



New Jersey Advisory Council on Traumatic Brain Injury

January 27, 2026



Welcome, Introductions, Division Updates

Jacqueline Moskowitz, Interim Executive Director
Division of Disability Services

10:00 – 10:10  NEW JERSEY HUMAN SERVICES

Agenda



Welcome, Introductions, Division Updates: <i>Jacqueline Moskowitz, Interim Executive Director, DDS</i>	10:00am-10:10am
Brain Injury Alliance of NJ: <i>Barbara Chabner, Director of Education & Outreach</i>	10:10am-10:15am
TBI Fund Updates: <i>Margaret Lumia, PhD, MPH, Administrator, Disability Health & Wellness/TBI Fund</i>	10:15am-10:20am
Future Directions Presentation: Federal Legislation, the BIAA Action Plan, & NJ: Perfect Together? <i>Erica Cooper and Cathy Trapani, Survivor Board Members</i>	10:20am-11:00am
Break	11:00am-11:10am
State Action Plan Update: <i>Sakina Ladha, ACL Grant Project Director</i>	11:10am-11:20am
2026 Council and Board Planning Development Discussion: <i>Adam Neary, Assistant Director, DDS</i>	11:20am-11:45am
Open Discussion:	11:45am-12:00pm

**Please put your
name in the chat
and we'll note
that in our
attendance!**





Brain Injury Alliance of New Jersey Update

Barbara Chabner
Director of Education and Outreach



10:10 - 10:15
NEW JERSEY HUMAN SERVICES

Workshops

- In-person and virtual workshops
- 54 workshops, 3,457 attendees;
- Avg Attendance: 64
- Wide range of topics including:
 - Brain Injury and Mental Health
 - Brain Injury and Domestic Violence
 - Brain Injury and Substance Use
 - Concussion
 - Head's Up, Seniors
 - Keeping Your Brain Healthy

Community Event Exhibiting

- Community Fairs/Wellness Events
- 18 events attended

Coalition/Networking Meetings

- Community Coalition Meetings
 - Coalition meetings
 - Individual networking meetings
 - 101 attended

Professional Conference Exhibiting

- Professional Conferences-4 statewide
 - School Health Conference (NJAAP)
 - EMS Council Conference
 - NJEA Convention
 - NJPTA Leadership Conference

Webinars and Facebook Live

- Hosted 3 webinars
 - Navigating Driver Rehabilitation
 - When the Brain Changes: Understanding the Brain After an Injury
 - Holiday Communication Strategies After Brain Injury
 - 143 attended
 - Upcoming: Returning to Work 4 Part Series in February
- Facebook Live Discussion
 - Susannah Combs discussed the TBI Fund

TBI Fund

- TBI Fund promoted at presentations/events, through social media and CARES
- 96 referrals to TBI Fund

Publications

- Updated Parents Guide to Sport Concussion-English and Spanish
- Shaken Baby Syndrome Handout (Abusive Head Trauma) in Spanish

Media Coverage

- Concussion Awareness Day Program
- [Metuchen High School Video](#)
- Healthy in the Garden State Video
- TAPInto Edison [Video](#)

- [Health Watch Brain Injury Episode, Cranford TV-35](#)



TBI Fund Updates

Margaret Lumia, PhD, MPH

Administrator, Disability Health & Wellness/TBI Fund

TBI Fund Applicants

State Fiscal Year (July 1, 2025 to date)

Applicants (71)

- ✓ 37 female, 10 male

Age Range

- ✓ 16 – 80 years old

Top Counties

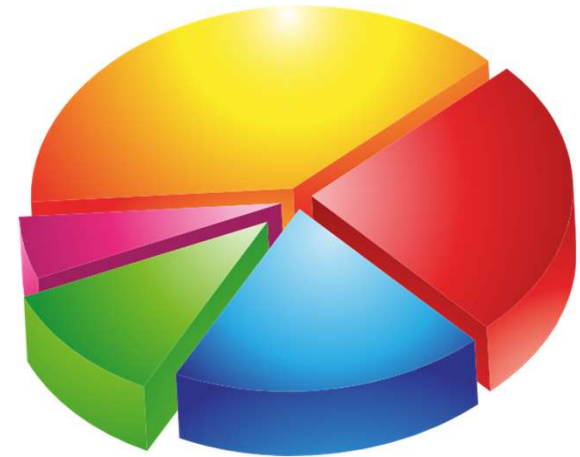
- ✓ Ocean (n=9)
- ✓ Essex (n=8)
- ✓ Camden (n=6)
- ✓ Middlesex (n=6)

