Brain Injury and Child Welfare Best Practice: A Guide and Tools for State Agencies

May 31, 2023

TBI TARC is supported by contract number HHSP233201500119I from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201

Welcome to Today's Webinar

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TA Lead

TBI TARC

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TA Lead

TBI TARC

Webinar Logistics

- Participants will be in listen-only mode during the webinar. Please use the **chat** feature in Zoom to post questions and communicate with the hosts.
- During specific times in the webinar, we will have opportunity to **respond to questions** that have been entered into **chat**.
- The webinar will be live captioned in English and live interpreted in Spanish.
  - Live English captions can be accessed by clicking the “CC” button at the bottom of your Zoom screen.
  - Live Spanish interpretation can be accessed by clicking the “interpretation” button at the bottom of your Zoom screen (world icon). Once in the Spanish channel, please silence the original audio.
  - Se puede acceder a la interpretación en español en vivo haciendo clic en el botón "interpretation" en la parte inferior de la pantalla de Zoom (icono del mundo). Una vez en el canal español, por favor silencie el audio original.
- This live webinar includes polls and evaluation questions. Please be prepared to interact during polling times.

Feedback and Follow-Up

- After the webinar, you can send follow-up questions and feedback to tbitarc@hsri.org

  (Please note: This email address will not be monitored during the webinar.)
- A recording, including a pdf version of the slides, will be available on the ACL website (acl.gov)

Who’s Here?

“In what role(s) do you self-identify? Select all that apply.”

1. Person with a traumatic brain injury (TBI) or other disability
2. Family member or friend of a person with a TBI or other disability
3. Self-advocate / advocate
4. Peer-specialist / peer-mentor
5. Social worker, counselor, or care manager
6. Researcher / analyst
7. Service provider organization employee
8. Government employee (federal, state, tribal, or municipal)

Speakers

Jim Pender

Brain Injury Grant Manager

Iowa Department of Health and Human Services

Kelly Miller

Project Manager

MINDSOURCE

June Klein-Bacon,

Associate Director

Brain Injury Alliance of Iowa

Dr. Drew Nagele

Chief Clinical Officer

TBGHealth

Wendy Ellmo

Brain Injury Specialist

Brain Links, Tennessee Disability Coalition

AGENDA

- Background: Brain Injury & Child Welfare
- The Child Welfare Ad Hoc Committee
- Contents of the Best Practice Guide
- Key Takeaways
- Next Steps

Brain Injury and Child Welfare

- In 2014, more than 812,000 children and 1.7 million adults were treated for TBI.
  - 25-42% are likely to go undiagnosed[1]
  - This means there are both children **and** caregivers with BI in the CW system that are not identified
- Brain injuries are often misdiagnosed[2]
- After BI, there are often cognitive, emotional and behavioral difficulties[3]
  - Impulsivity, aggression, emotional reactivity, language deficits, impaired attention, processing speed and memory loss.
- In 2019, parental rights were terminated 71,335 times in the U.S.[4]

Parenting Issues After Brain Injury

- Change the way they care for and interact with the child
- Difficulty controlling emotions
- Influence patterns of misusing substances[5]
- Difficulty understanding court and/or child welfare information
  - Forget court dates, lose track of time, arrive late to meetings, forget info from meetings
- Difficulty prioritizing and organizing to meet child's needs

Challenges for Children After Brain Injury

- Impaired executive functioning
- Decreased self-esteem
- Increased peer victimization
- Difficulty adjusting to new environments
- Difficulty in school
- Challenges creating and maintaining friendships and forming healthy attachments
- May lead to problems with juvenile justice, mental health, substance abuse and more

The full impact may not be known until adulthood[6]

See reference 7

Benefits of Keeping Families Together

Social/Emotional

- Separating a child from their parent(s) in some cases may be worse than leaving the child at home.

Financial

- Every year, ~ $124 billion spent on treatment and care of children in foster care system[8]
- Cost per child in placement services alone: $150,000 - $250,000[9]

Helping State Child Welfare Systems

- **Identify brain injury** in both parents and children,
- **Provide accommodations** for them and
- **Monitor** their progress

…will likely **improve outcomes for families.**

The Start of an Ad Hoc Committee
…Iowa gets the ball rolling

- 2020, Iowa Dept of Public Health asked the TARC
  - To conduct a literature search on adults with BI involved in the Child Welfare System
  - To find out what other ACL grantees were addressing this issue

Results

- No states directly addressing
- Tennessee was providing training only

Inaugural Leading Practices Academy
Sponsored by NASHIA

Iowa proposes intersection of BI and Child Welfare be the focus of a NASHIA Leading Practices Academy.

Iowa is the first member.

The Child Welfare and Brain Injury Ad Hoc Committee Begins

- The TARC facilitates calls with states interested in forming a workgroup on the issue.
  - Iowa, Tennessee, Colorado, Connecticut, Pennsylvania and Alabama agree to participate.
- TN hosts a call with states and the TN Department of Children's Services for more fact-finding.
- All states agree the intersection is underserved and the workgroup should be formalized.
- NASHIA and the ACL recognize the group as an Ad Hoc Committee.
- Jim Pender from Iowa and Wendy Ellmo from Tennessee agree to serve as co-chairs.
- The Ad Hoc Committee will continue to work over the 2021-2026 grant cycle to develop products in support of this intersection

BRAIN INJURY AND CHILD WELFARE BEST PRACTICE GUIDE: INFORMATION AND TOOLS FOR STATE AGENCIES

Prepared by the
Administration for Community Living TBI State Partnership Grant
Ad Hoc Workgroup on Child Welfare

This project was supported, in part by Funding Announcement number HHS-2021-ACL-AOD-TBSG-0070 05/27/2021, from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201

February 2023

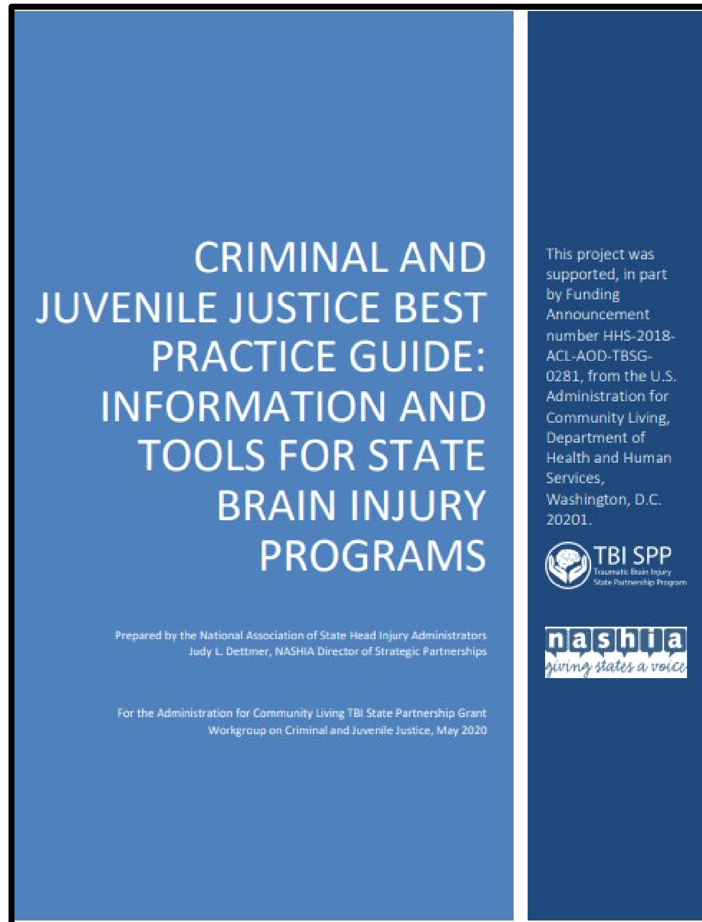
Decision to Create a Guide & Toolkit

Three Subcommittees:

1. Guide Writing
2. Toolkit – Supporting Materials
3. National Training

https://www.nashia.org/acl-child-welfare

Brain Injury & Child Welfare Best Practice Guide



CRIMINAL AND JUVENILE JUSTICE BEST PRACTICE GUIDE: INFORMATION AND TOOLS FOR STATE BRAIN INJURY PROGRAMS

Prepared by the National Association of State Head Injury Administrators
Judy L. Dettmer, NASHIA Director of Strategic Partnerships

For the Administration for Community Living TBI State Partnership Grant Workgroup on Criminal and Juvenile Justice, May 2020

This project was supported, in part by Funding Announcement number HHS-2018-ACL-AOD-TBSG-0281, from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201.

