alteration in brain function by an external force. Causes of traumatic brain injury include falls, assaults, motor vehicle accidents, sports/recreation injuries, abusive head trauma (shaken baby syndrome), gunshot wounds, workplace injuries, and military actions (blasts injury). A non-traumatic brain injury is an alteration in brain function caused by an internal force. Causes of non-traumatic brain injury include tumors, seizure, stroke, infectious disease, and substance use overdose.

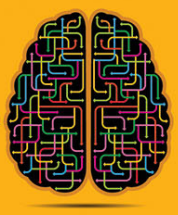
Brain injury can be the start of a lifelong disease process for some. Brain injury requires access to a full continuum of treatment and community-based supports provided by appropriately educated clinicians serving on an integrated treatment team.

For more information visit the Brain Injury Association of America website:
https://www.biausa.org/public-affairs/public-awareness/brain-injury-awareness

A LOOK INSIDE THIS ISSUE:

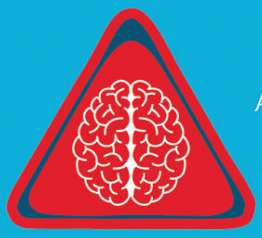
CONCUSSIONS & BRAIN INJURY FACTS

Brain injuries (also known as traumatic brain injuries, or TBIs) are very serious. Unfortunately, they occur more often than many people realize. TBIs range from mild to severe, but all are dangerous and can cause medical problems for years.



Once you sustain any type of brain injury you're at a higher risk for another one.

All brain injuries, including concussions, can be serious. Even those recovering from a "mild brain injury" can experience **SYMPTOMS THAT LAST OVER A YEAR** following the injury and are more likely to suffer another TBI.



FALLS

Are the leading cause of brain injuries in the U.S. Half of traumatic brain injuries among children ages 0 to 14 years are caused by falls.

Approximately **5.3 MILLION** Americans currently are living with a disability caused by a TBI. Nearly half of the people hospitalized for a TBI have a related disability a year later.

TBI rates are higher for Males than for Females.

The recovery time for head injuries is much higher for children and teens than it is for adults.

About **75%** of the head injuries that occur are concussions or mild TBIs. Most concussions occur without LOSING CONCIOUSNESS.

Young adults and the elderly are the age groups at **HIGHEST RISK** for a brain injury.

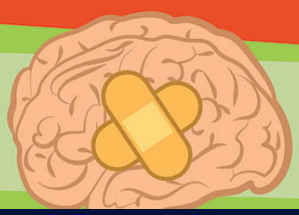
Many mild TBIs are not diagnosed until the person begins to have **PROBLEMS DOWN THE ROAD** usually doing something that was once an easy task or in a social situation.

THE MOST COMMON CAUSES FOR TBIS INCLUDE:

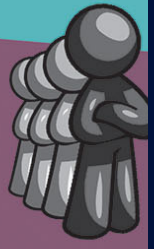
FALLS	35.2%
MOTOR VEHICLE/TRAFFIC	17.3%
STRUCK BY /AGAINST EVENTS	16.5%
ASSAULTS	10%

Approximately **15%** of people with a mild TBI, including concussions, have symptoms that last one year or more: fatigue, headaches, memory loss, visual problems, sleep disturbances, dizziness, loss of balance, emotional problems, depression, and seizures.

About **1.7 Million** People suffer a brain injury every year 52,000 people die and 85,000 suffer long-term disabilities.



Approximately **300,000** children and teens suffer a sports or recreation related brain injury. But, that number only includes those who lost consciousness. Because 90% of athletes don't lose consciousness. that number is expected to be much higher.



