



Justice Center

THE COUNCIL OF STATE GOVERNMENTS

Mind Matters: Building a Justice System That Is Inclusive and Responsive to People with Brain Injury

October 17, 2024

Speakers

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- Judy Dettmer, *Director of Technical Assistance and Special Projects, National Association of State Head Injury Administrators (NASHIA)*
- Major Jason Gould, *Consultant and Subject Matter Expert, National Sheriffs' Association; Major of Operations, Genesee County Sheriff's Office*
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- Rebeccah Wolfkiel, *Executive Director, NASHIA*

Agenda

- I. Welcome and Introduction
- II. Project Overview and Background Research
- III. Key Findings and Recommendations
- IV. National Association of State Head Injury Administrators (NASHIA) and Brain Injury Resources
- V. Panel Discussion
- VI. Questions and Reflections

The Council of State Governments Justice Center

We are a national nonprofit, nonpartisan organization that combines the power of a membership association, serving state officials in all three branches of government, with policy and research expertise to develop strategies that increase public safety and strengthen communities.

How We Work

- We bring people together
- We drive the criminal justice field forward with original research
- We build momentum for policy change
- We provide expert assistance

Our Goals

- Break the cycle of incarceration
- Advance health, opportunity, and equity
- Use data to improve safety and justice

Equity and Inclusion Statement

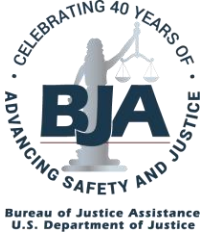


The Council of State Governments Justice Center is committed to advancing racial equity internally and through our work with states, local communities, and Tribal Nations.



We support efforts to dismantle racial inequities within the criminal and juvenile justice systems by providing rigorous and high-quality research and analysis to decision-makers and helping stakeholders navigate the critical, and at times uncomfortable, issues the data reveal. Beyond empirical data, we rely on stakeholder engagement and other measures to advance equity, provide guidance and technical assistance, and improve outcomes across all touchpoints in the justice, behavioral health, crisis response, and reentry systems.

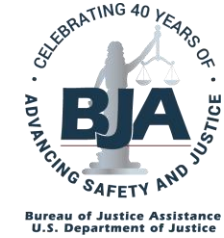
What is the Office of Justice Programs?



- The Office of Justice Programs (OJP) provides grant funding, training, research, and statistics to the criminal justice community.
- OJP is one of three grant-making components of the Department of Justice along with the **Office on Violence Against Women (OVW)** and the **Office of Community Oriented Policing Services (COPS)**.

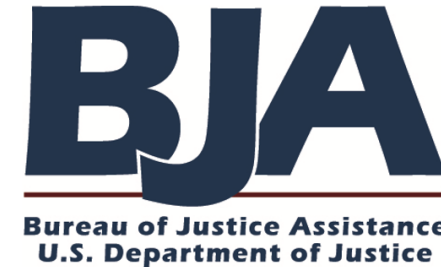
BJA – Bureau of Justice Assistance	BJA Bureau of Justice Assistance U.S. Department of Justice
BJS – Bureau of Justice Statistics	BJS Bureau of Justice Statistics
NIJ – National Institute of Justice	NIJ National Institute of Justice STRENGTHEN SCIENCE. ADVANCE JUSTICE.
OVC – Office for Victims of Crime	Office for Victims of Crime OVC
OJJDP – Office of Juvenile Justice and Delinquency Prevention	OJJDP Office of Juvenile Justice and Delinquency Prevention
SMART – Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking	SMART Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking

U.S. Department of Justice Bureau of Justice Assistance



Mission: BJA's mission is to provide leadership and services in grant administration and criminal justice policy development to support state, local, and tribal justice strategies to achieve safer communities. BJA works with communities, governments, and nonprofit organizations to reduce crime, recidivism, and unnecessary confinement, and promote a safe and fair criminal justice system.

Karhlton F. Moore, BJA Director



www.bja.gov



How BJA Supports the Field



Investments

Provide diverse funding to accomplish goals.



Sharing Knowledge

Research, develop, and deliver what works to build capacity and improve outcomes.



Engagement

Consult, connect, and convene.