Judy Dettmer, BSW

Director of Strategic Partnerships

NASHIA

https://www.nashia.org/cj-best-practice-guide-attachments-resources-copy

Contents of the Guide (1 of 7)

Introduction to This Guide

Overview of Brain Injury as A Risk Factor

Overview of The Child Welfare System

Loss of Parental Rights & Financial Considerations

Child Welfare System Engagement Model: Possible Entry Points

Components of a Brain Injury Screening and Identification Approach

Training and Education for Child Welfare Personnel and People Served

Data Collection and Outcomes Evaluation

Sustainability and Funding Strategies

Key Takeaways

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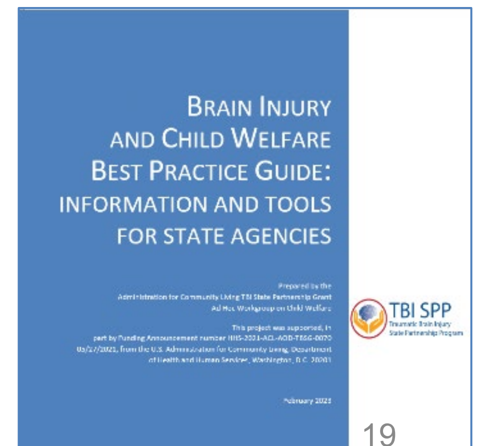

Child Welfare System

Brief Overview

- Complex systems with procedures varying by state
- Each state determines how child maltreatment is defined, what is required by child protective services and their interventions
- A group of services designed to promote the well-being of children by
  - ✓ ensuring safety
  - ✓ achieving permanency
  - ✓ strengthening families

Child Welfare System

Services

Public agencies (department of social services, child and family services) often contract with community-based organizations to provide

- ✓In-home family services
- ✓Foster care
- ✓Residential treatment
- ✓Mental health care
- ✓Substance use treatment
- ✓Parenting skills
- ✓Domestic violence services
- ✓Employment assistance
- ✓Financial and housing assistance

Child Welfare System

Involvement

- Families become involved with the CW system when there are reports of alleged child abuse or neglect by a parent or primary caregiver

- Child maltreatment by a stranger or acquaintances are the responsibility of law enforcement

Child Welfare System
Typical Actions

- Typical Actions
  - Assess & screen reports - determine response for further action
  - Investigate reports
  - Support Families
  - Provide temporary safe shelter
  - Return children to their families when safe or find other permanent arrangements

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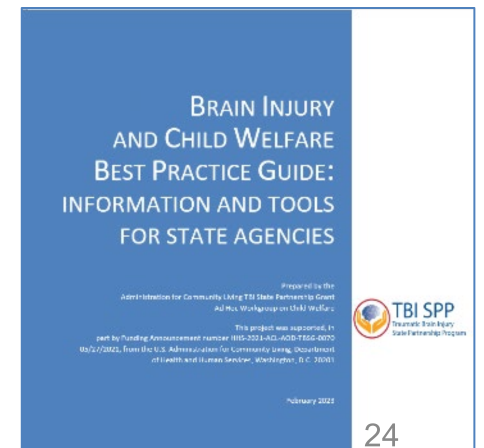
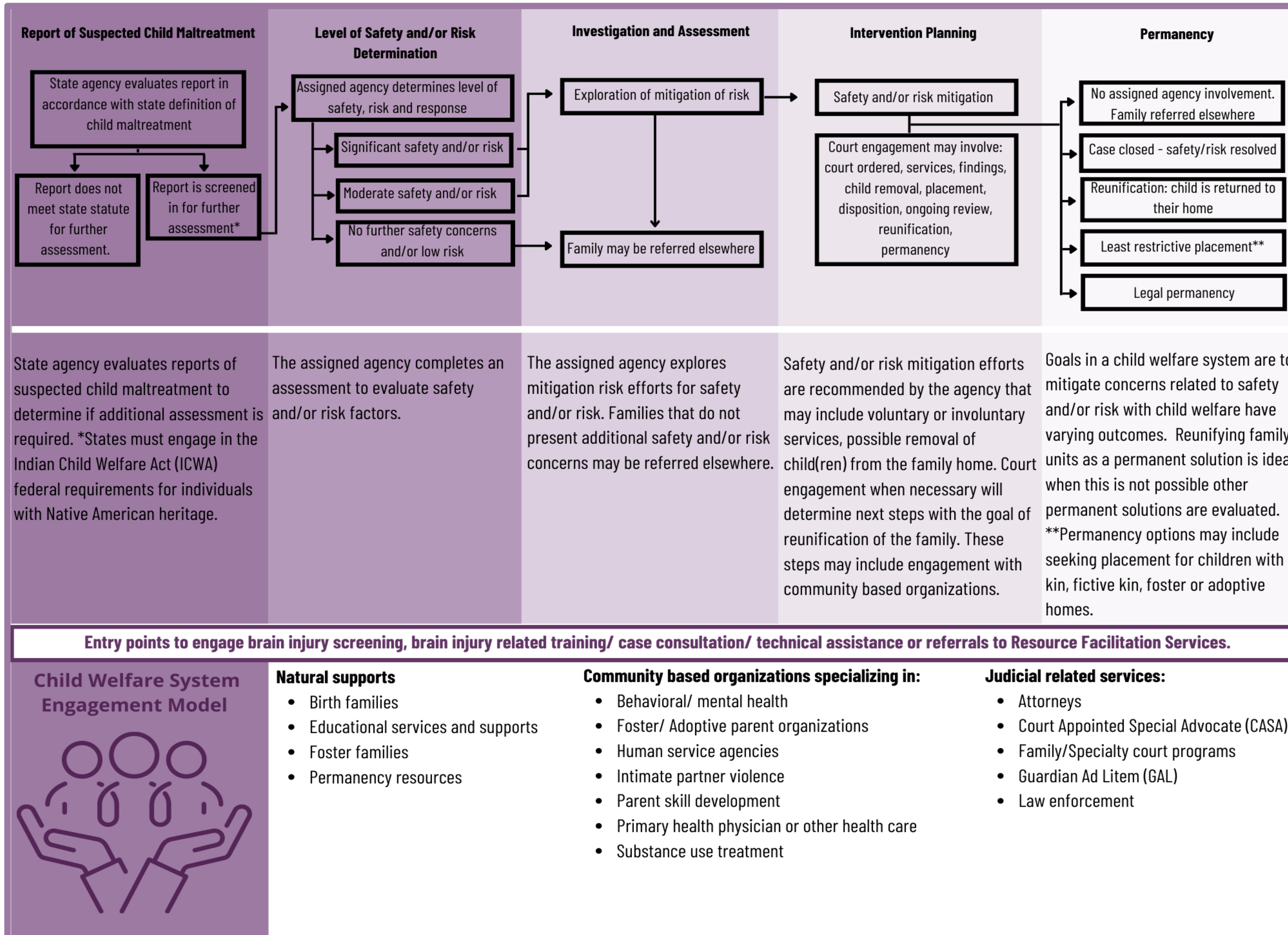


