

the Working Brain

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We want to hear from you...

Do you have a question related to resource facilitation services?

The *Working Brain* newsletter would like to provide you a forum in which to ask questions and gain knowledge to better serve our clients. Please send your questions and/or topic ideas to Judy Reuter at judy.reuter@rhin.com.



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Dr. Summer Ibarra

REFLECTION:

Looking back...and moving forward

Last spring the RHI Resource Facilitation (RF) Department, in collaboration with Indiana Vocational Rehabilitation Services (VRS), commenced a new model of care for individuals affected by brain injury. While it is hard to believe a year has gone by already, the success this program has seen speaks volumes about the commitment and determination of what can be accomplished when we work together as a team. It has been said that brain injury recovery takes a village, and the bridge that has been formed between VRS and RF, along with numerous other key community providers, has built a strong foundation to support the brain injury community. When the new model rolled out one year ago, we were able to offer RF services in 60 counties across central and northeast Indiana. Within a year's time, we are now able to offer services across the *entire state* in each of the 92 counties. The rate of growth has not only been tremendous from a geographical standpoint, but also from an internal RF perspective. More specifically, we have added six new staff members to better serve the needs of VRS and the consumers. Two additional Resource Facilitators will also be added beginning in June 2015 to assist with initiation of year two (treatment phase) of a 4-year HRSA grant. This grant is targeted at bringing these specialized services to ex-offenders with brain injuries in Indiana. With this, we also welcome the Indiana Department of Corrections into our growing "village" and look forward to continued advancement and service excellence to ultimately better the outcomes for individuals affected by brain injury.

MOMENTUM:

Resource Facilitation — the best is yet to come

In 2008, 18% of Hoosiers with acquired brain injuries returned to work. Today, through Resource Facilitation, 70% are working again. The innovation driving this improvement was possible because of our partnership with Indiana Vocational Rehabilitation Services.

While we should all celebrate those people who are again productive members of their communities, we can't rest. We cannot stop innovating. To ensure our continued growth, we have made some changes to the NVE Final

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CELEBRATION



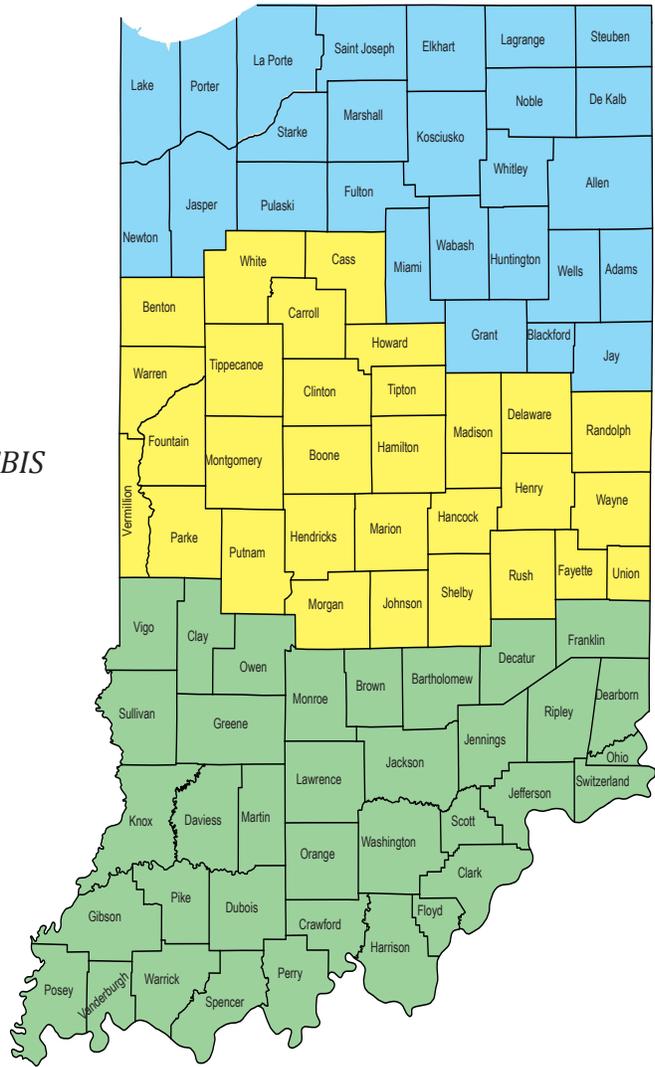
Pam Nihiser, resource facilitator for Central Indiana, is pictured above with Victoria B. who graduated in April with a Completion of High School from the Excel Center High School. Congratulations Victoria and best wishes on a great future.