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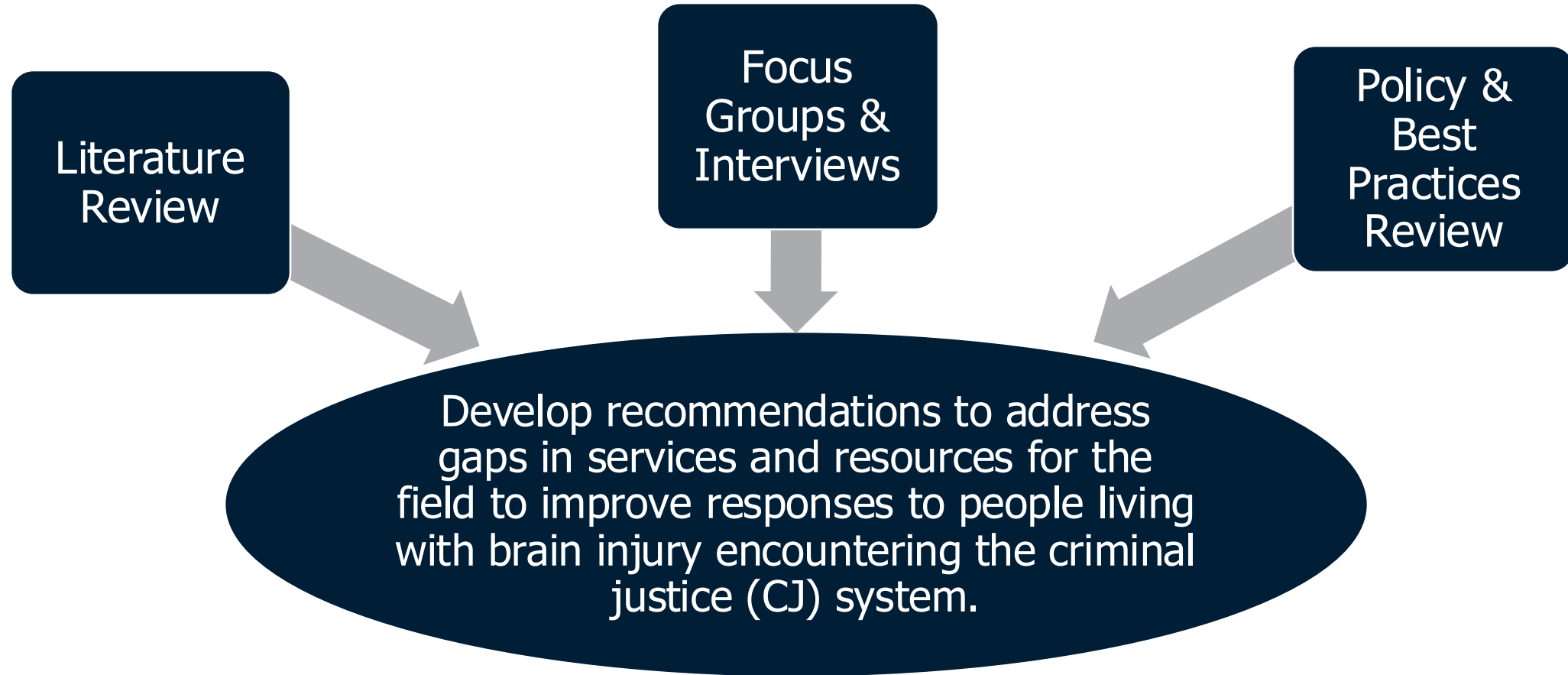
Why Brain Injury?

- **Over half of individuals encountering the criminal justice system have experienced at least one brain injury (BI).**
- Legislative action with the passage of the Traumatic Brain Injury (TBI) and Post-Traumatic Stress Disorder Law Enforcement Training Act (H.R. 2992) in August 2022
 - Requires Bureau of Justice Assistance (BJA) to develop training tools/resources focused on brain injury/PTSD for first responders
- BJA requested a landscape review to lay the foundation for future work in this area!



Photo by Milad Fakurian via Unsplash

Mind Matters Project Overview



Brain Injury Defined

Acquired Brain Injury

Traumatic Brain Injury



External Forces
ex: assault, fall, blast injury, motor vehicle accident

Non-Traumatic Brain Injury



Internal Event
ex: stroke, tumor, lack of oxygen, infection

Brain Injury and Criminal Justice: Prevalence

- A meta-analysis found that **60.25 percent** of the justice population had a reported history of TBI **vs. 8.5 percent** of the general population.
- A meta-analysis found that approximately **30 percent of adjudicated youth** have sustained a previous brain injury.
- In a Colorado study, women convicted of offenses reported a history of TBI **at a rate of 97 percent.**

E. Shiroma, P. Ferguson, and E. Pickelsimer, "Prevalence of traumatic brain injury in an offender population: A meta-analysis," *Journal of Head Trauma Rehabilitation* 27, no. 3 (2010): 1–10, <http://doi.org/10.1177/1078345809356538>; Marlena M. Wald, Sharyl R. Helgeson, and Jean A. Langlois, "Traumatic Brain Injury Among Prisoners," *Brain Injury Professional Magazine*, November 3, 2008, accessed September 28, 2022, <https://www.brainline.org/article/traumatic-brain-injury-among-prisoners>; Thomas J. Farrer, R. Brock Frost, and Dawson W. Hedges, "Prevalence of traumatic brain injury in juvenile offenders: A meta-analysis," *Child Neuropsychology* 9, no. 3 (2013): 225–34, doi: 10.1080/09297049.2011.647901.

Co-occurring Behavioral Health and Brain Injury

Suicide Attempts

- 28% with suicidal thoughts, 17% attempts
- Compared to 4% in general population

Substance Use

- Post-rehabilitation for TBI:
 - 11.5% used an illicit substance since injury
 - 16.9% misused alcohol since injury

Mental Health

- 1/3 of TBI survivors experience mental health symptoms after a TBI
- Compared to 26.2% in general population

Jessica L. Mackelprang et al., "Rates and Predictors of Suicidal Ideation During the First Year After Traumatic Brain Injury," *Am J Public Health* (2014); John D. Corrigan et al., "US Population Estimates of Health and Social Outcomes 5 Years After Rehabilitation for Traumatic Brain Injury," *Journal of Head Trauma Rehabilitation* 29 no. 6 (2014): E1-E9; J. Ponsford, Y. Alway, and K. R. Gould, "Epidemiology and natural history of psychiatric disorders after TBI," *J Neuropsychiatry Clin Neuroscience* 30, no. 4 (2018): 262–270.