Child Welfare Engagement Model

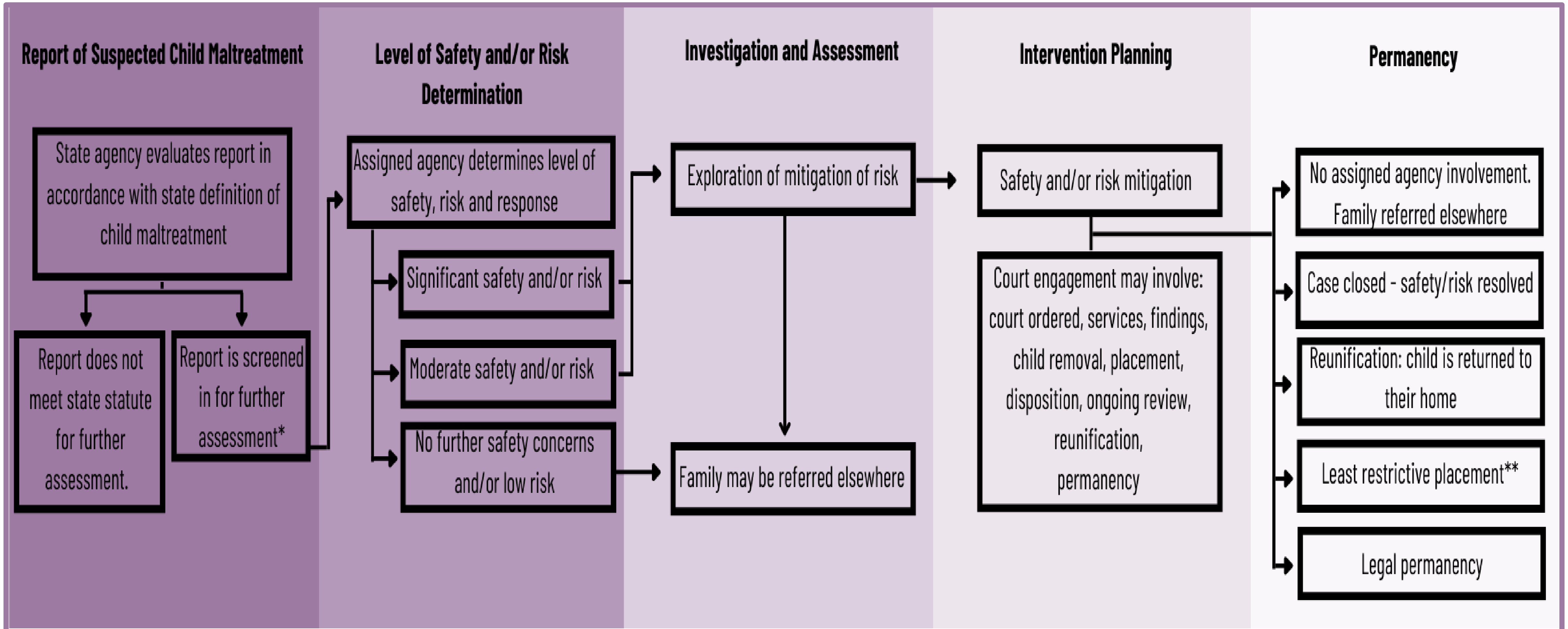


Evaluating potential entry points for

- Brain injury screening
- Brain injury related training
- Referral points for Resource Facilitation or brain injury services
- Technical assistance

Inspired by the Sequential Intercept Model[10]

CW Engagement Model Entry Points (1 of 2)



CW Engagement Model Entry Points (2 of 2)

Report of Suspected Child Maltreatment	Level of Safety and/or Risk Determination	Investigation and Assessment	Intervention Planning	Permanency
State agency evaluates reports of suspected child maltreatment to determine if additional assessment is required. *States must engage in the Indian Child Welfare Act (ICWA) federal requirements for individuals with Native American heritage.	The assigned agency completes an assessment to evaluate safety and/or risk factors.	The assigned agency explores mitigation risk efforts for safety and/or risk. Families that do not present additional safety and/or risk concerns may be referred elsewhere.	Safety and/or risk mitigation efforts are recommended by the agency that may include voluntary or involuntary services, possible removal of child(ren) from the family home. Court engagement when necessary will determine next steps with the goal of reunification of the family. These steps may include engagement with community based organizations.	Goals in a child welfare system are to mitigate concerns related to safety and/or risk with child welfare have varying outcomes. Reunifying family units as a permanent solution is ideal, when this is not possible other permanent solutions are evaluated. **Permanency options may include seeking placement for children with kin, fictive kin, foster or adoptive homes.

Child Welfare System Engagement

Natural supports

- Birth families
- Educational services and supports
- Foster families
- Permanency resources

Community based organizations specializing in:

- Behavioral/ mental health
- Foster/ Adoptive parent organizations
- Human service agencies
- Intimate partner violence
- Parent skill development
- Primary health physician or other health care
- Substance use treatment

Judicial related services:

- Attorneys
- Court Appointed Special Advocate (CASA)
- Family/Specialty court programs
- Guardian Ad Litem (GAL)
- Law enforcement

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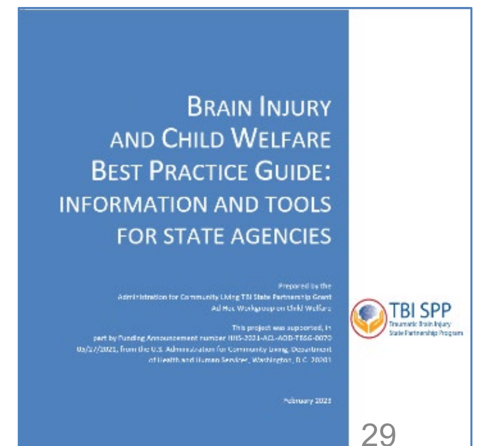


Components of a BI Screening & Identification Approach

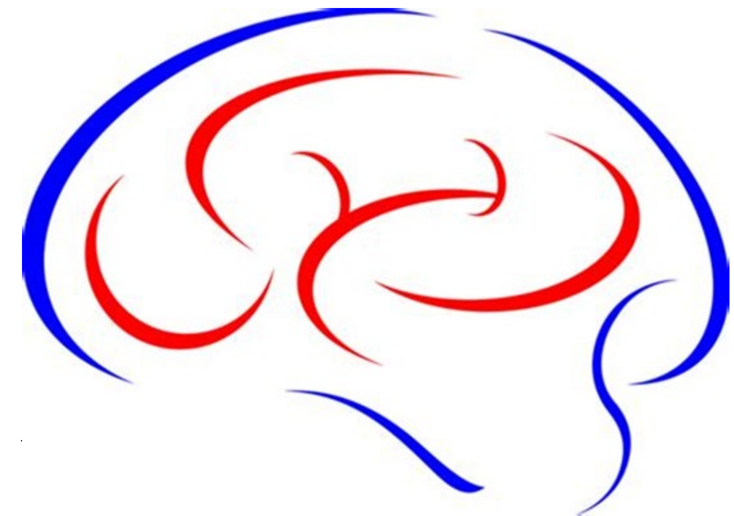
Considerations for Screening

Screening for lifetime history of Brain Injury

- Ohio State University Traumatic Brain Injury Identification Method (OSU TBI-ID)
- Modified OSU TBI-ID
- Some states recommend their own

Additional Screening Tools

- HELPS Brain Injury Screening Tool
- Brain Check Survey Colorado State University: Ages 5
- SAFE CHild Screening Tool: Birth to 3 Years Old
- SAFE CHild Screening Tool: 3 Years Old to Kindergarten
- Brain Injury Screening Questionnaire (BISQ)



Components of a BI Screening & Identification Approach: Considerations for Screening

Symptoms Questionnaires

- Adult Symptom Questionnaire
- Juvenile Symptom Questionnaire

Both have an accompanying set of **accommodations** to address symptom to improve ability to engage in child welfare process

- Memory, concentration, delayed processing, etc.

