

North Dakota Brain Injury Advisory Council HIT, Inc., 2640 Sunset Drive NW, Mandan (on-site) Videoconference (online)

November 18, 2022 Meeting Minutes

BIAC Voting Members Present: Nan Kennelly, Chair; Sarah Ring, Vice Chair; Sen. Howard Anderson; Shannon Cook; Darcy Severson; Jessica Siefken; Brad Hawk, Indian Affairs Commission

BIAC Non-voting Members Present: Denise Harvey, ND Protection & Advocacy, Secretary; Tami Conrad, NDDHS—Behavioral Health; Morgan Edmundson, NDDPI; Elizabeth Oestreich, NDDOH—Injury Prevention; Barbara Burghart, NDDHS Voc Rehab

Absent: Rep. Clayton Fegley; Christine Greff, NDDOH Trauma & Emergency

Presenters/Guests: Rebecca Quinn, ND Brain Injury Network (NDBIN); Jill Ferrington, National Association of State Head Injury Administrators (NASHIA); Carly Endres, NDBIN; Nickie Lendries, NDBIN; Daniel Gulya, Olmstead Commission Coordinator, ND Protection & Advocacy

Facilitators: Caitlin McDonald, Consensus Council

Call to Order and Welcome

Chair Nan Kennelly called the meeting to order at 1:04PM CT. She welcome BIAC members, with a special welcome to Brad Hawk to his first meeting, as he is a new BIAC member from the Indian Affairs Commission.

Introductions and Check-Ins

Members introduced themselves and responded to the following question:

What is a holiday season tradition that is important to you?

Brain Injury Survivor Story

Nan welcomed Council member Jessica Siefken to share her story as a family member of a brain injury survivor. Jessica's father fell off a roof in 2007 and was diagnosed with TBI.

Quorum

A quorum was established with 7 voting members present.

Review of Agenda

Nan presented the agenda [attached] and asked for additions or edits from the group. A break was added to the agenda, at the request of survivor attendees. This break was placed before the Committee Report in the agenda. No other additions. The agenda was approved.

Review and Approval of Minutes

Nan presented the minutes from the August 26th Quarterly Meeting and the October 17 Special Meeting. There were no changes, and no objections to approval.

ND Brain Injury Network Update, Rebecca Quinn

Rebecca presented and update from NDBIN (PPT Attachment).

NDBIN has continued efforts surrounding resource facilitation and identifying areas of high need, such as day programming, residential services, care coordination, transportation, etc. North Dakota is the only state to include brain injury in their Medicaid 1915i coverage, so NDBIN can continue to partner with others on development. Rebecca thanked Carly Endres and Nickie Lindvies for their work on these projects.

Education and Trainings

- Webinar Wednesdays continue to be popular and are accessibly archived at www.ndbin.org/events/webinars.
- NDBIN is partnering with ND TRAIN to develop a 3-part ND Peer Support & Care Coordinators
- Living Life Fully After Brain Injury- Currently in Grand Forks, and will be in Fargo starting Jan. 2nd.
- Recent trainings:
 - o 3rd Annual Concussion Symposium, with 95 attendees
 - Certified Brain Injury Specialist Training in October
 - o Bismarck PD Crisis Intervention Training
 - o Training at Lighthouse Church

New Screening Process

- 5 Agencies are now trained on new screening process, for which they have developed a Virtual Screen Toolikit and a data entry portal. This should streamline the process for many people seeking and providing services, and help prevent people from falling through the cracks.
- NDBIN has created 'Tip Sheets' which Skipp assisted in creating.

Brain Injury Survivor Group

- First met in July 2022
- This group plans to meet monthly going forward.
- They are providing input on the State Plan, and they plan to attend Brain Injury Awareness Day at the Capitol during the Session.

For more info or to get involved with this group, please contact Rebecca, rebecca.quinn@und.edu.