RHINOZ MAP

Northern Indiana
Local Support Leader:
Penny Torma, LSW
Resource Facilitators:
Tina Funkhouser, CBIS
Penny Torma, LSW
Daminica Ruffin

Central Indiana
Local Support Leader:
Wendy Waldman, BSW, CBIS
Resource Facilitators:
Susie Crane, CBIS
Pam Nihiser, CBIS
Jared Sivertson, CBIS

Southern Indiana
Local Support Leader:
Jean Capler, MSW, LCSW
Resource Facilitators:
Jean Capler, MSW, LCSW
Mary Austin



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Updates from the RHI Resource Facilitation Department

The Resource Facilitation Team is growing! Join as we welcome 3 new staff members to the team—Mary Austin, Penny Torma and Daminica Ruffin.



Mary Austin joined the Resource Facilitation Team in February 2015 as a Resource Facilitator in Southern Indiana. Mary has worked in the social services field in different positions and provided services to people with a wide range of varying disabilities. She was employed by Developmental Services, Inc. for 23 years doing everything from direct services to intake and resource referral to management. As a manager she was responsible for employment services, transportation services, the county day program, community centered programs and the county budget. She was accountable for staff training, outcomes and quality assurance across these areas.

Mary has also worked for the statewide waiver case management company, Indiana Professional Management Group, doing annual assessments. She more recently was employed as a Service Coordinator/Case Manager by Addus Home Care, which provided non-skilled services to individuals on the Aging and Disabled waiver. Through Mary's experiences, she has knowledge of different types of disabilities and is familiar with many of the counties and their resources within her Southeastern Indiana area. Mary has also collaborated with many different agencies including Vocational Rehabilitation and Aging and Community Services. In addition, she has done presentations on employment best practices at the state and national level, as well.



Penny Torma, LSW joined the Resource Facilitation Team in April 2015 as a Local Support Network Leader in Northern Indiana. She is a licensed social worker and comes from working with the State of Indiana. She retired from State government April 15, 2015 and started RHI April 16, 2015. In 35 years of working in state government, she has had many positions with numerous departments. She brings a wealth of knowledge in many areas such as TANF, SNAP (food stamps), Medicaid

including aged, blind, disabled, Medicaid waivers, Medicaid Fraud, Abuse and Neglect, epidemiology and public health.

At the Indiana State Department of Health (ISDH) she held positions as a health educator, immunization, epidemiology, public health administrator and preparedness. At ISDH she received the highest award available—State Health Commissioner Award For Excellence in Public Health.

Penny has worked with people with development disabilities and brain injuries navigate through government eligibility programs and find community resources since 1983. She is passionate with clients and stakeholders in identifying, assisting and advocating for services of her clients.

Daminica Ruffin will join the Resource Facilitation Team in late May 2015 as a resource facilitator in Northern Indiana. Daminica comes to the team from the Department of Child Services where she was a Family Case Manager. Daminica received her Bachelors of Science in Health Science and Health Administration at Indiana State University and is currently finishing up with her Masters.

RF — the best is yet to come

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Report that we send to the VR Counselor requesting Resource Facilitation authorization. We have added an *Executive Summary* at the beginning of the report that provides a brief history of the consumer's background, the extent of the testing they receive at RHI, their vocational goal, and the steps we believe necessary to achieve that goal. This change will make it possible to introduce new and creative supports.

How will this help? We have learned that Resource Facilitation provides an effective continuum of care between the hospital and a return to work. One key to this success is incorporating pre-existing resources, sometimes called natural supports, as an integral part of the consumer's recovery and return to work. Often that resource is family. We have learned that the families need help to be more effective and to avoid burnout. Helping the consumer individually, and as a member of a family unit, has proven highly effective. Unfortunately, not everyone has a family to support them, which just means that we have to work harder to help the consumer reconnect with their communities in other innovative ways. The revised NVE Final Report will help us explain these innovations in a recognized format.

We will continue to identify other ways that we can make information about innovation available to VR Counselors when they need it or have questions.

Innovation is exciting, but it requires continuous dialogue. We welcome your suggestions and comments, and hope that each VR Counselor feels free to contact us with questions, either in general or about a specific NVE Final Report.