Components of a BI Screening & Identification Approach: Temporary Approach

Temporary Alternative Screening Approach - For states reluctant to add another screening

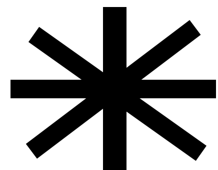
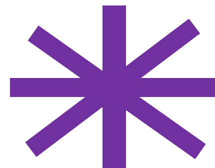
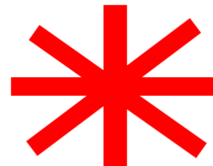
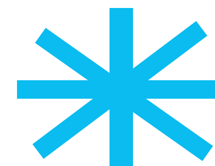
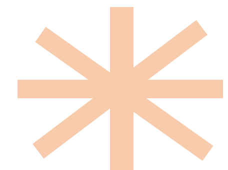
Use their current intake

* Next to all items indicating **a brain injury could have occurred**

- Physical assault/abuse, domestic violence, anoxia from overdose, exposure to toxins, stroke, prior brain infections, serious injury, etc.

** Next to all items indicating **possible after-effects of a brain injur**y

- Learning disability, developmental delays, behavioral issues, mental health challenges, alcohol/drug misuse, court actions, etc.

Components of a BI Screening & Identification Approach: Temporary Approach - Key

Temporary Alternative Screening Approach

Place a Key on the intake form explaining the symbols:

* Indicates an incident where a brain injury may have occurred

** Indicates possible after-effects of a brain injury

Add a note stating:
"Further brain injury screening, evaluation, education, treatment and/or accommodations may be necessary."

Components of a BI Screening & Identification Approach: Downstream Consequences

- Identification allows for immediate **intervention**, lifelong **monitoring** to prevent undue stress and struggle and **prevent common downstream consequences**

> - Common downstream consequences:
> - Domestic Violence
> - Homelessness/housing instability
> - Pain
> - Substance misuse
> - Mental health issues, including increased risk of suicide
> - Juvenile and criminal justice issues

Components of a BI Screening & Identification Approach

Neurocognitive Screening

The guide provides an explanation of **Neurocognitive Screening**

Link to **Neuropsychological Screening Tests for Mental Health Clinicians: An Intensive Short Course by Kim Gorgens, PhD.**

https://www.nashia.org/np-modules#!form/Neuropsych

Components of a BI Screening & Identification Approach

Service Coordination/Resource Facilitation

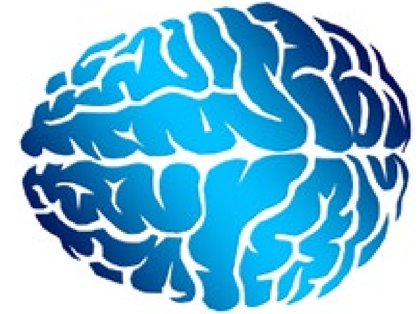
A main reason to screen is to guide targeted interventions to improve outcomes.

Resource facilitation is designed to provide services and supports.

RF has been shown to increase community participation and employment.[11,12]

Service Coordination/Resource Facilitation

- Resource Facilitation should be built into the protocol:
  - By incorporating RF as a referral
  - By training Child Welfare staff so state RF is not overwhelmed
    - Accommodations/strategies
    - Referrals and resources within the community
  - By training other existing infrastructure
    - Schools
    - Mental health providers
    - Substance use facilities
    - Vocational Rehab services



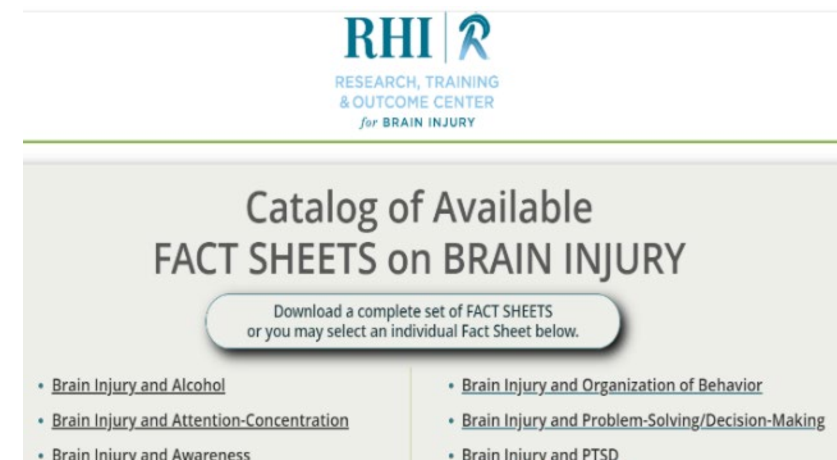
- Resource Facilitators may need to be trained in the basics of the Child Welfare system

Modifying Programming/Accommodating for Impairment

- Accommodations have to be feasible for the setting (home, school, work)
- Contextually relevant
- Easy to use
- Child welfare workers need to be trained
  - How to adapt expectations
  - How to identify what strategy to use
  - How to teach people to successfully use strategies

Strategy and Accommodation Tools (1 of 2)

- Model Systems Knowledge Translation Center has videos and fact sheets that could be useful: https://msktc.org/tbi
- The Ohio Valley Center for Brain Injury Prevention and Rehabilitation, with contributions from the MN Department of Human Services, booklet called, “Accommodating for the Symptoms of Brain Injury”. https://heller.brandeis.edu/ibh/pdfs/accommodating-tbi-booklet-1-14.pdf.
  - The Ohio Brain Injury Program developed an accompanying training: http://about-tbi.org/accommodating-tbi.html
- The Rehabilitation Hospital of Indiana extensive catalog of fact sheets: https://resourcefacilitationrtc.com/fact-sheet-catalog.



Strategy and Accommodation Tools (2 of 2)

- Brainstorming Solutions Tool For direct service/support providers, Brain Links, TN

- Strategies and Accommodations Tool Links difficulty identified by the Brainstorming Solutions Tool (above) with potentially helpful strategies. Brain Links, TN

School Specific Resources

CDC

- [Returning to School After a Concussion]
- [A Fact Sheet for School Nurses]
- [Heads Up to Schools Know Your Concussion ABCs Returning to School After a Concussion: A Fact Sheet for School Professionals]
- [Heads Up to Youth Sports]

Student baseball players giving each other a high five.
Photo of kids playing on a jungle gym.

A Fact Sheet for School Nurses

HEADS UP SCHOOLS

What is a concussion?

A concussion is a type of brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head. Concussions can also occur from a fall or blow to the body that causes the head and brain to move rapidly back and forth. Even what seems to be a mild bump to the head can be serious.

How can I recognize a concussion?

To help you recognize a concussion, ask the injured student or witnesses of the incident about:

1. *Any* kind of forceful blow to the head or to the body that resulted in rapid movement of the head.

-and-

2. *Any* change in the student's behavior, thinking, or physical functioning. (See the signs and symptoms of concussion.)

THE FACTS:

* All concussions are serious.
* Most concussions occur without loss of consciousness.
* Recognition and proper response to concussions when they first occur can help aid recovery and prevent further injury, or even death.