Upcoming Dates

- Brain Injury Awareness Day-March 6th, 2023
- Mind Matters Conference in Mandan-March 23 &24, 2023
- CBIS in Mandan-April 24 & 25, 2022

Member Provider Updates

Community Options, Darcy Severson

CO will be discontinuing the Brain Injury Employment Contract they have had with the state, as of December 31st. Because the contract was employment driven, things have changed with the State offering more services directly to survivors. CO remains a Community Connect provider, a Free Through Recovery provider, and offers limited case management services.

State Agency Updates

ND DHHS Behavioral Health, Tami Conrad

Mental Health Program Directory has launched. This can be found at https://www.hhs.nd.gov/behavioral-health/directory. Direction from last Legislative Session was to create this directory, to integrate access for individuals with mental health programs. Currently over 200 listings in the directory, and these is a list of programs, not state certifications. The Directory is searchable, and user friendly. Please let people and programs know about this offering.

988 is the new support line for mental health crisis. Users do not need to have suicide related concerns, this is for mental health issues, broadly. 211 and Suicide Hotlines are still active, working on a transition to 988.

ND Mental Health America has a contract with NDDHHS, to hire a peer organization to assist with individuals with Serious Mental Illness (SMI), with areas such as advocacy and resources.

NDDHHS has been offering monthly trainings, 3rd Tuesday of each month, on various topics. There continues to be a huge need for education around Brain Injury, for both providers and the public.

ND Department of Public Instruction

No update

ND DHHS Injury Prevention

No update

ND Protection & Advocacy, Denise Harvey

P&A staff has had multiple trainings to better screen and administer programs to those in need of them. Program that can help with wide range of needs, there are many gaps in services of all kinds. Eligible needs are broad, anything that is preventing people from working, can fall under this program, including transportation needs.

ND Medical Services, Melissa Klocke-Joyce

The 1915i program continues to be offered. They recently gained approval for a change to the State Plan from CMS. These amended areas were related to Conflict of Interest standards, rates for nonmedical transportation services, and provider qualifications for the Care Coordination service.

ND Vocational Rehab, Barbara Burghart

Voc Rehab has the Senior Community Employment Program, formerly Experience Works. Voc Rehab is changing some requirements for potential employees.

Strategic Planning Subcommittee Report

Denise Harvey provided a Strategic Planning subcommittee report. The Subcommittee continues to discuss how to best include survivors in each step of the State Plan. There are also ongoing discussions about BIAC meeting venue options, such as virtual only vs hybrid options.

Officer and Governance Structure

Jill Ferrington presented information about various officer structures that the Council could adopt. This included information about potential officer structures that the Council could pursue in the future. (attachment) Discussion included what tasks could fall under each officer, and what is currently handled by a third-party facilitator.

State Plan Development

Jill Ferrington presented an update on the ND State Plan. (attachment)

Board Orientation Presentation

Jill presented an overview of the Draft Board Orientation. (attachment) The Council expressed enthusiasm for the clarity these materials will provide.

2023 BIAC Meeting Preferences

Nan shared the results of a survey about members' preferences on meeting length, frequency, virtual vs hybrid format, etc. There was some response to the initial survey, but more feedback is needed. Nan opened the floor for more discussion on this topic. The group was encouraged to take time to review the potential options for future meetings, and send any further input to Nan or Caitlin. This calendar-setting discussion will continue with the Executive Committee, to set a calendar before the end of the year.

Looking Ahead to the 2023 Legislative Assembly.

Legislative Session begins in January 2023. NDBIN will be following legislative work, and talking points and other legislative resources are currently being created. NDBIAC members are free to testify in their own capacity, but please check with Tami before speaking or engaging in other activity on behalf of the Council.

Public Comments

Nan invited members of the public to provide any comments to the BIAC. No individuals offered comments.

Post-Meeting Survey

Caitlin will send members a post-meeting survey via email to gather feedback on topics presented today.

Next Meeting

[Updated to minutes in December:] The Strategic Planning Subcommittee met with Executive Committee members on December 19 and determined the 2023 meeting dates/times:

2023 BIAC Quarterly Business Meetings

Thursday, February 9, 12-3pm, Hybrid Meeting Thursday, May 11, 12-3pm, Hybrid Meeting Thursday, August 10, 12-3pm, Hybrid Meeting Thursday, November 9, 12-3pm, Hybrid Meeting

Meeting on-site locations, Zoom links, and calendar invites will be distributed in early 2023.

