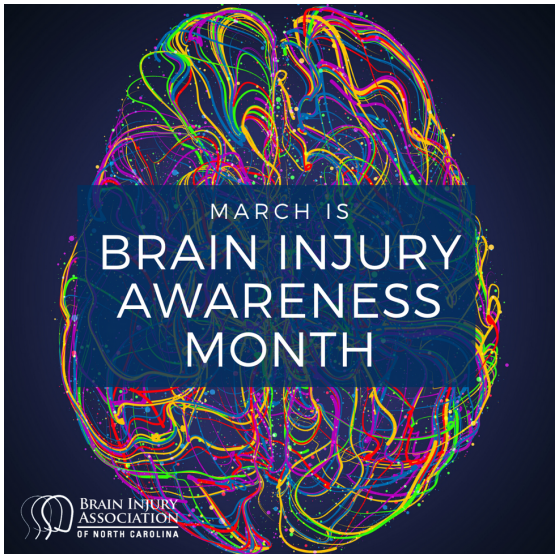
RBH RICHMOND BEHAVIORAL HEALTH

The Pulse

Keeping a pulse on healthcare integration at RBH



Over 5.3 million people in the United States are living with some kind of permanent brain injury. March is brain injury awareness month. 3.5 million people 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 people 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 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 THE MARCH ISSUE:

RICH RECOVERY
Integrated Care Clinic

TRAUMATIC BRAIN INJURY AND HOMELESSNESS

US Version

WHAT IS A BRAIN INJURY?

Acquired brain injury describes damage to the brain that occurs after birth as a result of a traumatic or non-traumatic injury. One type of acquired brain injury, **traumatic brain injury (TBI)**, is caused by external physical force, such as a blow to the head, and may involve brain tissue being torn, stretched, bruised, or swollen.

A TBI is classified as mild (e.g., concussion), moderate or severe. Severity is based on the person's level of consciousness at the time of injury, amnesia after the injury (i.e., posttraumatic amnesia), and findings from brain imaging. Even if consciousness is not lost and brain imaging appears normal, a TBI may have occurred. However, not all jolts to the head will cause a TBI.

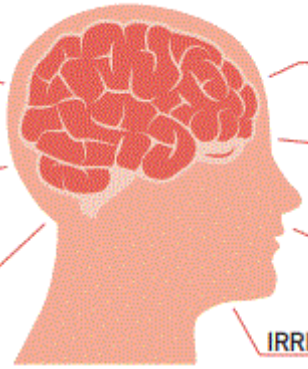
TBI IS A LEADING CAUSE OF DEATH AND DISABILITY WORLDWIDE[1,2]

COMMON CAUSES INCLUDE FALLS, UNINTENTIONAL STRUCK BY/AGAINST EVENTS, AND MOTOR VEHICLE COLLISIONS[3]

ODDS OF TBI ARE 2x HIGHER IN MEN THAN WOMEN[4]

WHAT ARE SOME ACUTE SYMPTOMS OF TBI?

TBI is associated with changes in cognitive functioning (e.g., memory problems), emotion regulation and mood, and behavior (e.g., impulsivity). Symptoms vary depending on the severity of the injury, how long ago it occurred, and the location of injury in the brain. Most people who experience a mild TBI recover within a few weeks, though some people will have symptoms that persist. Moderate and severe injuries often have more long-lasting effects.



- PROBLEMS WITH SLEEP AND/OR FATIGUE
- MEMORY DIFFICULTIES (e.g., forgetfulness, trouble learning new information)
- HEADACHES, DIZZINESS, OR BALANCE PROBLEMS
- TROUBLE CONCENTRATING
- CHALLENGES WITH PROBLEM-SOLVING AND IMPULSIVITY
- DIFFICULTY COMMUNICATING (e.g., trouble finding words)
- IRRITABILITY, FRUSTRATION, AND AGITATION

WHAT IS KNOWN ABOUT TBI AND HOMELESSNESS?