To download this fact sheet in Spanish, please visit: www.cdc.gov/Concussion. Para obtener una copia electrónica de esta hoja de información en español, por favor visite: www.cdc.gov/Concussion.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

CDC

CBIRT, University of Oregon

- [504/IEP Accommodations and Modifications in the Classroom for a Student with Traumatic Brain Injury]
- [Sample IEP Goals]
- [Accommodations & Modifications in the Classroom for a Student with a Traumatic Brain]

More School Specific Resources

Brain Links, TN

- Symptom Tracker
- Hospital to School Transition Protocol
- School Lingo
- Traumatic Brain Injury Supporting Materials for School Nurses

Colorado Department of Education

- Brain Injury in Children and Youth: A Manual for Educators Building Blocks of Brain Development
- Get Schooled On Concussions Symptom Wheel

Get Schooled on Concussions

Mental Fatigue

Symptom Wheel

Get Schooled on Concussions

Much attention has been placed on "symptoms" with a concussion. It makes sense, we know now that symptoms are crucial in knowing when the cells have healed enough to be able to put an athlete back to the game. We know that symptoms tell us that calculus is more taxing to a particular student's brain while physics is harder for another student.

PHYSICAL:

Remove from school sports, PE, physical recess, & dance classes without penalty until medically cleared

Provide "**Strategic Rest**" – scheduled 15 to 20 minute in clinic/quiet space (1X mid-am &/or 1X mid-pm &/or prn). Schedule and take breaks preventatively to avoid symptoms flaring.

Allow sunglasses (inside and outside) &/or headphones/earplugs.

Provide quiet room/environment, quiet lunch, quiet recess. Allow quiet passing in the halls.

Allow option to sit out (without penalty) of music, of orchestra, band &/or computer class if symptoms are provoked or try headphones. Attempt return to class ASAP &/or when symptoms subside.

EMOTIONAL:

Allow student to have "signal" to leave room.

Understand that mental fatigue can manifest in "emotional meltdowns" (often anger/frustration with adolescents; sad/crying with younger children).

Allow student to remove him/herself to de-escalate &/or visit with supportive adult (counselor, nurse, advisor).

Watch for secondary symptoms of depression and anxiety due to social isolation and **concern over "make-up work"** or slipping grades. These extra emotional factors can delay recovery.

SYMPTOM WHEEL

Suggested Academic Adjustments

McAvoy, 2011

Read "Return to Learning: Going Back to School Following a Concussion" at nasponline.org/publications/cq/40/6/return-to-learning.aspx

Physical: headache/ sick to stomach dizziness/ balance problems light sensitivity/ blurred vision noise sensitivity neck pain

Cognitive: *trouble with:* concentration remembering mentally "foggy" slowed processing

Emotional: *feeling more:* emotional nervous sad angry irritable

Sleep/Energy: mentally fatigued drowsy sleeping too much sleeping too little can't initiate/ maintain sleep

COGNITIVE:

REMOVE non-essential work. Is it essential for mastery or grades? If not, consider removal without penalty or make-up.

REDUCE workload in the classwork/homework. Consider only requiring 10% to 33% of work in Week 1; 33% to 66% of work in Week 2; 66%+ of work in Weeks 3 and 4.

REDUCE repetition of work; go for quality not quantity.

Adjust "due" dates if work is deemed essential; allow for extra time if needed.

Do not penalize for work not completed during recovery. Grade on work completed.

Allow student to "audit" classwork (listen, learn, discuss) with little to no written output.

Exempt/postpone large test/projects; alternative testing (quiet testing, one-on-one testing, oral testing).

Allow for "buddy notes" or teacher notes, study guides, word banks, open book.

Allow for technology (tape recorder, smart pen) if tolerated. "Pace" time on computers.

SLEEP/ENERGY:

"Pacing" = Allow for 5 to 10 minute breaks in classroom (eye/brain/water breaks = eyes closed, head on desk, bathroom breaks) after periods of mental exertion.

Allow late start or early dismissal, for a short time or prn.

The development of the Symptom Wheel denotes:

- Certain symptoms lend themselves to certain interventions.
- Especially in the acute phase of the concussion, the first 1 to 4 weeks, interventions can and should be applied generously in the general education classroom. Generous interventions should be slowly weaned away as weeks progress.
- Cognitive recovery is not linear; it is 2 steps forward and 1 step back; symptoms flare in some classes and not in others; symptoms flare at certain times of the day and not all day.
- Low level symptoms: ie. tolerable/manageable/intermittent are OK to have in the classroom.
- In the acute phase of the concussion (first 1 to 4 weeks), the Symptom Wheel is not intended to be prescriptive: General education teachers are encouraged and empowered to apply any and all interventions that are needed for a particular student based upon:
  - Symptoms of that student
  - Time of day of the class and the subsequent fatigue level
  - Type of class you teach – taking into account your teaching style and your content area
- General education teachers are encouraged and empowered to remove any and all interventions when they feel they are no longer needed.
- **There is no such thing as "medical clearance" for academic interventions.** The classroom is the domain of the teacher, not the doctor. It is the teacher that may decide when to apply and when to remove interventions.
- In the protracted phase of recovery (after 4+ weeks) and/or if a Section 504 Plan needs to be implemented, the Symptom Wheel is intended to be prescriptive: the one or two most problematic symptoms should be identified and the most promising interventions should be applied, progress-monitored and adjusted.

#RTLB4RTP®
✓ Kid Tested Teacher Approved

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GetSchooledOnConcussions.com

MINDSOURCE Resources

- MINDSOURCE – Self-report symptoms questionnaire when a person screens positive for brain injury. This tool is completed by the individual, then child welfare personnel inputs answers into on-line portal.
  - Adult link: https://mindsourcecolorado.org/adult-symptom-questionnaire/
  - Children's Link: https://mindsourcecolorado.org/juvenile-symptom-questionnaire/
  - Customized tip sheets with strategies which they can share with the individual. Microsoft Word - CMHBooklet WORD 5.6.19.docx (squarespace.com)

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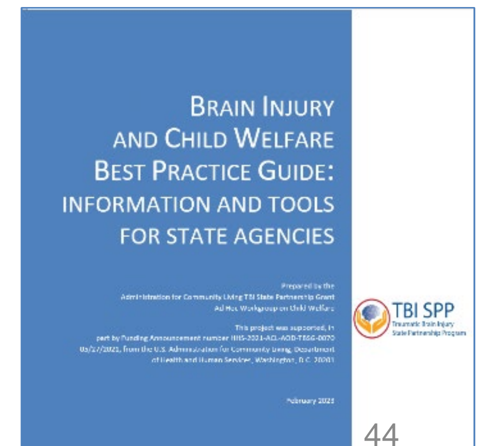
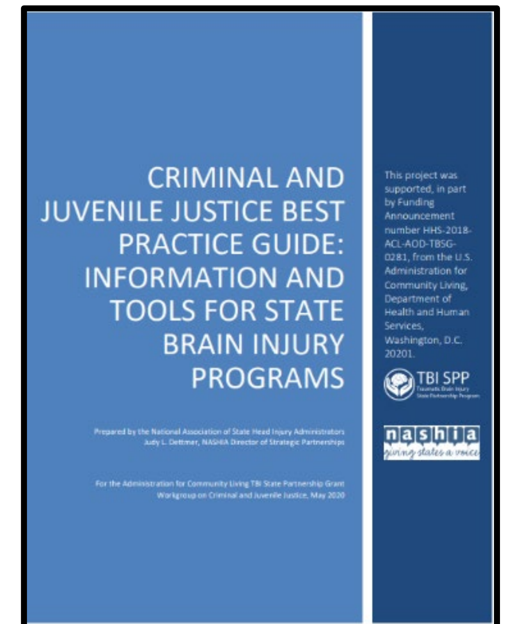