Adjournment

Darcy moved to adjourn the meeting, and Denise seconded. Motion passed, the meeting was adjourned at 4:04 pm CT.

Respectfully submitted, Caitlin McDonald Consensus Council



Brain Injury Advisory Council Meeting Onsite: HIT Inc., 2640 Sunset Dr., Mandan, ND Online Videoconference Connection*

Friday, November 18, 2022 1:00 PM – 4:00 PM CT

BIAC Materials: https://drive.google.com/drive/folders/1 fMizcTfB8xrvejHLbEgB7uLlFBac5Ao

AGENDA

1:00 PM Call Meeting to Order & Welcome: Nan Kennelly, Chair

Introductions & Roll Call

Check in question: If you are comfortable sharing, what is a holiday season tradition that is important to you? This can be a food, a type of music, an activity — anything that represents a tradition you hold dear as the holidays approach.

1:30 PM Brain Injury Family Member Story

1:45 PM Quorum

Approve Agenda Approve Minutes

> BIAC Quarterly Meeting, August 26, 2022 BIAC Special Meeting, October 17, 2022

1:55 PM ND Brain Injury Network Update: Rebecca Quinn

2:10 PM BIAC Provider Updates

2:20 PM Agency Updates

ND Department of Health & Human Services

Behavioral Health

Medicaid

Vocational Rehab Injury Prevention

Trauma and Emergency

ND Department of Public Instruction ND Protection & Advocacy Project

2:35 PM Strategic Planning Subcommittee Report

2:45 PM Administration for Community Living (ACL) Grant/State Plan Development

Jill Ferrington, Nat'l Association of State Head Injury Administrators (NASHIA)

Structure and Chair/Officer Options

State Plan Updates

Council Development: Overview of Draft Board Orientation Presentation

3:30 PM **2023 BIAC Meeting Calendar:** Discussion

Looking Ahead: 2023 ND Legislative Assembly

3:45 PM **Public Comments**

Member Survey—Distributed Electronically

4:00 PM Adjournment

Meeting Contact Information:

The Brain Injury Advisory Council follows established state guidance regarding the scheduling and management of state advisory councils. The Brain Injury Advisory Council currently holds scheduled meetings via onsite and videoconference options. Masking is requested for all onsite participants. Members of the public can access the meeting and participate in the public comment period by attending in person or using the following videoconference contact information:

*Videoconference:

Join Zoom Meeting

https://us02web.zoom.us/j/82507902359

Meeting ID: 825 0790 2359

Phone Connection Option: 1-346-248-7799

Brain Injury Advisory Council Mission.

The Mission of the North Dakota Brain Injury Advisory Council is to improve the quality of life for all individuals with brain injury and their families through brain injury identification, awareness, prevention, research, education, collaboration, support services and advocacy.





3

Trainings

- ▶ Webinar Wednesdays
 - ► Very well received and archived online. CEUs available https://www.ndbin.org/events/webinars
- ▶ Recent trainings:
 - ▶ 3rd Annual Concussion Symposium-95 attendees!
 - ► Lighthouse Church
 - ► CBIS Oct 3&4th
 - ▶ Bismarck Police Department's Crisis Intervention Training

Course & ND TRAIN Series

- ▶ 96 individuals completed online brain injury courses.
- ▶ Partnering with ND TRAIN to develop a 3-part direct care staff training series.

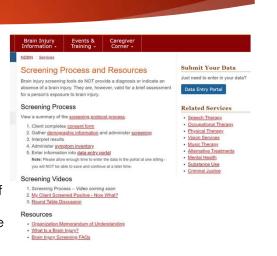
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Screening Process

5 Agencies trained on screening—with 2 more trainings scheduled!

Oct 21-Sept 22 66 individuals screened so far with 62 screening positive! *

*Screenings are expected to have a high number of positives because currently most providers are only screening individuals that they already suspect have a brain injury vs universal screening all clients.