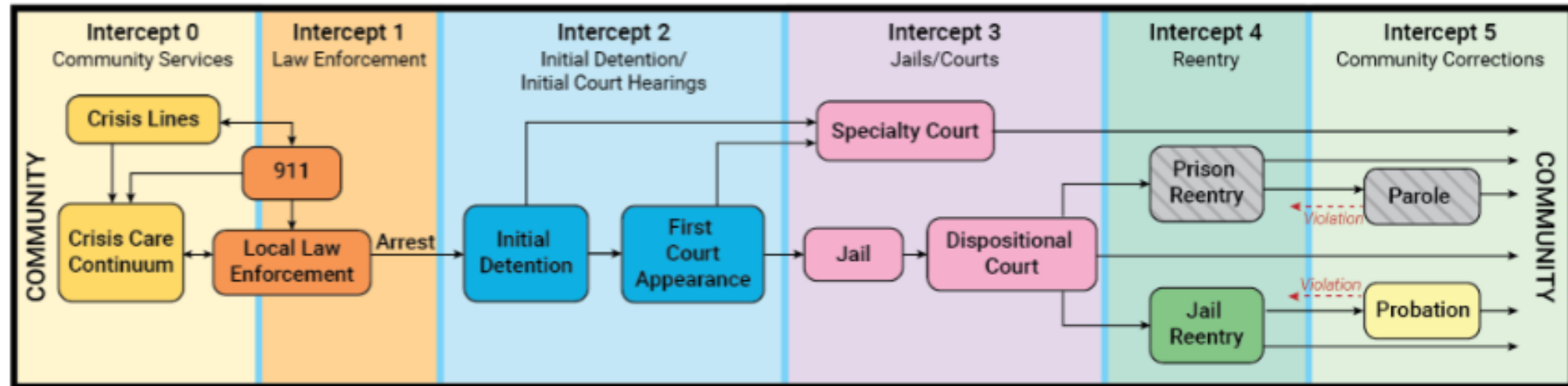
Pathways to Criminal Justice Involvement

- Brain injury can lead to impaired decision-making, impulsivity, and executive functioning deficits.
- It can also lead to difficulty connecting consequences to actions and high-risk behaviors.
- Being involved in violence, as a victim or perpetrator, is often a precursor to both a brain injury and justice system involvement.



Photo by Tara Winstead via Pexels

Sequential Intercept Model (SIM)



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Represents different opportunities in the criminal justice system for problem identification and response

The CJ Experience for People Living with Brain Injury

Often misunderstood, misdiagnosed, or missed entirely

May be the first time a person is identified as having a brain injury—they may not know it themselves

Lower treatment and probation completion rates

Higher rates of disciplinary incidents and recidivism

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Findings and Recommendations

1



**Training and
Education**

2



**Screening and
Identification**

3



**Compensatory
Strategies and
Modifications**

4



**Referrals and
Resource
Coordination**

5



**Strategies
for Advancing
Recommendations**

1. Training and Education

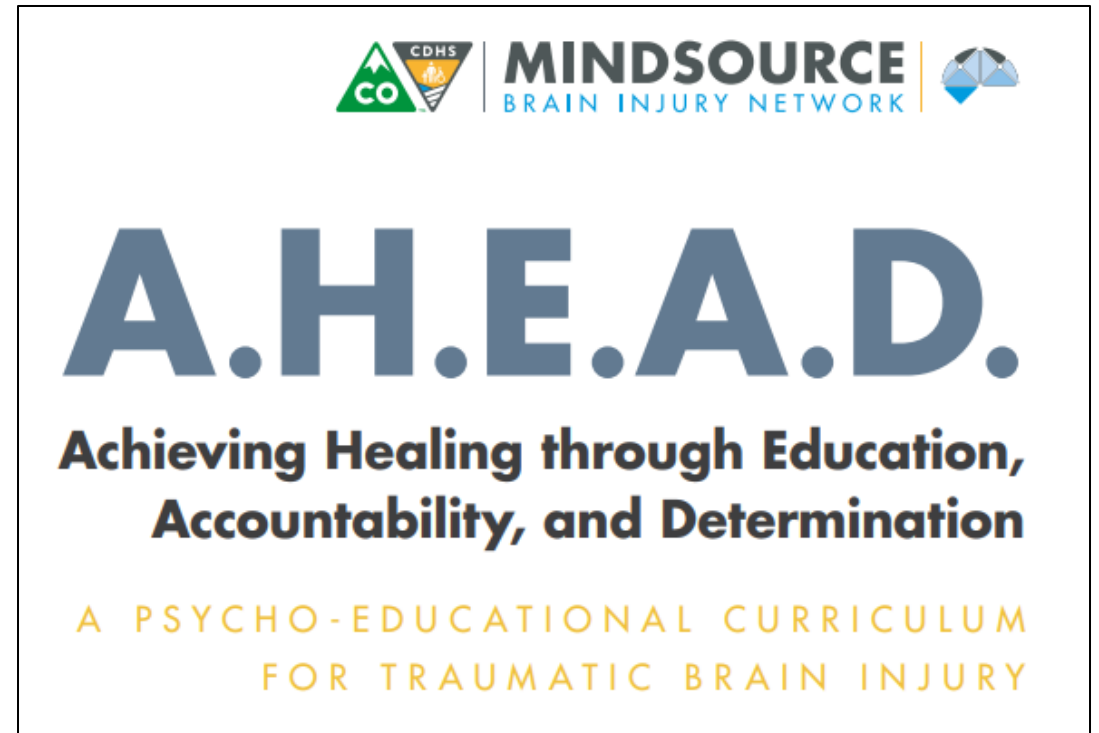
- Implement easily accessible, standardized brain injury training model.
- Cultivate cross-training opportunities.
- Provide psychoeducational resources.