Training & Education
For Child Welfare Personnel & People Served

- Training could stand alone, but we recommend it as part of the overall protocol where possible
- Most CW personnel have had little Brain Injury training
- First part of the protocol
- Embed within existing training structures (for sustainability)
- Include all personnel, including juvenile justice

- 3 Levels of training:
  - All CW personnel
  - Those involved with implementing the protocol
  - Train the trainer



CRIMINAL AND JUVENILE JUSTICE BEST PRACTICE GUIDE: INFORMATION AND TOOLS FOR STATE BRAIN INJURY PROGRAMS

Prepared by the National Association of State Head Injury Administrators
Judy L. Dettmer, NASHIA Director of Strategic Partnerships

For the Administration for Community Living TBI State Partnership Grant Workgroup on Criminal and Juvenile Justice, May 2020

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Many Trainings Linked

- From several groups
  - AlabamaTBI.org
  - Brain Injury Association of America
  - Brain Links, TN
  - BrainSTEPS Brain Injury School Consulting Program
  - Center on Brain Injury Research and Training
  - Colorado Department of Education
  - Model Systems Knowledge Translation Center
  - Ohio State University Wexner Medical Center

Trainings on a Variety of Topics

- What Foster Parents Need to Know about Concussion
- TBI: Impairments and Strategies
- Substance Abuse and TBI
- Brain Injury Fundamentals Certified Brain Injury Specialist
- Brain Injury and Behavior
- Brain Injury and Executive Functioning
- Memory, Depression and Relationships After TBI

Education for Parents with a Brain Injury

It's important to follow up finding a history of brain injury with education.

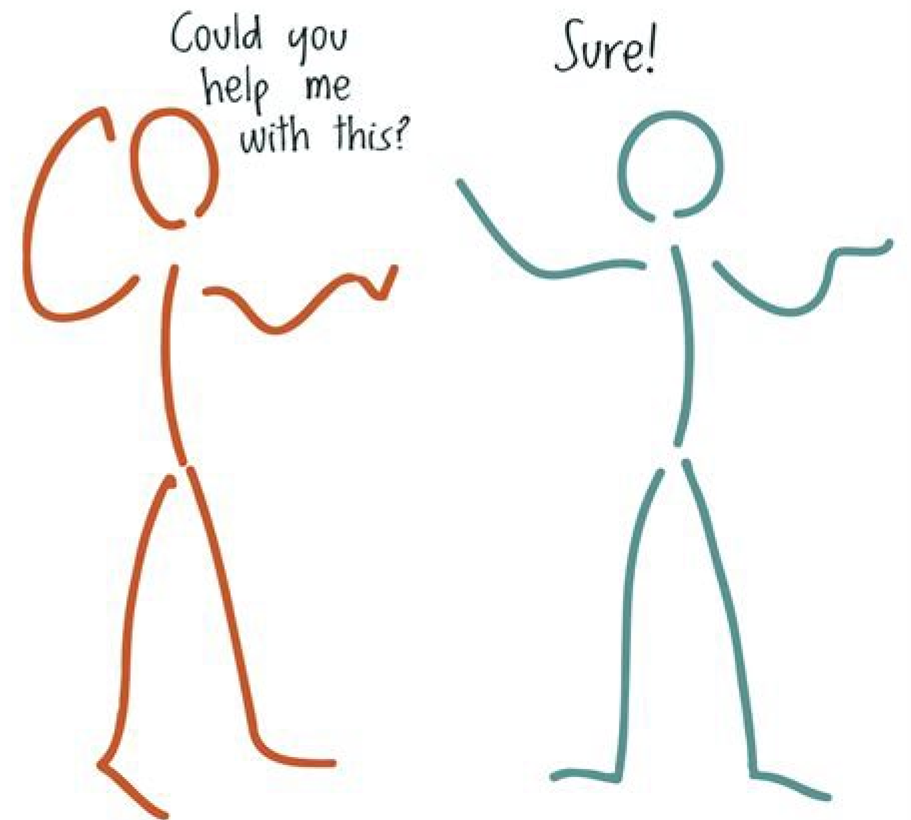
- Helps them understand themselves in a different way
- Convey that it does not mean they cannot parent effectively
- There are strategies and resources that can help

Tip sheets, guides, booklets, parenting groups, state resources, social media supports, referral options, supports for their children

Educational Materials

- Written at the lowest grade level possible
- In Spanish and English
- Individualized as much as possible

- Tools to educate
  - Child Welfare Personnel
  - Parent with Brain Injury
  - Parents of Children with a Brain Injury

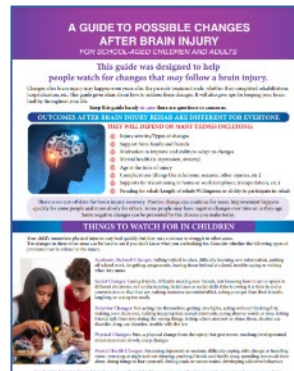


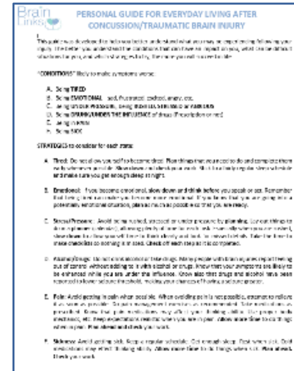
Signs & Symptoms Handouts

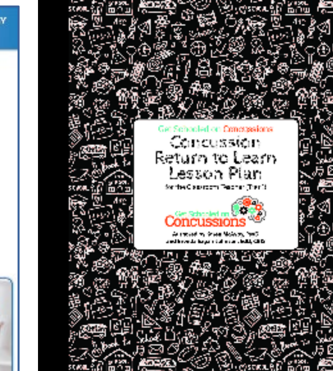
- Young Children
- School-Aged
- Adults
- Identifying symptoms in people who communicate without words
- For School Nurses
- For student athletes

Guides

- R*E*A*P An interdisciplinary community-based concussion management approach
- Get Schooled On Concussions Schools, districts and states can purchase a subscription; includes Teacher Acute Concussion Tool (TACT) which provides full Return to Learn (RTL) supports.
- Guides on what to look for when concussion symptoms should have resolved, but have not. Young child - adult
- Guides used after discharge from the hospital, surgery, brain injury rehabilitation, to help families know what problems may still occur over the child or adult’s lifetime.
- Personal Guide for Everyday Living After Concussion/Traumatic Brain Injury Explains typical cognitive challenges following mTBI and solutions, with room for personalization.







Fact Sheets & Tools

- 6 Types of Concussion Infographic and Fact Sheet
- Concussion/Brain Injury Alert and Monitoring Form Assists with tracking the student with a brain injury through the school system so the injury is not forgotten.
- Brainstorming Solutions Tool
- Strategies and Accommodations Tool
- Concussions and Mental Health
- Mental Health and Brain Injury Quick Guide
- Concussion Fact Sheet for Parents
- Brain Injury and Opioid Overdose: Fast Facts National Association of State Head Injury Administrators

- Cognitive Strategies for Community Mental Health Traumatic Brain Injury Factsheets A variety of subjects. Model Systems Knowledge & Translation Center

Social Media Support

- Traumatic or Acquired Brain Injury Support Private group. There may be other public or private support groups in the person` specific community or state.
- Post Concussion Support Solutions focused, not emotional support. Private group
- **Pink Concussions** Nonprofit for women with brain injury.
- Concussion Discussions Public group
- Also check county, **State-specific Brain Injury Associations**, State-specific Brain Injury Alliances

Support for When Parent Has a Brain Injury

- Parenting After a Brain Injury Booklet
- Parenting a Second Time Around (PASTA) "*PASTA* is a parenting program for relative caregivers who are not the biological parents
- The Association for Successful Parenting TASP is a national non-profit organization "dedicated to enhancing the well-being of at-risk parents with learning difficulties and their children."
- Children's Services Practice Notes for North Carolina's Child Welfare Workers Article

Parent with an Injury

- Parents with Intellectual Disabilities Article
- Connecticut Parents with Differing Cognitive Abilities Workgroup "Training to assist providers in identifying and working more effectively with parents with cognitive limitations and their children."
- Job Accommodation Network
- Concussion Discussions Website Great interview series
- Brainline - https://www.brainline.org/
- Supporting Parents with Disabilities for Child Welfare Professionals: A Desk Reference Guide Oklahoma Department of Human Services

Supporting the Child with an Injured Parent

- Supporting Children When a Parent Has Had a Brain Injury (Booklet)
- Children of a Parent with a Brain Injury
- Traumatic Brain Injury Law Blog: How does a Parent's Brain Injury Impact the Children?