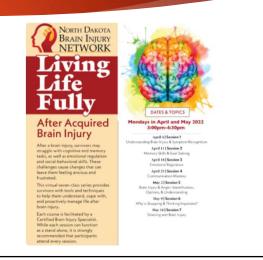


Living Life Fully After Brain Injury

Have offered 3 previous classes

Current Grand Forks class Oct/Nov

2 classes scheduled for Fargo to start January 2!



7

Survivor Engagement Group

- ► Monthly Meetings
- ▶ Providing input on Advisory Council state plan
- ▶ Plan for group to attend Brain Injury Awareness Day at the capitol.

Upcoming:

- ► March 6th Brain Injury Awareness Day at Capitol
- ► March 23rd & 24th Mind Matters Conference in Mandan
 - ▶ Submit a Presentation now!
- ► April 24th & 25th CBIS in Mandan

9



Contact us today!

855.866.1884

www.ndbin.org



Officer Structure w/ Options



DRAFT Survivor Engagement

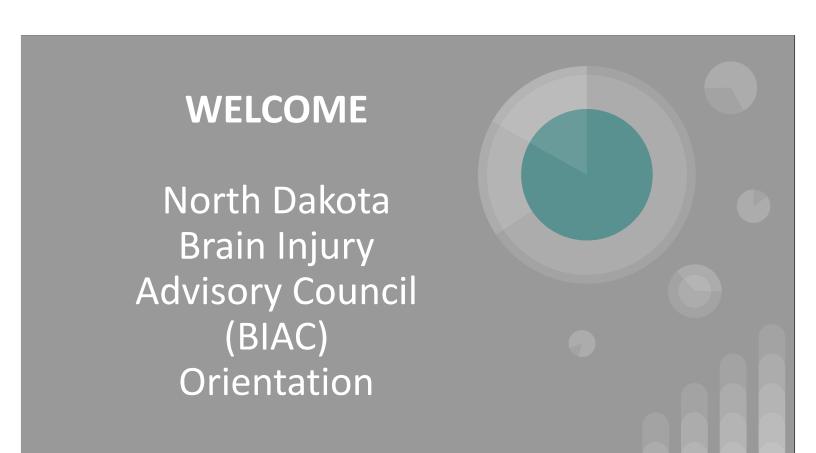
- 1. Expand diversity of Survivor Engagement Group involvement
- 2. Expand activities of the Survivor Engagement Group
- 3. Create a speaker's bureau with the goal of expanding survivor presentations (individual or paired) in varied settings
- 4. Expand volunteer opportunities for ND survivors with brain injury.
- 5. Connect more people with new brain injury to the Survivor Connections Program

DRAFT North Dakota Brain Injury Advisory Council (BIAC) State Plan July 1, 2023-June 30, 2027 1. SERVICES - Clarify the brain injury service continuum and improve service engagement for people with brain injury (including underserved and high prevalence populations). Research other state approaches and implement an affordable media Objectives (TBD) and/or outreach awareness campaign. Research options for implementing release of information with/to patients at time of hospital discharge in coordination with NDBIN. Increase North Dakota Brain Injury Network (NDBIN) provider and survivor exposure at opportunities such as job fairs, health fairs, open house events, hospital and clinic tours. Examine feasibility of increasing regional resource facilitation. Evaluate and make recommendations for increasing brain injury providers within the 1915(i) program. Research models for day programming through 1915(i) – day treatment, clubhouse, etc. 2. EDUCATION AND AWARENESS - improve brain injury awareness and brain injuryinformed service delivery with consideration of family members, educators, law enforcement, human services providers, and members of the general public. Create a public campaign: "What is Brain Injury" with a focus on Objectives (TBD) topics including concussion, hidden brain injury, brain injury resources, etc. Enhance North Dakota school district staff knowledge and awareness of NDBIN and specialized supports for people with brain injury through new year orientations/information sessions, updated brain injury toolkit, and training with professional development credits (if feasible). Implement a regularly scheduled introduction to brain injury and brain injury services utilizing examples from other states (e.g. Maryland's check-in chat.) Create education opportunities for medical providers/health care professionals. 3. HOUSING – Improve the landscape of permanent supportive housing options as well as access to accessible housing for people with disabilities, to include people with brain injury. Further brain injury representation with the North Dakota Disabilities Objectives (TBD) Advocacy Consortium by adding a member(s) from the ND Brain Injury Advisory Council.

with complex care needs.