Photo by Pixabay via Pexels

AHEAD Curriculum






- Developed by MINDSOURCE Brain Injury Network and Dr. Bradley McMillian from the Denver County Jail
- Psychoeducational curriculum designed to help participants understand brain injury, its effects, and symptom management
- Specifically created for mental health and criminal justice staff to facilitate group sessions



The logo for the AHEAD Curriculum is contained within a black-bordered box. At the top left is the Colorado Department of Health and Senior Services (CDHS) logo, featuring a green mountain and a yellow sun. To its right is the MINDSOURCE Brain Injury Network logo, which includes the word "MINDSOURCE" in bold black letters and "BRAIN INJURY NETWORK" in blue below it, accompanied by a blue and white umbrella icon. The main text "A.H.E.A.D." is written in large, bold, blue letters. Below this, the full name "Achieving Healing through Education, Accountability, and Determination" is written in bold black letters. At the bottom, the text "A PSYCHO-EDUCATIONAL CURRICULUM FOR TRAUMATIC BRAIN INJURY" is written in yellow, all-caps letters.

<https://mindsourcencolorado.org/ahead/>

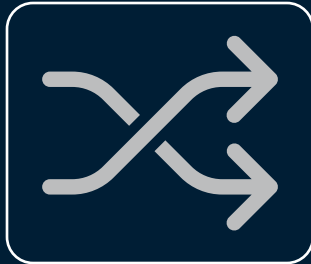
2. Screening and Identification

-  Prioritize screening youth.
-  Conduct universal screening.
-  Assess for symptoms and develop interventions.
-  Establish data tracking and information-sharing protocols.
-  Raise awareness and reduce stigma.

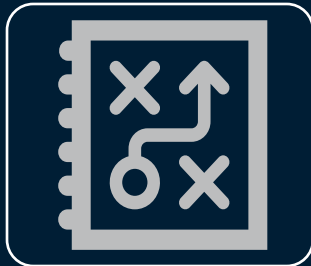
Screening, Assessment, and Evaluation

Brain Injury Screening	Symptom/Impairment Assessment	Neurocognitive Evaluation/ Neurological Examination
<p>Administered to whole population (e.g., all individuals being booked into jail)</p> <p>Can be conducted by non-clinical personnel</p> <p>Typically uses a reliable, validated tool composed of a standardized list of questions that, depending on the individual's answers, indicates the person either has or does not have a history of brain injury/injuries.</p>	<p>Conducted after an individual screens positive for brain injury</p> <p>Administered by clinical personnel and occasionally non-clinical personnel, depending on the instrument(s) being used</p> <p>Typically uses tools that identify an individual's specific symptoms, level of impairment, and strategies to support the individual</p>	<p>Conducted if an individual needs more advanced or in-depth assessment as determined by the screener or assessor</p> <p>Administered by trained master's-level clinicians, neuropsychologists, and/or neurologists</p> <p>Typically uses more advanced clinical tools and medical interventions or procedures (e.g., fMRI)</p>

3. Compensatory Strategies/Modifications



Modify approaches and interventions to promote compliance and safety (e.g., adjust setting to reduce overstimulation).



Develop symptom management strategies in partnership with the individual living with brain injury.

4. Referrals and Resource Coordination

Establish partnerships and referral mechanisms between criminal justice entities and brain injury services providers.



Build care coordination into the brain injury referral process.

NeuroResource Facilitation

- Similar to intensive case management
- Helps individuals with brain injury access appropriate services
- Involves directly assisting with applications, appointments, problem-solving, and advocacy
- Should be implemented in correctional settings and at other points along the criminal justice continuum based on need and available resources

Research shows NRF leads to **improved outcomes, such as increased community participation and employment, and decreased recidivism rates** for individuals with brain injury.

5. Strategies for Advancing Recommendations



Build collaborative partnerships.

Promote a positive culture shift.