Educational Handouts with Referral Options

- General information about referring to a symptom-specific specialist
- Provide specific community-based referrals when possible

  - Six Types of Concussion Infographic and Fact Sheet   Concussion Management Protocol
  - When Concussion Symptoms Are Not Going Away: A Guide for Parents of Children 5 and Under
  - When Concussion Symptoms Are Not Going Away – A Guide for Parents of School-Aged Children
  - When Concussion Symptoms Are Not Going Away – A Guide for Adults with Concussion
  - A Guide to Possible Changes After Brain Injury: For School-Aged Children and Adults
  - A Guide to Possible Changes After a Brain Injury for Young Children

Contents of the Guide (5 of 7)

Introduction to This Guide

Overview of Brain Injury as A Risk Factor

Overview of The Child Welfare System

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Child Welfare System Engagement Model: Possible Entry Points

Components of a Brain Injury Screening and Identification Approach

Training and Education for Child Welfare Personnel and People Served

Data Collection and Outcomes Evaluation

Sustainability and Funding Strategies

Key Takeaways

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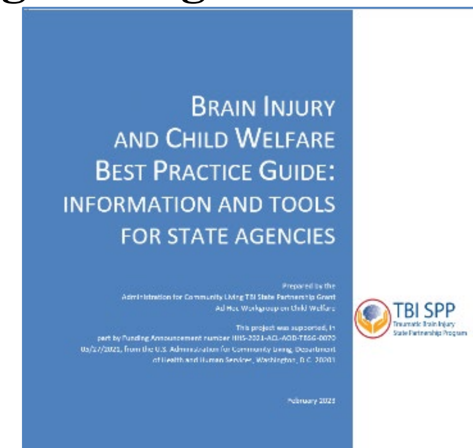


Data Collection & Outcomes Evaluation

- To ensure sustainability and to scale up the protocol system-wide, BI programs will have to develop data collection protocols and research methodologies to
    - Demonstrate effectiveness
    - Improved outcomes

Outcomes

Work with the Child Welfare System to define outcomes

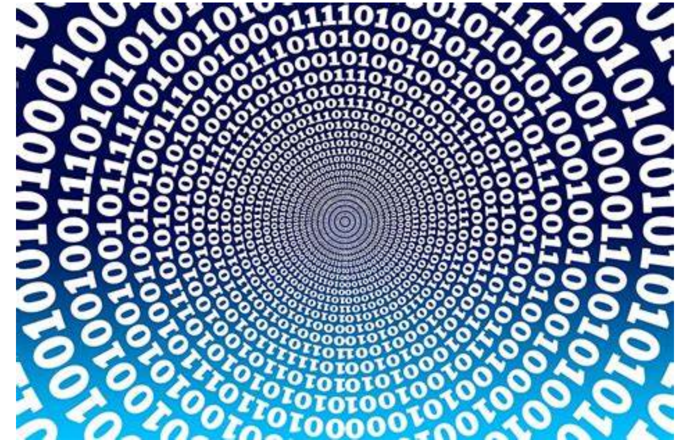
- Some areas to look at:
  - Compliance with treatment
  - Compliance with the conditions of child welfare
  - Reduced out of home placements

At the Start

- Solicit a partnership with a university
- Develop research questions
- Identify data that will need to be collected
- Determine where data will be collected by sites
- Develop a consent/release of information form
- Obtain approval from the Institutional Review Board
- Keep your own database if no university partner

Examples of Data to Collect

- Number who screen positive/negative for history of brain injury
- Number screening positive/negative for impairment
- Co-occurring disorders: substance abuse disorder and mental illness
- Demographic data
- Treatment completion
- Compliance with conditions of child welfare
- Number out-of-home placements
- Length of stay in out-of-home placement
- Placement disruptions
- Re-engagement in the child welfare system
- Connection to community-based service coordination/resource facilitation
- Goal achievement such as sustained employment, stable housing, independence with finances, stability in family or significant other domain, and stable health/medical status



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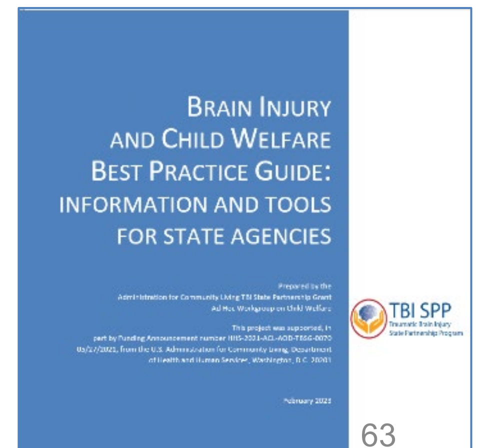

Sustainability & Funding

Establish Effective Partnerships

- Child Welfare Personnel
- CW Related Organizations
- People w/in the CW system
- Universities
- Brain Injury Advocacy Organizations
- State Agency Leadership
- State Policy Makers/Legislators

Formalize Partnerships

- Through a Memorandum of Understanding (MOU)
  - Background/Justification for work
  - Outline of expectations
  - Outline of what state agency provides
  - Expected outcomes

Guide includes an example MOU

Produce a Body of Evidence

Use your evidence to

- Publish in journals
- Develop policy statements
- Justify sustainability
- Justify funding
- Communicate results
- Further blend the protocol into the existing framework

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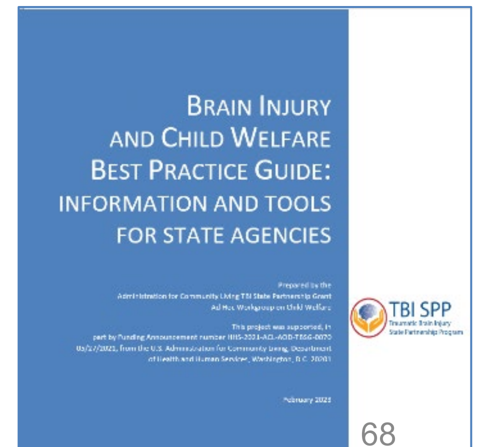
- References



Key Takeaways

- State Child Welfare systems are all different
- Use this Guide to figure out ways to engage with your system
- Engage partners early
- Select screening tools/methods in partnership
- Provide sustainable training
- Train in accommodations
- Data collection & evaluation are important
- Disseminate Results