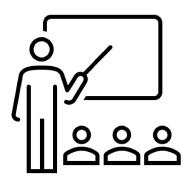
Investigate options for Supportive Long-Term Housing for individuals

4. FINANCIAL SUPPORT – Grow the pool of and awareness about financial assistance	
options available for people with brain injury in North Dakota.	
Examine and communicate resources for helping people with disabilities transition back into the community and home settings, including utilization of new SSI/SSDI Outreach, Access, and Recovery programs in ND. Increase awareness and utilization of supports from the North Dakota Association of the Disabled (NDAD) and North Dakota Assistive. Research other state methods for assisting with time-limited costs associated with brain injury needs, e.g. overnight stay for assessments, home modifications, rent assistance, pre-benefits subsistence, etc. 5. DATA – Improve consistency and availability of brain injury day	Objectives (TBD)
North Dakota.	
Study options for and strengthen brain injury data sharing and definition use in ND.	Objectives (TBD)
Study Medicaid payment and/or coding data and make	
recommendations related to brain injury services for people with brain injury.	
Strengthen collaboration with the trauma registry.	
6. SELF-ADVOCACY AND ENGAGEMENT - elevate voices and engagement of people with	
lived experience.	
Expand diversity of Survivor Engagement Group involvement	Objectives (TBD)
Expand activities of the Survivor Engagement Group.	
Create a speaker's bureau with the goal of expanding survivor	
presentations (individual or paired) in varied settings.	
Expand volunteer opportunities for ND survivors with brain injury.	
Connect more people with new brain injury to the Survivor	
Connections Program.	



This BIAC orientation is intended to provide new members with:

- · Common Brain Injury Understanding
- Focus & Purpose of the Advisory Council
- Advisory Council Membership and Processes





- Acronyms List
- ND BIAC Bylaws
- Member Roster
- Person-Centered Profiles
- Council History and Vision
- Needs and Resources Assessment
- State and National Resources
- Full Participation Guidelines and Accommodations Checklist

- Role descriptions
- Robert's Rules of Order
- North Dakota Open Records and Meetings
- Organizational Charts
- Legislation and Funding
- TBI Grant Overview
- State Plan

North Dakota Brain Injury Advisory Council Mission

Improve the quality of life for all individuals with brain injury and their families through:

- brain injury identification,
- awareness
- prevention
- research
- education
- collaboration
- support services
- advocacy









Advisory Boards or Councils

"A collection of individuals who bring unique knowledge and skills in order to more effectively guide an organization or initiative."



Advisory Boards or Councils

- Identify gaps and advise and make recommendations to the State on ways to improve services coordination regarding brain injury for:
 - people living with a brain injury
 - caregivers
 - family members
 - health care providers
 - community stakeholders
- Encourage citizen participation through the establishment of public hearings and other types of community outreach programs.
- Consult with Federal, State, and local governmental agencies and with citizens groups and other private entities."

Advisory Board Focus

- Each BI advisory board determines its own scope and focus, but their common goal is to improve quality of life for citizens living with brain injury, their families, and supporters.
- It is the work of state BI Advisory Boards to develop goals and a STATE PLAN that reflect the needs of the state's brain injury population.

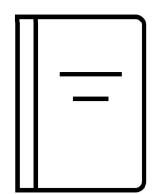
The Influence of Advisory Councils and Boards

Advisory Councils and Boards have been successfully advocated for:

- Brain Injury Home and Community-Based Services (HCBS) Waivers
- Expanded brain injury definitions
- Return to Learn, Return to Play, Helmet, and Concussion laws
- Funding

Bylaws

- Bylaws are an organization's written rules and serve as an internal affairs guidebook.
- They establish procedures for holding elections, organizing meetings, quorum requirements, membership structure, and other essential operations.
- They should serve as an organizational manual and guide.