Race/Ethnicity

- ✓ White (n=46)
- ✓ Black (n=6)
- ✓ Hispanic (n=6)
- ✓ Asian (n=3)
- ✓ Middle Eastern or North African (n=2)
- ✓ Prefer not to say (n=8)

Top Causes

- ✓ Motor Vehicle crashes (n=41)
- ✓ Falls (n=16)
- ✓ Struck-by (n=7)
- ✓ Assault (n=5)
- ✓ Firearm Related (n=1)



TBI Fund Updates

- ➔ To date, for State Fiscal Year 2026, the TBI Fund has **collected \$1,863,905** from the \$.50 MVC Vehicle Registration Surcharge.
- ➔ State Fiscal Year 2026 (up to December 2025), TBI Fund total expenditures are **\$1,244,512**.
- ➔ The Top Three Service Providers include:
 - Olive Branch (\$171,724)
 - Laurel Rehabilitation Services (\$82,720)
 - A Plus (\$76,987)
- ➔ **Panoramic**, online management system, finalizing the scope of work and anticipating start date: Beginning of SFY 27.
- ➔ A revised TBI Fund website was launched (<https://www.nj.gov/humanservices/tbi/>)

Federal Legislation, the BIAA Action Plan, & NJ: Perfect Together? Future Directions Presentation

Erica Cooper and Cathy Trapani

January 27, 2026

10:20 - 11:00

Intro to TBI Legislation

Federal legislation for Traumatic Brain Injury (TBI) is centered on the TBI Act of 1996, which established *federal, state, and research* initiatives for prevention and treatment. Reauthorized multiple times (e.g., 2018, 2024-2026 proposals)

- TBI and PTSD Law Enforcement Training Act (H.R. 2992): Mandates *crisis intervention training tools* for first responders and studies on concussion prevalence in 1st responders.
- Traumatic Brain Injury Program Reauthorization Act of 2018: Extended funding for state surveillance and *concussion data collection through 2024*.
- TBI Reauthorization Act ('25-'26 proposed): Aims to reauthorize programs *through 2030*.
- Individuals with Disabilities Education Act (IDEA): Recognizes TBI as a *category of disability* for special education services.

These laws work together to **improve data collection, expand access to care, and increase understanding of TBI-related injuries.**

Important Changes in Proposed Reauthorization

- The legislation expands the definition of TBI to include ALL acquired brain injuries (ABI), ensuring that survivors of anoxia, tumors, infections, and *other acquired causes are recognized and served*.
- Study on Chronic Designation: The bill requires the Department of Health and Human Services (HHS), acting through the CDC, to examine the evidence base for designating brain injury as a chronic condition that impacts individuals across their lifespan.

NJ Legislators leading at the Federal Level

- The Traumatic Brain Injury Program Reauthorization Act of 2025, S.2898, was introduced by a group of bipartisan senators including **Senator Andy Kim (D-NJ)**.
- The comparable bill in the House, H.R. 1493, was introduced by **Congressman Frank Pallone (D-6th)**

Introduction to the BIAA Action Plan

- During the Brain Injury Association of America's (BIAA's) annual trip to Washington, D.C. in March, they will be launching a **National Plan of Action**
 - prioritize the *voices, experiences, and needs* of brain injury survivors.
 - establish a comprehensive framework for improving survivor outcomes enhanced research, care, and community support.
- These efforts follow in the footsteps of other groups that advocate for communities affected by chronic health conditions.
- We have bipartisan support for brain injury and brain injury systems.

Intro (slide 2)

- BIAA hopes to be a leading lobbying and federal voice around this
- Create spaces in which various agency heads and leaders can *hear and see* the concerning **gaps** in our brain injury community to further support the need for the plan.
- The National Plan of Action calls for the **creation of an advisory council of federal agencies**, advocacy organizations, and people with lived experiences that would advise the Secretary of HHS on how to create a federal government structure that puts brain injury survivors first.
- look at existing resources, costs, and barriers.

What's this mean?

- “Historically, we’ve advocated for the **TBI Reauthorization Act**, which funds programs in certain siloed agencies,” Supinger [at the BIAA] explained. While federal organizations like the CDC, Administration for Community Living (ACL), Department of Defense, Veteran’s Administration, National Institutes of Health, and Centers for Medicare and Medicaid Services, all touch the brain injury community, there’s **little linkage of data, on-the-ground experiences, and progression within these agencies**. “The National Plan of Action hopes to thread all that we’re doing across the nation into one space, so we can work in a more collaborative and effective manner,” Supinger added.