TBI is common among people who experience homelessness and is associated with poorer physical and mental health (including suicidality), memory concerns, and increased involvement with health services and the justice system.[5]

"TBI MAY BE BOTH A CAUSE AND CONSEQUENCE OF HOMELESSNESS."
(Young & Hughes, 2020, p. e4)[5]

TBI AMONG HOMELESS PEOPLE IS UP TO **4x HIGHER** THAN THE GENERAL POPULATION[6]

ASSAULT IS THE LEADING CAUSE OF TBI AMONG HOMELESS PEOPLE[6]

WHAT DO I NEED TO KNOW AS A SERVICE PROVIDER?

Eighty-one percent of frontline workers (e.g., housing workers, case managers) report they have worked with one or more homeless clients who have been diagnosed with a TBI.[8] However, in many cases, a formal diagnosis of TBI is not available, especially if healthcare was not sought at the time of injury. TBI symptoms may be misattributed to mental illness, a learning disability, or other difficulties (e.g., substance use), which may lead to provision of inappropriate or ineffective support. Learning about TBI, including evidence-based support strategies, will enable workers to provide more effective support and referrals.

If you are concerned that a client is affected by a history of TBI, consider contacting your state brain injury support service to seek consultation regarding resources in your area. For general information about brain injury, explore resources provided by the national brain injury organizations above. If you are concerned that a client has suffered a TBI in recent days and may require medical care, evaluation at an emergency department or by a primary care provider may be necessary.

RICH RECOVERY
Integrated Care Clinic

RICH Referral Profiler Workflow

1. Click the Clinical Assessments Button located at the Company Level of Navigator.
2. Click green plus button.
3. Select RBHA: RBHA from the Assessment Category drop-down menu.
4. Select PCP 01: RICH Referral (or Primary Care) from the Assessment Type drop-down menu.
5. Select RICH Referral: RICH Referral from the Assessment drop-down menu.
6. Select the most recent Diagnostic from the Clone From drop-down menu.
7. Click Open
8. The Primary Care Referral (RICH Referral) will populate.
9. Complete all required fields of the form.
10. Click the Save Draft Button.
11. Click the Effective Date box/Select Effective Date.
12. Click Save.
13. From current Clinical Assessments window, double click RICH Referral to reopen to task to Care Coordinator. Please do not use the Bookmark tool.
14. Task the Referral to RICH Care Coordinator (Sara Hilleary) by clicking on the Tasks tab located at the top of the assessment window.
15. Click the green plus button to add the Task.
16. Change CM/PSP name to Care Coordinator's name from the Provider drop-down.
17. Click Save.
18. The task will populate on the Care Coordinator's Dashboard for review and to create Primary Care service plan. The referral is then sent to reception for scheduling.

NOTE: It is the PSP's responsibility to check the Patient-At-a-Glance or Appointments report to confirm appointment and inform consumer.

Referring to SUD Services (OBOT only, in addition to RICH Referral)

1. From the Navigator, at the Individual level, select Referrals.
2. Click the green plus button.
3. Select Type: Service Request.
4. Complete all appropriate information, providing detail in Presenting Problem field.
5. Select Notes/Dates tab at top of box.
6. Click the Effective Date box/Select Effective Date.
7. Bookmark referral to Andre Plummer.
8. Client will be contacted by SUD staff to initiate OBAT services.

The OBAT Induction appointment will be coordinated after contact with SUD staff is made.

NOTE: SUD referral is not necessary for Women's Services. Please complete RICH Referral and task to Sara Hilleary if your client is receiving services from the Women's SUD Services unit.

ADDICTION RECOVERY SUPPORT WARM LINE

1-833-4PEERVA

(1-833-473-3782)

www.AliveRVA.org

Facebook and Instagram@AliveRVAwarmline

Peer Recovery Warm Line

Listening and Recovery Support

Treatment, Housing, Food & Health Resources

You don't have to face this alone. Call us.

OPEN DURING HOLIDAYS

We encourage those struggling with addiction, their loved ones & community members to reach out.

Alive RVA Warm Line
8:00 am—12:00 midnight
7 days/week

Talk to trained individuals with lived experience in addiction recovery. Safe and confidential. We're here to help.

Alive RVA Project Partners:
Substance Abuse & Addiction Recovery Alliance (SAARA);
Mental Health America of Virginia;
Richmond Behavioral Health Authority.
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