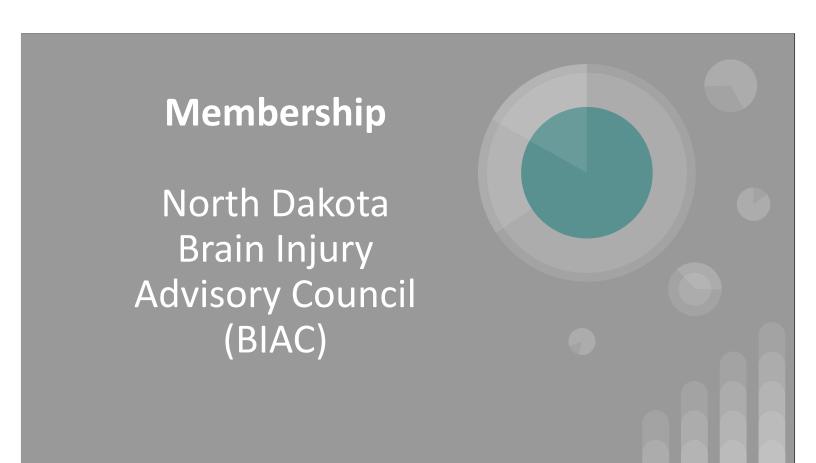


Robert's Rules of Order

Otherwise known as parliamentary procedure
Helps ensure that meetings are fair, efficient, democratic and orderly

Robert's Rules of Order Motion Steps

- 1. **Motion:** A member rises or raises a hand to signal the chairperson.
- 2. **Second:** Another member seconds the motion.
- 3. **Restate motion:** The chairperson restates the motion.
- 4. **Debate:** The members debate the motion.
- 5. **Vote:** The chairperson restates the motion, and then first asks for affirmative votes, and then negative votes.
- 6. **Announce the vote:** The chairperson announces the result of the vote and any instructions.



Governor Appointees of Council (Voting Members) Minimum of 5, up to 9

- At least one brain injury survivor, nominated by the Council;
- At least one family member of a brain injury survivor, nominated by the Council;
- At least one service provider who provides services to brain injury survivors, nominated by the Council, who may be a brain injury survivor or a family member of a brain injury survivor;
- An individual representing the Indian Affairs Commission, nominated by the Indian Affairs Commission, who may be a brain injury survivor or a family member of a brain injury survivor; and
- At least one individual representing a religious, charitable, fraternal, civic, educational, legal, veteran, welfare, or professional group or organization, who may be a brain injury survivor or a family member of a brain injury survivor.

Service Providers on the Advisory Council

- Broad category
- Delivery of various services to people with brain injuries
 - Healthcare
 - Therapies
 - Counseling
 - · Case Management
 - · Vocational Rehabilitation Counseling
 - · Etc.
- Service providers have their finger on the pulse of brain injury service needs and gaps.

Legislative Members

One - House of Representatives

One - Senate



Additional, Non-Voting Members

- Protection and advocacy project, one representative;
- State department of health, one individual representing injury prevention and one representative representing emergency medical services and trauma;
- Department of human services, one individual representing behavioral health, one individual representing Medicaid, and one individual representing vocational rehabilitation; and
- Department of public instruction, one representative.