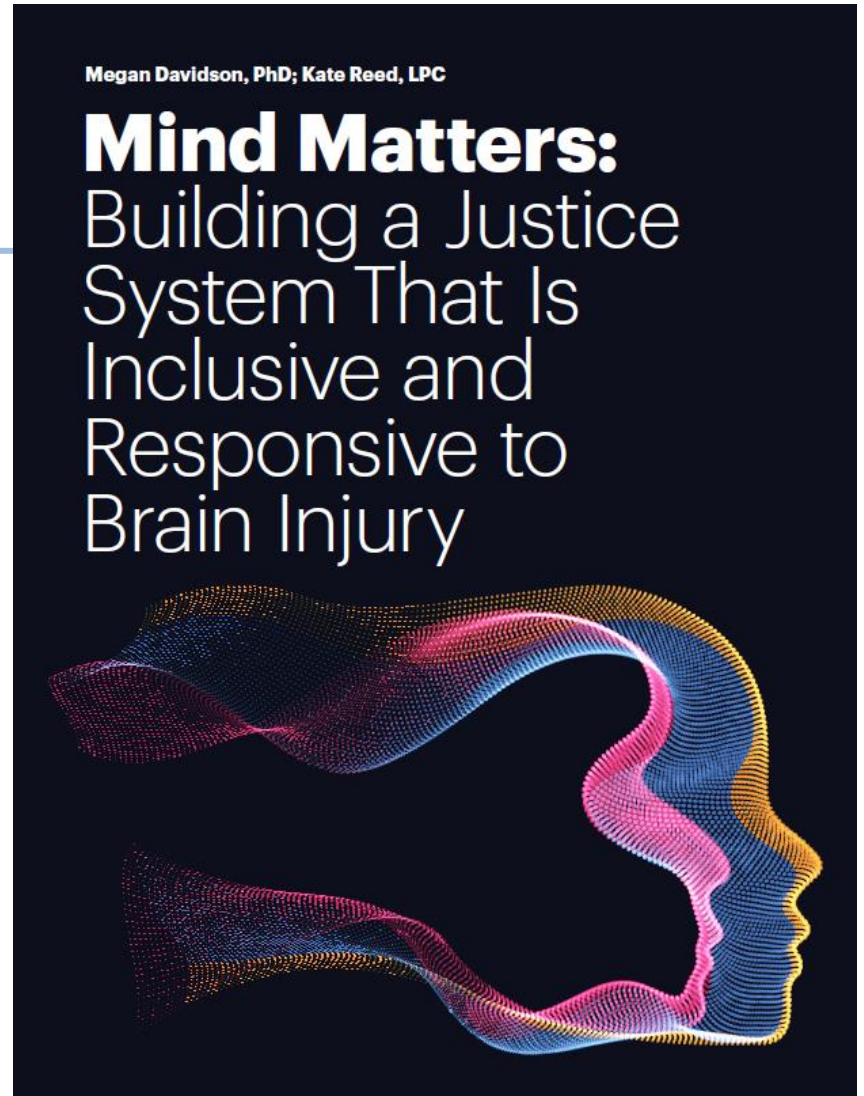
Apply a racial equity lens.

Review/refine policies and legislation.

Increase funding opportunities.

Report Just Released!

- The ***Mind Matters*** report was published in June 2024 and can be accessed via the CSG Justice Center website.
- Additional resources and opportunities will be forthcoming as we partner with BJA and other stakeholders to continue advancing the field in this area!



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National Association of State Head Injury Administrators (NASHIA) Mission

NASHIA is a nonprofit organization created to assist state government in promoting partnerships and building systems to meet the needs of individuals with brain injury and their families.

Support States. Grow Leaders. Connect Partners.



NASHIA

Provides

NASHIA is a nonprofit organization created to assist state government in promoting partnerships and building systems to meet the needs of individuals with brain injury and their families.



Resources
and Leading
Trends



Training and
Professional
Development



State
Connections



Technical
Assistance



Federal
Advocacy

How NASHIA Can Support You

Provide webinars/trainings customized for your target audience.

Develop resources customized for your target audience, including, but not limited to, fact sheets, toolkits, podcasts.

Provide subject matter expertise for initiatives with intersection of brain injury.



NASHIA Online Brain
Injury Screening and
Support System
OBISSS

NASHIA OBISSS

The OBISSS is an online screening system to determine the likelihood of brain injury and to identify associated challenges that may be present for youth and adults.

Benefit to the person:

- Identify TBI and non-TBI history.
- Determine program eligibility.
- Identify impairment and share strategies regarding the associated symptoms.
- Provide strategies for professionals on how to support the person with a brain injury.

Behavioral Health Resources *(available at nashia.org)*

- SAMHSA TBI and Substance Use Disorders
- Client Workbook: Substance Use and BI 2nd Ed.
- SAMHSA ATTC Network BH and BI Tip Card
- SAMHSA Advisory: Treating Patients with TBI
- ACL TBI-TARC Behavioral Health Guide
- TBI MS Knowledge Translation Center:
<http://www.msktc.org/tbi/factsheets>
 - Emotional Problems and TBI
 - Depression and TBI
- Rocky Mountain MIRECC for Veteran Suicide Prevention

BH and BI Tip Card

What Providers Need to Know: Behavioral Health and Brain Injury

What is Brain Injury?

Acquired brain injury (ABI): injury to the brain that is not hereditary, congenital, degenerative, or induced by birth trauma. ABI includes both of these injury types:

Traumatic Brain Injury:
alteration in brain function, or other evidence of brain pathology, caused by external force, such as falls, assaults, motor vehicle crashes, sports injury

SAMSHA Publication NO. PEP21-05-03-001_2021

Non-Traumatic Brain Injury:
damage to the brain by internal factors, such as lack of oxygen, stroke, or brain tumor

Brain Injury Association of America, www.biausa.org

Approximately one in five American adults have sustained a TBI severe enough to result in some loss of consciousness.



The vast majority of injuries are mild, with more than 90% released from emergency departments. Most will recover from a mild brain injury. However, there is evidence to suggest that individuals with co-occurring behavioral health conditions often have poorer outcomes following injury than those who do not.

Traumatic Brain Injury and Substance Use Disorders, Lemsky C., 2021, attcnetwork.org

Not only does brain injury cause behavioral health problems, but associated deficits can also affect the effectiveness of behavioral health treatments. Identifying and supporting those with brain injury can lead to more successful outcomes.

SAMSHA Publication NO. PEP21-05-03-001_2021

What are Common Symptoms?