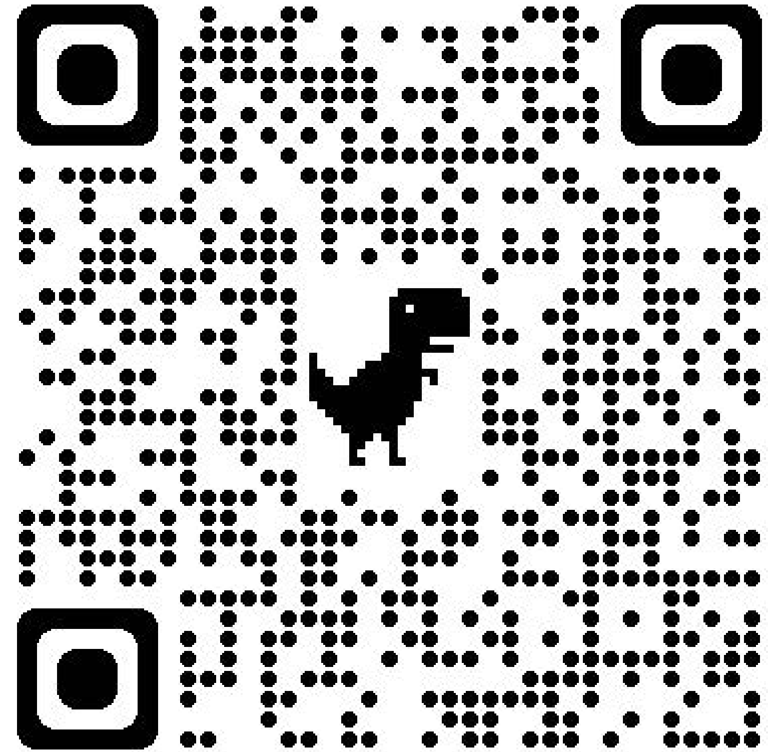
Where the Committee Goes From Here

Disseminate Guide and Supporting Materials

- Presentations
- ACL Portal/ACL Website
- Emails to the state BI agencies and to state child welfare departments
- Articles for newsletters (and other places)
- Social media – create pieces to be shared
- Child Welfare Information Gateway (DHHS)
- Kids Count Foundation – endorsement
- State Child Welfare training academy
- BIAA and USA BIA – for them to endorse and market

NASHIA's Website

https://www.nashia.org/acl-child-welfare



To find the Guide on Nashia.org:

- Resources
- ACL Grantee Library, scroll down
- Child Welfare, scroll down

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QUESTIONS

Real-Time Evaluation Questions (1 of 2)

- Please take a moment to respond to these six evaluation questions to help us deliver high-quality TBI TARC webinars
- If you have suggestions on how we might improve TBI TARC webinars, or if you have ideas or requests for future webinar topics, please send us a note at TBITARC@hsri.org

Real-Time Evaluation Questions (2 of 2)

1. **Overall, how would you rate the quality of this webinar?**
2. **How well did the webinar meet your expectations?**
3. **Do you think the webinar was too long, too short, or about right?**
4. **How likely are you to use this information in your work or day-to-day activities?**
5. **How likely are you to share the recording of this webinar or the PDF slides with colleagues, people you provide services to, or friends?**
6. **How could future webinars be improved?**

MEET THE PRESENTERS

Jim Pender MSW, LMSW

Brain Injury Grant Manager

Iowa Department of Health and Human Services

james.pender@idph.iowa.gov

Jim Pender, MSW, LMSW, is a native Iowan who received his Bachelor degree in Human Services from Grand View College in Des Moines, Iowa and Master of Social Work degree from the University of Iowa (Iowa City, IA). He has been a licensed social worker since 1993. Jim has served as the grant manager for the Administration for Community Living’s Traumatic Brain Injury State Partnership Program at the Iowa Department of Health and Human Services since 2019. Prior to that he spent 20 years at the Iowa Department of Human Services in the Targeted Case Management (TCM) unit. In that role he served as a targeted case manager (working with individuals/families on the brain injury waiver). Jim also served as a trainer and policy analyst for the unit. His interest in this intersection began when he worked in the child protection field, early in his career, but was renewed after being encouraged by a child advocate to screen adult caretakers, involved in the child welfare system, for a lifetime history of brain injury. Jim and his wife adopted several foster children two of whom have a brain injury.

Project Manager
MINDSOURCE
kelly.miller@state.co.us

Kelly Miller, MSW, is a Project Manager with MINDSOURCE, Colorado's lead state agency on brain injury. Prior to joining the MINDSOURCE team Kelly was the Executive Director of Court Appointed Special Advocates (CASA) of the Continental Divide. Kelly spent the first ten years of her career in the field of child welfare as Child Protection Caseworker/Investigator in Casper, Wyoming and Supervisor of Youth In Transition and Placement Services teams in Denver, Colorado. Kelly also has ten years of experience as a Probation Supervisor, which included oversight of a juvenile preadjudication program in Colorado's 5th Judicial District (western mountains). Kelly earned her Master of Social Work degree from the University of Wyoming in 2004.

June Klein-Bacon, BSW, CBIST

Associate Director

Brain Injury Alliance of Iowa

jklein@biaia.org

June Klein-Bacon, BSW, CBIST, joined the Brain Injury Alliance of Iowa in 2013 with experience in HCBS services, options counseling and case management. She currently serves as the Associate Director and Director of Programs and Services. June coordinates grant and contract activities that have included projects with concussion management, case consultation and technical assistance for programs serving under and unserved individuals with multi- occurring conditions including brain injury, mental health conditions, substance use disorders, high-risk populations involved with the criminal justice system and families engaged with the child welfare systems. June also supervises a nationally recognized Neuro Resource Facilitation program in Iowa. June is involved at multiple tables for systems and public policy advocacy including the Mental Health Disability Services Commission, County Social Services children's services advisory board and the Iowa Provider Prevention Support Services advisory board. June is dual licensed with the state of Iowa as a foster and adoptive parent and is passionate about serving children and families in the community.

Chief Clinical Officer

TBGHealth

drew.nagele.psyd@gmail.com

Dr. Drew Nagle, is a Board-Certified Rehabilitation Psychologist trained in NeuroRehabilitation with a 40-year career in creating and running brain injury rehabilitation programs for children, adolescents, and adults with acquired brain injury. He is Chief Clinical Officer for TBGHealth and chairs the Advanced Practice WorkGroup for the Brain Injury Association of America's Academy for Certification of Brain Injury Specialists (ACBIS). Dr. Nagele is Co-Principal Investigator on 3 federal grants working with brain injury in schools, prisons, and juvenile justice. He is Clinical Professor at the Philadelphia College of Osteopathic Medicine (PCOM) teaching Neuropsychology, Neuropathology, and Cognitive Rehabilitation.

Brain Injury Specialist, Speech Language Pathologist
Brain Links, TN Disability Coalition
Wendy_e@tndisability.org

Wendy Ellmo, MS CCC/SLP, BCNCDS, CBHP, is a speech-language pathologist and Brain Injury Specialist for Brain Links, a TN grant-based program supporting people with brain injuries. She is board certified by the ANCDS in neurologic communication disorders and was the Clinical Service Supervisor for JFK Johnson's Center for Head Injuries' Cognitive Rehabilitation Department where she worked with people with brain injuries for twenty years. Part of a national group that developed practice guidelines for TBI and stroke, Wendy also authored a book of group treatment activities and an assessment battery for mild and moderate TBI. Wendy was a member of the Joint Coordinating Committee on Evidence Based Practice and an adjunct faculty member at Kean University, developing and teaching their first class on traumatic brain injury. She has served in many leadership roles, including President of the NJ Speech Language Hearing Association, and ultimately received their Honors of the Association Award for her distinguished service.

Thank You

The Traumatic Brain Injury Technical Assistance and Resources Center (TBI TARC) is an initiative from the Administration for Community Living that helps TBI State Partnership Program grantees promote access to integrated, coordinated services and supports for people who have sustained a TBI, their families, and their caregivers. The Center also provides a variety of resources to non-grantee states, people affected by brain injury, policymakers, and providers.