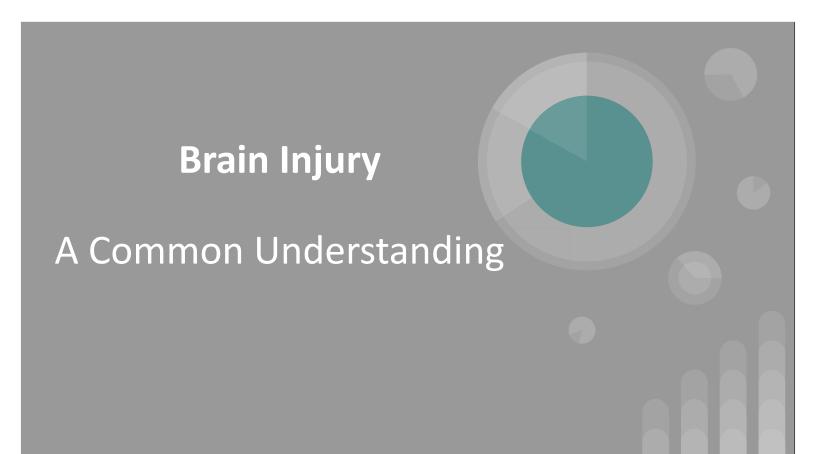
The governor may appoint an individual representing stroke health to serve as a non-voting member of the council who serves at the pleasure of the governor.

Terms - Governor-appointed, voting members



Open Meetings & Open Records

- Anyone has the right to attend meetings of a public entity, regardless of where they live.
- All meetings of a public entity are open, unless a specific law authorizes the entity to close a portion of the meeting or to hold an executive session.
- Anyone has the right to view or get a copy of public records, regardless of the reason or where they live.



Brain Injury Defined

Acquired Brain Injury (ABI)

Traumatic Brain Injury (TBI)-Open or closed

External Events: assault, fall, blast injury, motor vehicle crash Non-Traumatic Brain Injury-Congenital or developed

Internal Events: stroke, tumor, anoxia, aneurysm, infection

North Dakota's Definition

"Brain injury means damage to the brain or the coverings of the brain which produces an altered mental state and results in a decrease in cognitive, behavioral, emotional, or physical functioning. The term does not include an insult of a degenerative or congenital nature."-

NDCC 50-06.4

Severity of TBI

Mild

- **Most common**
- May or may not lose consciousness
- Headaches
- **Dizziness**
- Slowed processing
- Forgetfulness
- Fatique
- Sensitivity to noise and lights
- Altered sleep pattern

Moderate

Loss of consciousness from minutes to hours

May have shearing, bleeding or fractures in skull

May not recall event

Confusion

Impaired verbal memory

Severe

Loss of consciousness for 24 or more hours

Long-term challenges highly likely

Behavior

Social

Cognition

Concussion = Mild Brain Injury

 A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move rapidly back and forth.



- Sudden movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging brain cells.
- Most mild brain injuries resolve, but concussions can be serious.

Multiple Mild Brain Injuries

- Repetitive mild traumatic brain injury
- mTBI, also known as concussion
- Associated with a range of long-term mood and cognitive deficits, including executive dysfunction
- Consider sport injuries, intimate partner violence

Brain Injury Impairments

- Attention
- Mental Flexibility
- Physical
- Organization
- Memory Problems

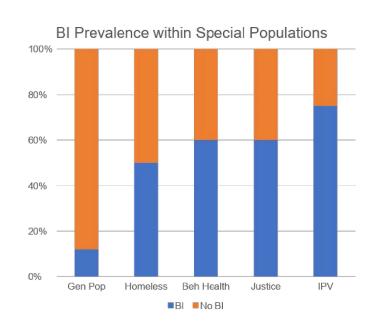


- Delayed Processing
- Inhibition
- Emotion
- Language
- Sleep

The Importance of Screening

Special Populations

- Homelessness
- •Behavior Health (Mental Health and Substance Use Disorder)
- Criminal and Juvenile Justice
- •Survivors (Females) Intimate Partner Violence (IPV)



Lifetime History of Brain Injury/Screens

- Standardized procedure for eliciting a person's lifetime history of TBI via a structured interview
- Example: the Ohio State University (OSU)
 Traumatic Brain Injury (TBI) Identification
 Method (OSU TBI-ID) is a 3-5 minute
 screening tool
- Screens have been adapted to examine non-traumatic brain injury (stroke, anoxia, etc.)



Resource Facilitation

A process that involves identifying, navigating, and obtaining needed resources, services, and supports for individuals with brain injury, their families, and their support networks.