Motor and Sensory Effects:

- Dizziness, lightheadedness, or vertigo
- Fatigue or lethargy
- Changes in walking and coordination
- Headaches and other pain symptoms



Emotional/Behavioral Dysregulation:

- Increased likelihood of concurrent mental health issues (anxiety)
- Increased likelihood of behavioral problems (anger, irritability, socially inappropriate behavior)



Cognitive Impairment:

- Slowed thinking (inability to process information efficiently)
- Memory challenges (inability to remember things in the past)
- Issues in attention/concentration (knowing what to do in the present)
- Difficulties multitasking
- Impairments of language and communication

Traumatic Brain Injury and Substance Use Disorders, Lemsky C., 2021, attcnetwork.org
<https://attcnetwork.org/sites/default/files/2021-11/TBI%20%20SID%20Toolkit%20FINAL%2011.05.2021.pdf>

What About the Intersection with Substance Use and Behavior?

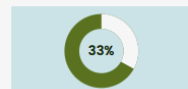
Having one or more brain injuries with loss of consciousness is associated with greater risk for behavioral health problems, including problematic substance use beginning in adolescents and more psychiatric symptoms and a significantly elevated risk of suicide.

Traumatic Brain Injury and Substance Use Disorders, 2021, attcnetwork.org.

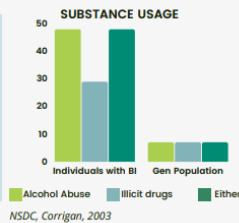
2 to 4

People with brain injury of any severity have 2 to 4 times the risk of attempting or having a death by suicide.

Dreer, L.E. et al. 2018



Fazel, et al. 2014



What About Screening for Brain Injury?

Unless an individual has been hospitalized with a severe brain injury, they may not be aware they have a brain injury and that it could be affecting their functioning. A person who has compromised functioning in the frontal areas of the brain (common after TBI):

- Adapts less well in new or stressful situations
- Has greater problems following through on recommendations from professionals
- Has more difficulties making lifestyle changes, particularly when rewards are in the future

Ohio Valley Center for Brain Injury and Rehabilitation:
<https://wernermedical.osu.edu/neurological-institute/departments-and-centers/research-centers/ohio-valley-center-for-brain-injury-prevention-and-rehabilitation/osu-tbi-id>

Several brief, easy to use, reliable, valid, and standardized methods are available for screening for brain injury. This information will ensure the clinician is aware of potential consequences that can affect treatment:

- ✓ The Ohio State University TBI Identification Method (OSU TBI-ID) is the most widely used screening tool, typically requiring 5-7 minutes. It can be administered by any staff with interviewing skills after brief training that is available free, online: [OSU TBI ID](#)

- ✓ For children and youth, Colorado State University's Life Outcomes after Brain Injury Research Center developed the Brain Check Survey to screen for brain injury in children aged 5-21. This tool is a brief screen which is intended to be completed by a parent or guardian on behalf of the youth. This tool is available free online: [Brain Check Survey](#)



For more info:
<https://attcnetwork.org/centers/mid-america-attc/traumatic-brain-injury-sud-series>

What Now?

There are simple adjustments that can be made to help support an individual with a history of brain injury.

Framework of Support:

- You are not treating the brain injury; you are treating the behavioral health concern in the context of brain injury.
- Your aim is to demystify brain injury for non-brain injury professionals.
- The goal is to empower individuals with brain injury and families to advocate for appropriate supports.

Strategies for Support Should be:

- Easy to implement and appropriate to the environment
- Person centered; the person needs to be integral in recognizing the need for a strategy, developing the strategy, and monitoring progress

Example Strategies



Initiation

Looks like: appears unmotivated, needs constant cueing
Tips: Provide small tangible steps, help the person get started, use checklist and calendars



Delayed Processing Speed

Looks like: appears confused, slow to respond, doesn't follow instructions
Tips: Additional time to review, be concise, check for understanding



Short Term Memory Loss

Looks like: can't remember details, disorganized, appear manipulative
Tips: Provide written reminders, stick to routine, summarize discussion



Sensory Motor Skills

Looks like: appears overwhelmed, emotional melt downs, irritable
Tips: Meet in a quiet, calm environment, schedule breaks, encourage rest

SAMHSA Advisory:

Treating Patients With Traumatic Brain Injury

TREATING PATIENTS WITH TRAUMATIC BRAIN INJURY

Each year in the US traumatic brain injury (TBI) results in approximately 2.8 million emergency department visits, hospitalizations, or deaths.¹ TBIs account for almost 2% of all emergency department visits, and more than one-quarter million Americans are hospitalized each year with a TBI. Heightened public awareness of sports-related concussions and TBIs incurred in combat in Iraq and Afghanistan have contributed to a marked increase in emergency department visits over the past two decades; however, the greatest increase has been in the rate of fall-related TBIs among older adults. Potentially hundreds of thousands more individuals sustain TBI each year but are not included in the data sets used to form these estimates because they do not seek medical treatment or because they are treated in physicians' offices, urgent care clinics, or Federal, military, or Veterans Affairs hospitals.²

Public awareness of TBI has shifted dramatically since it was dubbed "a silent epidemic" in 1980; however, appreciation of its effects has not garnered the attention of professionals outside of medical rehabilitation. Particularly among behavioral health specialists, a gap remains in knowledge about TBI, understanding its implications for behavioral health conditions (i.e., mental illness and substance use disorders), and active consideration of treatment implications.³ This Advisory briefly summarizes key elements of TBI and describe its relevance to behavioral health, including recommendations for how behavioral health professionals can better meet the needs of patients who have a history of TBI.