Thank you for this opportunity, we look forward with anticipation to what we can accomplish together.

EDUCATION

Vision and Brain Injury... Some things you need to know

Vision is important for many aspects of life. With a traumatic brain injury (TBI) problems can occur with vision. Treatment can either fix the problem completely, improve vision, or help to better manage the problem.

What is vision and why is it important?

We often think about vision as being simply what we see. However, vision also includes how our brains make sense of what we see. Vision also helps other systems in the body work well. These include the systems for thinking and moving. When the visual system isn't working properly, there can be a wide-ranging impact on our daily living activities (e.g., reading, driving, employment, school, and recreational activities) and quality of life. Depending on its location and severity, a TBI can affect your vision by damaging parts of the brain involved in visual processing and/or perception (e.g., cranial nerves, optic nerve tract or other circuitry involved in vision, occipital lobe).

What are common causes of vision problems after TBI?

Sometimes, the eye itself is injured during the head injury. There can also be medical conditions that aren't related to TBI. These include cataracts or glaucoma. Other vision problems occur due to damage to the wiring in the brain.

Vision problems after TBI are complicated. There is often more than one cause for your symptoms. Sometimes, the eyes are causing the problem. Other times, brain processing may be the problem. For example,

- There may be problems with eye movements. The eye movements we use when scanning stationary objects may not work as well. These eye movements point our eyes toward an object so we can see it clearly. People may also have difficulty following a moving target.
- The eyes may not work together properly as a team. For example, the eyes may not move inward toward the nose to see objects clearly up close (convergence insufficiency). Or, the eyes may not realign outward as needed to focus on objects at different distances (divergence insufficiency).
- The muscles that control the lens inside the eye may not be working properly. This causes difficulty with changing focus when a person switches between seeing objects up close and at a distance.
- There may be a weakness or imbalance in the muscles that move the eyes. One or both eyes may be turned in more toward the nose or out toward the side of the face than usual. This is often the result of injury to the nerves that control the eye muscles. Sometimes, a hairline fracture of the eye socket can cause a problem with the muscles that move the eye up or down.
- You may have difficulty seeing above, below, or out to the sides (decreased visual field). When you lose vision to one side of your visual field, it is called hemianopia (hem-ee-en-OH-pee-ah). This may cause such problems as bumping in to objects, being struck by approaching objects, or falling.

Vision can also be affected by some medications. For example, some medications can affect the focusing of your eyes. Others can make the eyes feel dry.

How are vision problems found after TBI? Who should be consulted with and what kinds of treatment are available? What devices and strategies can help manage vision problems? Answers to these questions can be found in the **TBI Factsheet: Vision Problems After Traumatic Brain Injury**. Download a free copy of the Factsheet from the *Traumatic Brain Injury Model Systems website www.msctc.org/tbi/model-system-centers.

*The Traumatic Brain Injury Model Systems program is sponsored by the National Institute on Disability and Rehabilitation Research, Office of Special Education and Rehabilitative Services, U.S. Department of Education.



Below are upcoming Webinars produced by the Resource Facilitation Department for Vocational Rehabilitation

Services through their VR Leadership Academy. Due to limited space these webinars are only available to VR staff. Stay tuned as we review ways in which these webinars can be made available to a broader audience.

June 18, 2015 2:00 - 4:00 PM

Overview of the Indiana 2014-2019 HRSA Brain Injury Grant with the Indiana Department of Corrections

September 17, 2015 2:00 - 4:00 PM

Brain Injury 101—Cognitive and Behavioral Changes Associated with Brain Injury: Implications for Vocational Rehabilitation.

TRAININGS

INDATA Project

On March 27th the INDATA Project at Easter Seals Crossroads hosted a training on brain injury and various aspects of assistive technology related to brain injury and other similar disabilities.

Dr. Edmund Haskins, Laura Trexler, OTR, CBIS and Wendy Waldman, BSW, CBIS participated on a brain injury education panel speaking on brain injury including vision, cognitive, physical and communication.

Along with the panel discussion the day consisted of presentations on various types of assistive technology and how certain AT devices and resources may benefit the lives of individuals with brain injury.

These trainings are held at the Easter Seals Crossroads Indianapolis facility and streamed via the Internet. They are also archived on the INDATA website and can be seen by going to the following link <http://www.eastersealstech.com/live>.