Resource facilitators are brain injury specialists who provide customized assistance for navigating the services available to brain injury survivors and their families. Examples of support include:

- · Respond to requests for assistance, information, resources, and referral.
- Provide information regarding state and local resources.
- Offer support for individuals, families, friends, professionals, caregivers and the general public.



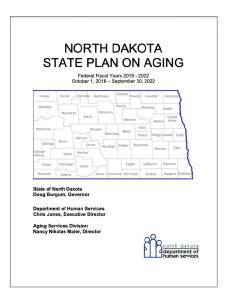
State Plan

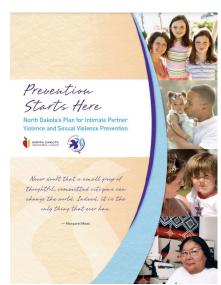
- A strategic plan for the brain injury efforts in the state
- A living document to guide the state in determining how best to improve the services and supports for all people living with TBI in their state
- State plan is intended to be a foundation for advancing their statewide systems of TBI services
- Person-centered and culturally responsive
- Goals and objectives



North Dakota State Plans







http://www.ndhealth.gov/phsp/documents/SHIP_Plan.pdf?v=3, https://www.nd.gov/dhs/info/pubs/docs/aging/state-plan-on-aging.pdf https://vawnet.org/sites/default/files/assets/files/2016-10/NDPreventionStartsHere.pdf

Needs Assessment

Survey process to:

- achieve a better understanding of whether individuals with brain injury have been able to access services related to their brain injury
- understand what service gaps exist

Example - Goals and Objectives

Goal -- Raise awareness about the incidence of traumatic brain injury related to sports/recreational injuries.

Objective -- Annually, increase the number of trainings delivered through the Concussion Speakers' Bureau by 10%.

Goal -- Increase the recognition of and support for people with unidentified brain injury in human services systems.

Objective -- Each State Plan year, a minimum of twenty new individuals and five service providers sites, including behavioral health service providers, will complete on-line training on brain injury screening.

Public Input

The opportunity for citizens to provide opinions respecting an issue under consideration by a committee.

Examples:

- Town Halls
- Surveys
- Interviews
- Written comments

Every Member has Value and an Important Role to Play

- Request What you Need to Participate
- Prepare and Actively Participate
- Ask Questions
- Expect a Safe Space
- Address Concerns
- Attend Meetings Regularly
- Join a Committee
- Represent the Brain Injury Community as a Whole
- Know your "Why"

RESOURCES

Frost R.B., Farrer T.J., Primosch M., Hedges D.W. (2013). Prevalence of traumatic brain injury in the general adult population: a meta-analysis. *Neuroepidemiology.* 2013; 40: 154-159

Gould, K. R., Ponsford, J. L., Johnston, L., & Schönberger, M. (2011). The nature, frequency and course of psychiatric disorders in the first year after traumatic brain injury: A prospective study. *Psychological Medicine*, 41(10), 2099–2109. https://doi.org/10.1017/S003329171100033X

Shiroma, E.J., Ferguson, P.L., and Pickelsimer, E. (2012). Prevalence of traumatic brain injury in an offender population: a meta-analysis. *J Head Trauma Rehabilitation*, 2012 May–Jun;27(3):E1–10.

Stubbs J.L., Thornton A.E., Sevick J.M., et al. Traumatic brain injury in homeless and marginally house individuals: A systematic review and meta-analysis https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(19)30188-4/fulltext. Lancet Public Health 2019: Epub 2019 Dec 2.

Taylor, L. A., Kreutzer, J. S., Demm, S. R., & Meade, M. A. (2003). Traumatic brain injury and substance abuse: A review and analysis of the literature. *Neuropsychological Rehabilitation*, 13(1–2), 165–188. https://doi.org/10.1080/09602010244000336

Valera, E. M., Cao, A., Pasternak, O., Shenton, M. E., Kubicki, M., Makris, N., & Adra, N. (2018). White matter correlates of mild traumatic brain injuries in women subjected to intimate partner violence: A preliminary study. *Journal of Neurotrauma*, 36, 661–668. doi:10.1089/neu.2018.5734