Key Messages

- Traumatic brain injury (TBI) is a common neurological condition that results from an external force altering normal brain function, whether temporarily or permanently.
- TBIs vary greatly in severity, which concomitantly creates tremendous variability in the impact on cognition, affect and emotion. A concussion is a mild TBI.
- The lasting effects of TBI also depends on whether there are multiple injuries, age at which they occur and whether a person already had another source of compromise to brain function
- The fingerprint of TBI is damage to the frontal areas of the brain, which with sufficient magnitude results in impairment of a person's ability to regulate cognition, emotion, and behavior.
- Not only does TBI cause behavioral health problems, associated deficits can affect the effectiveness of behavioral health treatments.
- Behavioral health professionals do not identify TBI among their patients.
- The consequences of TBI necessitate screening during behavioral health treatment.
- The presence of a problematic history of TBI should lead to identification of accommodations to minimize the effect on behavioral health treatment.

Substance Use Toolkit

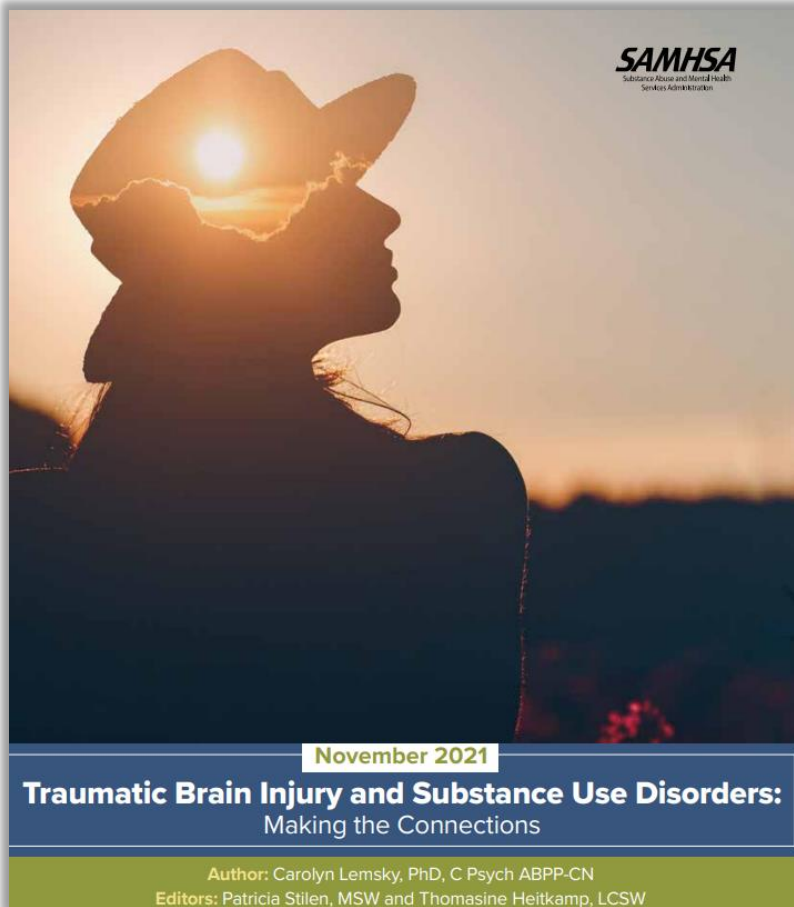


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SUBI 2 Workbook

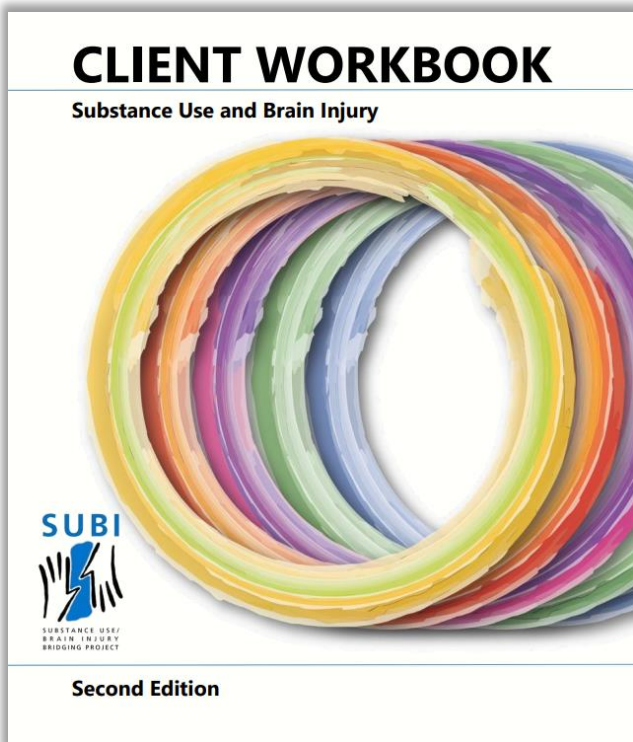


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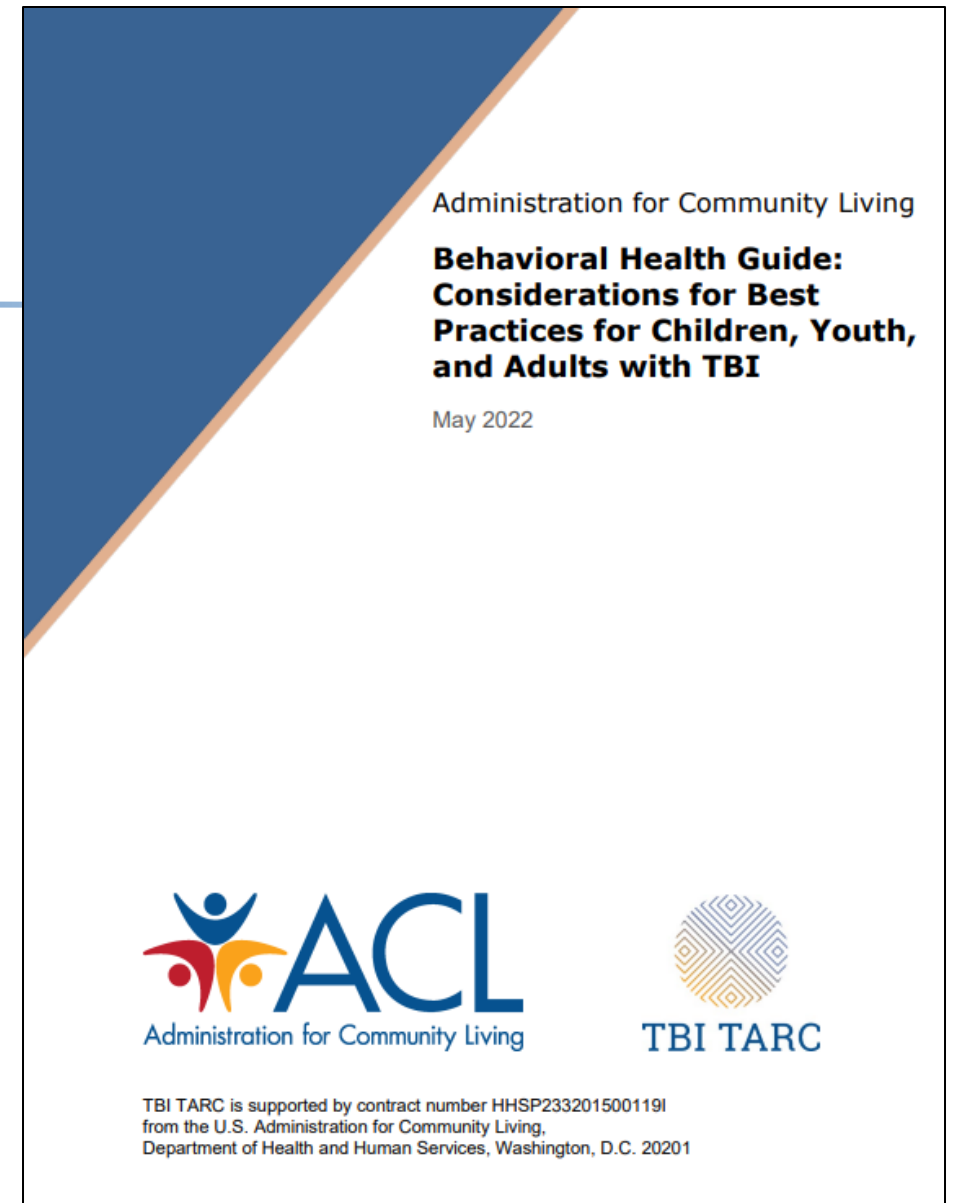
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TBI Technical Assistance and Resource Center: BH Guide

- How to better partner with state mental health systems
- Training approaches
- Screening approaches
- Modifying clinical interventions**
