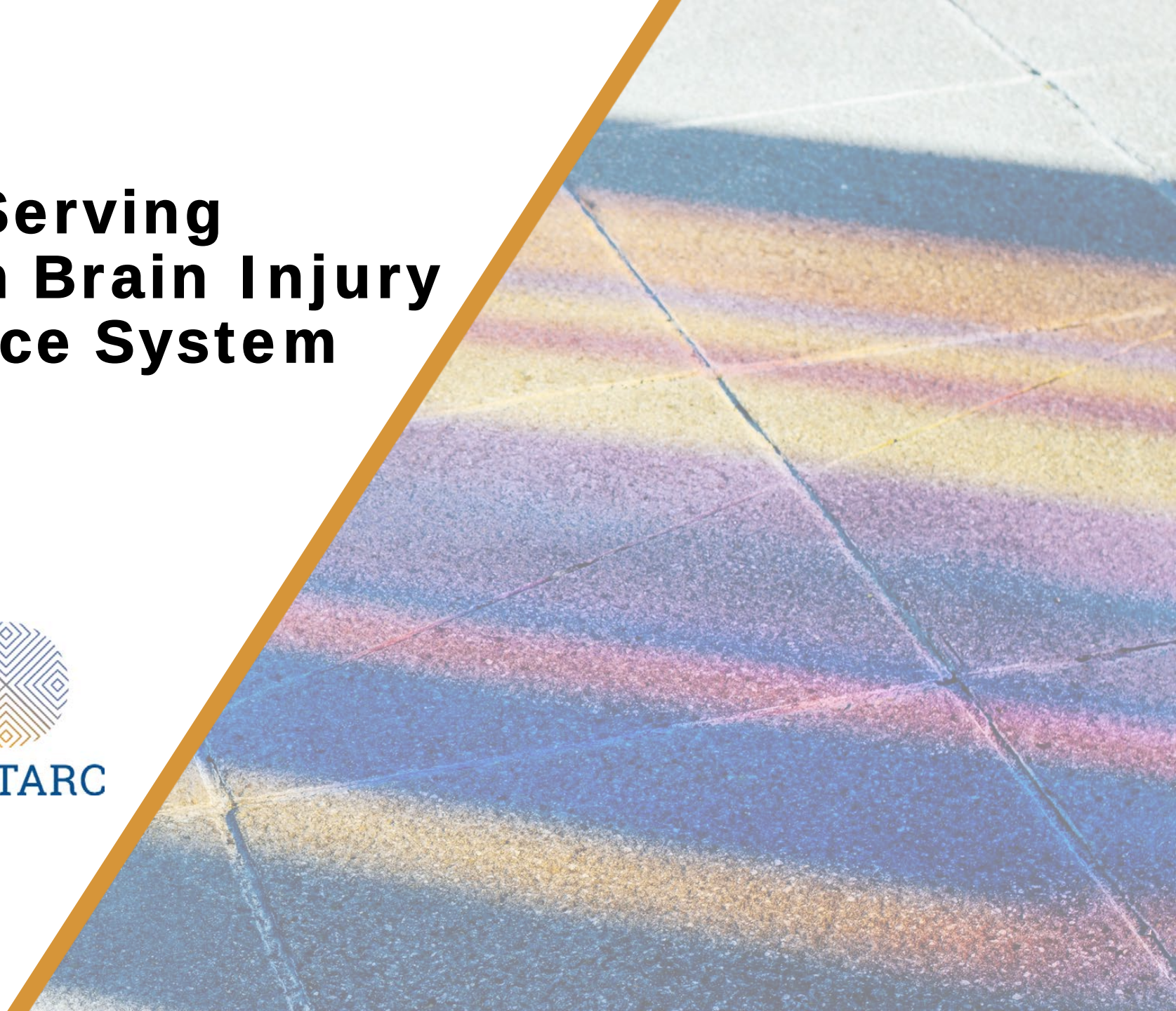
TBI Tuesdays

Justice for All: Serving Individuals with Brain Injury Across the Justice System

March 30, 2021



ACL Administration for Community Living

TBI TARC

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 TBI Tuesday Session

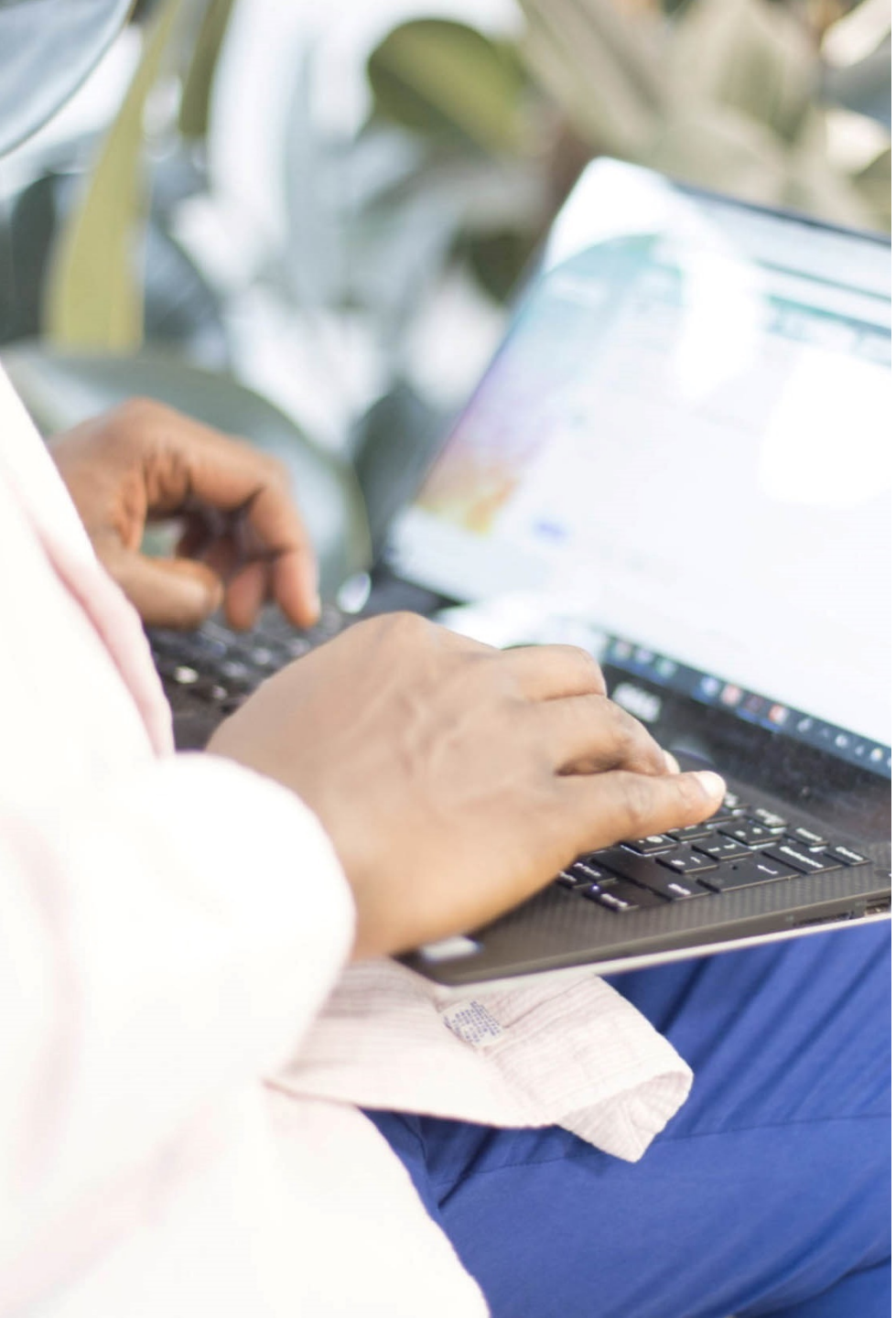
Thom Campbell

TBI Team Lead

Thom.Campbell@acl.hhs.gov

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**.



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)

What we will cover

Part 1

Part 1

- Brain injury as a risk factor for involvement in the justice system
- Overview of the Criminal and Juvenile Justice Workgroup
- Highlights of state accomplishments
- Lived experience navigating “the system”
- Sequential Intercept Model