BE WELL-RVA PROJECT

RBHA's Be Well RVA Project is a new SAMHSA-funded grant that includes both prevention and clinical activities aimed at addressing behavioral health needs, with a specific focus on suicide and domestic violence

The main purpose of the project is to prevent suicide and suicide attempts through a collaborative effort including:

- Rapid response to a suicidal crisis with **increased care coordination of clinical and supportive services,** including real-time follow-up from emergency room/hospital visits, and provision of ongoing support until the client re-connects with RBHA. ***This project does not take the place of RBHA Emergency Services***
- Provision of **enhanced counseling services and supports specifically** for those experiencing domestic violence
- Staff and community **education, resources, and training** on suicide prevention (risk and protective factors, best practice interventions and other related topics)
- **Partnerships** across agency, state and community systems to implement comprehensive suicide prevention
- Provision of **community recovery supports** for individuals and their families

Some of what we've done so far:

- Provided regular, short-term counseling, including safety planning related to domestic violence and suicide prevention, and checks on the client to assure safety
- Contacted client's case manager when the client is in the ED or on a hospital unit related to suicide or domestic violence; coordinated RBHA and specialist appointments
- Updated clinical and contact information in EDCC
- Provided bridge support for clients with SI/DV while client's therapist was on vacation
- Collaborated with Rapid Access to schedule intake appointments for new clients and provide supportive counseling prior to case assignment

BE WELL-RVA PROJECT

The Be Well-RVA Project is aiming to enroll 100 individuals by November 2021

Staff include:

Care Coordinators (Toni Stewart and Jillian Olson)

- Monitor the daily EDCC (Emergency Department Care Coordination) list and review referrals from RBHA programs and external providers
- Reach out to individuals (including contacting ER and/or Inpatient staff if the client is not yet discharged) regarding follow-up with assigned case managers or accessing intake services if the client's case needs to be re-opened
- Assist the CM with care coordination appointments as needed
- Coordinate care between the RICH Clinic and RBHA staff/outside providers
- Providing additional medical or provider information for CMs
- ***The Care Coordinator's role is time limited and not on-going***

Clinician (Shamara Williams)

- Short-term clinical interventions/counseling for those in IPV/DV/SV situations or struggling with ongoing suicidal ideation

Peer (to-be-hired)

- Provide peer recovery support services, linkages to behavioral health and community-based resources, short-term follow-up and monitoring.

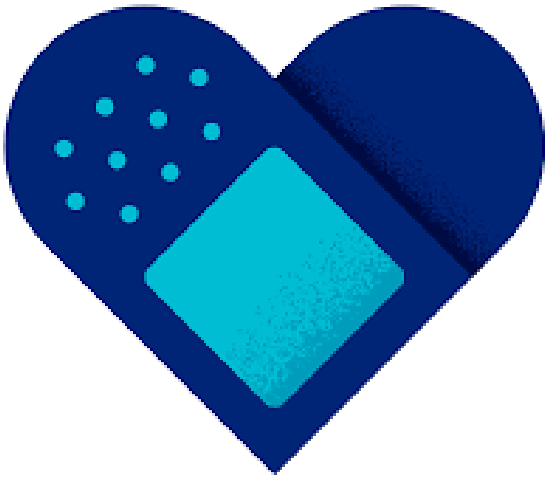
Research Assistant (Laura Peters)

- Reach out to identified individuals to determine if they would like to enroll in the grant by completing the grant-required NOMs (National Outcomes Measures) assessment.

How you can help:

If you have a client who you think would benefit from additional counseling and supportive services to address issues related to suicide and/or domestic violence, please complete the Be Well RVA Case Manager Referral Form (https://redcap.rbha.org/surveys/?s=TTN3EK7NRF).

For further information, please contact Sara Hilleary (Care Coordinator Supervisor) at sara.hilleary@rbha.org // 819-4201, or Lauren Stevens (Project Coordinator) at stevensl@rbha.org // (804) 343-7625. **Thank you!**



IT'S FLU SEASON!

Flu vaccinations are available at the RICH Recovery Clinic!

To make an appointment for the RICH Recovery Clinic, contact your case manger for a referral

The RICH Recovery Clinic
DOES NOT distribute the COVID-19 Vaccine