

Brochures to Order or Print from the Website

- ABIN-PA Services
- Brain Injury Basics
- Building New Lives
- Changes in Your Loved One
- Children Require Rehabilitation
- Criminal Justice
- Customer Service
- Definitions
- Discharge Planning
- Domestic Violence
- Everybody Knows Somebody
- Families
- Financial Planning
- Healing Strategies
- Law Officers: Info & Strategies
- Medication Record
- Partnering with Professionals
- Planning Your Recovery
- Professionals You May Meet
- Public Benefits
- Rehabilitation
- Seniors
- Sports
- Suicide Prevention
- Telephone Book
- Veterans

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
- Brain Injury Help Line 866-412-4755
(PA DOH free literature, books)
- CHIP 484-477-2948
(Children's Health Insurance Program)
- Disability RightsNetwork
(SpEd,TBI,SS) 800-692-7443
- Elks Nurses (PA) 814-781-7860
(care plan if disabled before 22)
- 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 877-550-4227
(Help at home, COMMCARE)
- Medical Assistance 866-542-3015
(some adults, all disabled children)
- Medicare Coverage 800-633-4227
(24/7 line, A & B in-home services)
- Medicare Denials 800-322-1914
- Social Security 800-772-1213
(survivors, disability, low income)
- Special Ed Consult Line 800-879-2301
- Special Needs Help 800-521-6860
(Medicaid rehab for children)
- Vocational Rehab www.dli.state.pa.us

JUDGES & ATTORNEYS: Brain Injury Diversion or Prison Accommodations



ACQUIRED BRAIN INJURY
NETWORK OF PENNSYLVANIA

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Website: www.abin-pa.org

Prisons as warehouses

Currently, prisons are the dumping ground for those lacking access to brain injury rehabilitation. Impaired brain function blocks logical thought. Drug and alcohol abuse provide an escape from this reality.

Neurophysiology

Brain injury means brain cells have been damaged by accidents, assault, falls, blast, stroke, infection, near choking, high fever, or other events interrupting the blood or oxygen to the brain. With cells unable to function, signaling across neural networks is disrupted. Thinking, bodily functions, and behavior are affected. Changes occur in memory, reasoning, attention, vision, fatigue level, impulsivity, etc. Without rehabilitation, there will be very little change in this situation.

Rehabilitation uncommon

While there are excellent brain injury rehabilitation providers in our state, few have access. Many individuals have nowhere to turn to learn about their condition, adjust, re-train lost skills, or learn compensatory strategies. Without rehabilitation, individuals are likely to enter juvenile detention or prison.

Impact on prisons

From 25 to 87% of inmates have a history of brain injury, depending on the design of the questions. If simply asked, "Did you have a brain injury?", most will say "No" even if they were in a coma. (Centers for Disease Control and Prevention, www.cdc.gov, search on "brain injury prisons".)

A recent Minnesota study screened 1,000 consecutive male admissions to state prison. 85% had one or more brain injuries compared to 8.5% of the general public. More violent behavior was linked to brain injury before age 5.

Preliminary results of the current Texas study of youth detention indicate 60% have had a brain injury.

Diversion

As with mental health and drug abuse, a reduction in repeat arrests follows treatment. Use the HELPS brain injury screening tool plus the mental health sequential intercept model to divert into brain injury rehabilitation. **Publicly funded rehabilitation for traumatic brain injury is available through the Department of Health's Head Injury Program (717-772-2762) and the Department of Public Welfare's COMMCARE Waiver enrollment agency (877-550-4227).**

Accommodations

Rules are of little use for those unable to learn or recall them. Instead, the environment must be shaped to manage behaviors, supplemented with coaching and cueing as necessary, while the brain slowly repairs through brain plasticity. For inmates, risk, rules violations and recidivism can be reduced through identification, rehabilitation and program changes.

Special concerns

Those with brain injury often 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. Simple routines are helpful.

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. Psychiatric medications should be managed by a neuropsychiatrist who specializes in brain injury to avoid making the behaviors worse. On discharge, special planning can help former inmates get rehabilitation through the Head Injury Program or the COMMCARE Waiver.