Six Key Components of the Action Plan

- Recognizing **both traumatic and non-traumatic brain injuries** that occur post-birth, reflecting the diverse experiences of survivors.
- Focusing on **improving survivor care**, access to resources, and the coordination of services across the country.
- **Including brain injury survivors and caregivers *alongside* medical experts** to ensure survivor perspectives shape the plan's actions and recommendations.

Key Components (continued)

- Requiring **annual evaluations** of programs and outcomes, centering survivors' well-being, and reducing financial and emotional burdens on families.
- Collaboration among federal agencies in providing **comprehensive data**, enabling better care and policy decisions that directly benefit survivors.
- Ensuring the plan delivers **measurable outcomes by 2030**, prioritizing survivors' urgent needs.

NJ's status relative to proposed BIAA Action Plan

- Survivors Alongside Technical Advisors
- Chronic Health Condition
- Traumatic AND Non-Traumatic Brain Injuries
- Annual Evaluations
- Comprehensive State Data



Break



State Action Plan Update:

Sakina Ladha, ACL Grant Project Director

11:10 – 11:20





2026 Council Vision & Mission Development Discussion

Adam Neary, Assistant Director, DDS

11:20 – 11:45



2026 Council and Board Planning

With a new administration in place, we would like spend some time at these meetings discussing how we want to proceed as a group.

Aligning our work with a larger mission and focus.

This includes:

- ✓ Creating a mission statement
- ✓ Soliciting feedback about changes in the community
- ✓ Identifying opportunities and alignments

Going hand-and-hand with the State Action Plan work.

Status Check

Where we are now...

- ➡ State Action Plan process is moving along – Thank You for everyone's work at the October meeting!
- ➡ Dedication from the Survivors Board.
- ➡ Revisiting the need to appoint new members to the Council.
- ➡ Identifying the strengths and weakness of the whole group.

Discussion: Changes in Terminology

COMMUNICATING About Brain Injury Shifting Terminology

Today's Discussion is about soliciting feedback and feelings about changes in terminology – NOT about changes in existing policies and rules.

A 2025 joint statement by a group of brain injury advocates, individuals with lived experience, and professionals stresses that we communicate clearly and consistently about brain injury.

Terms like 'mild, moderate, severe' are no longer considered acceptable.

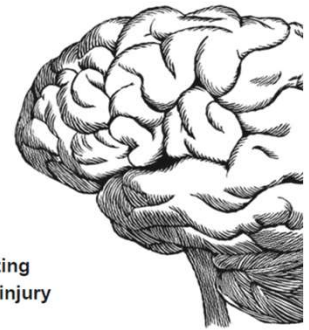
COMMUNICATING About Brain Injury

Anyone can have a brain injury at any time.

Some people recover quickly, while others experience lasting effects. Brain injuries don't just affect the person with the injury—they also impact family, friends, and caregivers.

Brain injuries can be complex. This makes them hard to understand for those affected, as well as for doctors, therapists, and researchers trying to provide care and support.

This joint statement was created by a group of brain injury advocates, individuals with lived experience, and professionals representing the following organizations:



Words matter!

Discussion: Changes in Terminology

COMMUNICATING About Brain Injury Shifting Terminology

Today's Discussion is about soliciting feedback and feelings about changes in terminology – NOT about changes in existing policies and rules.

→ *“Calling brain injuries ‘mild’, ‘moderate’, or ‘severe’ is overly simplistic and can be misleading. Traditionally injuries have been classified as mild, moderate, or severe based on early medical tests, but these labels do not predict how a person will recover or what their long-term needs will be. People with similar initial injuries can have very different recovery paths. Many factors influence recovery.”*

→ *“Making assumptions about the outcome of an injury – whether overly optimistic or overly pessimistic – can have harmful effects. Assuming someone will fully recover just because their injury seemed less severe may cause them to miss out on needed support. Dismissing a person’s struggles can make them feel unheard. On the other hand, assuming that a more severe injury means no hope for improvement can limit opportunities and take away a person’s motivation to recover.”*

Discussion



How do you react to these changes?



How should we as the Council and Board communicate these changes to the larger community?



Where should we go from here? Is this something the Council and Board would like to continue discussing?



For the providers in the community, is this something to discuss with those receiving services?



Next Steps



Open Discussion



11:45 – 12:00





Upcoming Meeting Schedule:

Date: April 21, 2026 – Virtual

Time: 10 a.m. – 12 p.m.

**Send potential topic ideas by March 31, 2026 to
adam.neary@dhs.nj.gov.**