- Modifying psychopharmacologic interventions**

***Chapter Briefs*



Criminal Legal System Resources: *(available at nashia.org)*

- [Building Capacity of Veteran Treatment Courts](#)
- [Treatment Courts Guide to Supporting Individuals with Acquired Brain Injury](#)
- [Criminal & Juvenile Justice Best Practice Guide for State Brain Injury Programs](#)
- [Intersection of Deflection, TBI, and Substance Use Disorder Podcast Series](#)

Leading Practices Academy

Components

- Direct state TA and consultation
- Six Academy meetings per year
- Peer-to-peer support
- Online HUB with resources and community forum
- Annual Summit

[Leading Practices Academy on the Criminal Legal System](#)

[Leading Practices Academy on Behavioral Health](#)



Support in Connecting to Local Resources

State Agency on
Brain Injury:

<https://www.nashia.org/state-program-directory>

State Advocacy/
Service Agencies:

<https://www.biausa.org/find-bia>

Thank you!

nashia.org | rwolfkiel@nashia.org
jdettmer@nashia.org



Agenda

- I. Welcome and Introduction
- II. Project Overview and Background Research
- III. Key Findings and Recommendations
- IV. National Association of State Head Injury Administrators (NASHIA) and Brain Injury Resources
- V. Panel Discussion
- VI. Questions and Reflections

Panelists

- Judy Dettmer, *Director of Technical Assistance and Special Projects, NASHIA*
- Major Jason Gould, *Consultant and Subject Matter Expert, National Sheriffs' Association; Major of Operations, Genesee County Sheriff's Office*
- Rebecca Wolfkiel, *Executive Director, NASHIA*

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Thank You!

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