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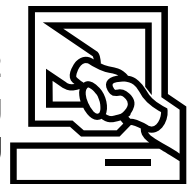
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Brain Injury Resources

- ABIN-PA InfoLine
800-516-8052 www.abin-pa.org
- Area Agency on Aging (phone book)
- BIAA Help Line
800-444-6443 www.biausa.org
- BIAPA Resource Line
866-635-7097 www.biapa.org
- Brain Injury Help Line 866-412-4755
(free literature, books)
- Disability RightsNetwork(SpEd,TBI,SS)
800-692-7443 [ww.drnpa.org](http://www.drnpa.org)
- Elks Nurses (PA) 814-781-7860
(care planning for children)
- Head Injury Program 717-772-2762
(1 year of rehab, \$100,000 max)
- Health Law Project 800-274-3258
(help with public benefits)
- Legal Aid (PA) 800-322-7572
- Meals on Wheels www.mealcall.org
- Medicaid Waivers 800-757-5042
(lifetime CommCare, OBRA, etc.)
- Medical Assistance 866-542-3015
(all disabled children are eligible)
- Medicare Coverage 800-633-4227
(24/7 line, A & B in-home services)
- Medicare Denials 800-322-1914
- Pittsburgh Area B.I. Alliance
412-761-9870 www.pabia.org
- Social Security 800-772-1213
(survivors, disability, low income)
- Special Ed Consult Line 800-879-2301
- Special Needs Unit 800-521-6860
(child federally entitled to rehab)
- Vocational Rehab www.dli.state.pa.us

CRIMINAL JUSTICE: REDUCING RECIDIVISM

215-699-2139
1-800-516-8052
info@abin-pa.org
www.abin-pa.org



**ACQUIRED BRAIN INJURY
NETWORK OF PENNSYLVANIA**

Related brochures

See www.abin-pa.org for “Brain Injury Basics”, “Changes in Your Loved One”, “Domestic Violence”, and “Law Officers” for background information.

Neurophysiology

After brain injury, cell damage disrupts signaling in neural networks, causing changes that are not under the control of the individual. These signal failures compromise thinking, body functions, and behavior. Changes occur in memory, reasoning, attention, vision, fatigue level, impulsivity, etc.

Rehabilitation uncommon

While there are excellent brain injury rehabilitation providers in our state, their services are not covered by most private insurance or by Medicaid or Medicare. The individual has nowhere to turn to learn about his condition, adjust to it, re-train for lost skills, or learn compensatory strategies. Our state even ignores federally mandated rehabilitation for children.

Impact on arrests

One in five teenagers and adults with no rehabilitation are arrested within 5 years of their traumatic brain injury.

Impact on prisons

On www.cdc.gov search on “brain injury prisons” for the report by the Centers for Disease Control and Prevention. From 25 to 87% of inmates have a history of brain injury, depending on the extent of questions asked. Most will say “No” even if they were unconscious or in a coma.

A recent Minnesota study screening 1,000 consecutive male admissions to state prison found 200 had one and 650 had more than one brain injury—or 85% compared to 8.5% of the general public. More violent behavior was linked to brain injury before age 5. Studies show that arrest comes after the brain injury. Prisoners and correction officers are also at risk for further injury in the prison.

Diversion

As with mental health and drug abuse, a reduction in repeat arrests is seen from diversion into rehabilitation. Public funding for brain injury rehabilitation is available through the PA Department of Health Head Injury Program and the PA Department of Aging & Long Term Living CommCare Waiver. Both require a traumatic brain injury, and PHIP requires that the injury occurred after July 2, 1985. The PHIP provides one year or \$100,000 of intense rehabilitation. CommCare provides lifelong support.

Modified incarceration

For inmates, risk and recidivism can be reduced through identification, rehabilitation and program changes. Rules are of little use for inmates who are unable to learn or recall them. Instead, the environment must be shaped to manage behaviors as much as possible. When the environment is not enough, coaching and cueing may continually be required.

Special concerns

Those with brain injury generally have special triggers that cause intense emotional reactions beyond their control. Noise, light, moving objects and too many cognitive demands are often triggers. When triggers can be minimized, better behavior is possible.

While improvement can continue throughout life, any additional brain injury, even a very mild one, can have devastating effects and make behavior even more difficult. While psychiatric medications may be necessary, neuropsychiatric care will minimize the risk that the medications may make behaviors worse. On discharge, special planning can help former inmates get rehabilitation through the PHIP and the CommCare Waiver. Some may qualify for OBRA.