- Department of Justice perspective on civil rights

What we will cover

Part 2

Break

Part 2

- Best Practices Guide
- Lived Experience: 10 Points of Advocacy
- Discussion

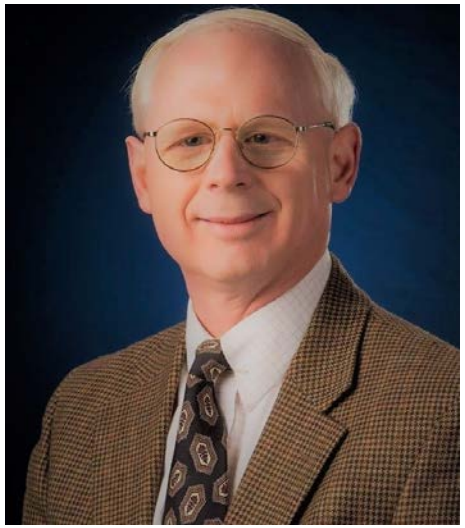
Meet Our Federal Partner Speaker

Kyle Smiddie, JD, MSW

Attorney, Special Litigation

U.S. Department of Justice

Meet Our ACL State Speakers



Peter Bisbecos

Executive Director

Rehabilitation Hospital of Indiana

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Public Health Program Administrator

Pennsylvania Department of Health

Laura Trexler

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Rehabilitation Hospital of Indiana

Karen Ferrington, CRC, CBIS

Program Manager

MINDSOURCE - Brain Injury Network

Meet Our Other Speakers

Jennifer Scott

Individual with a Brain Injury

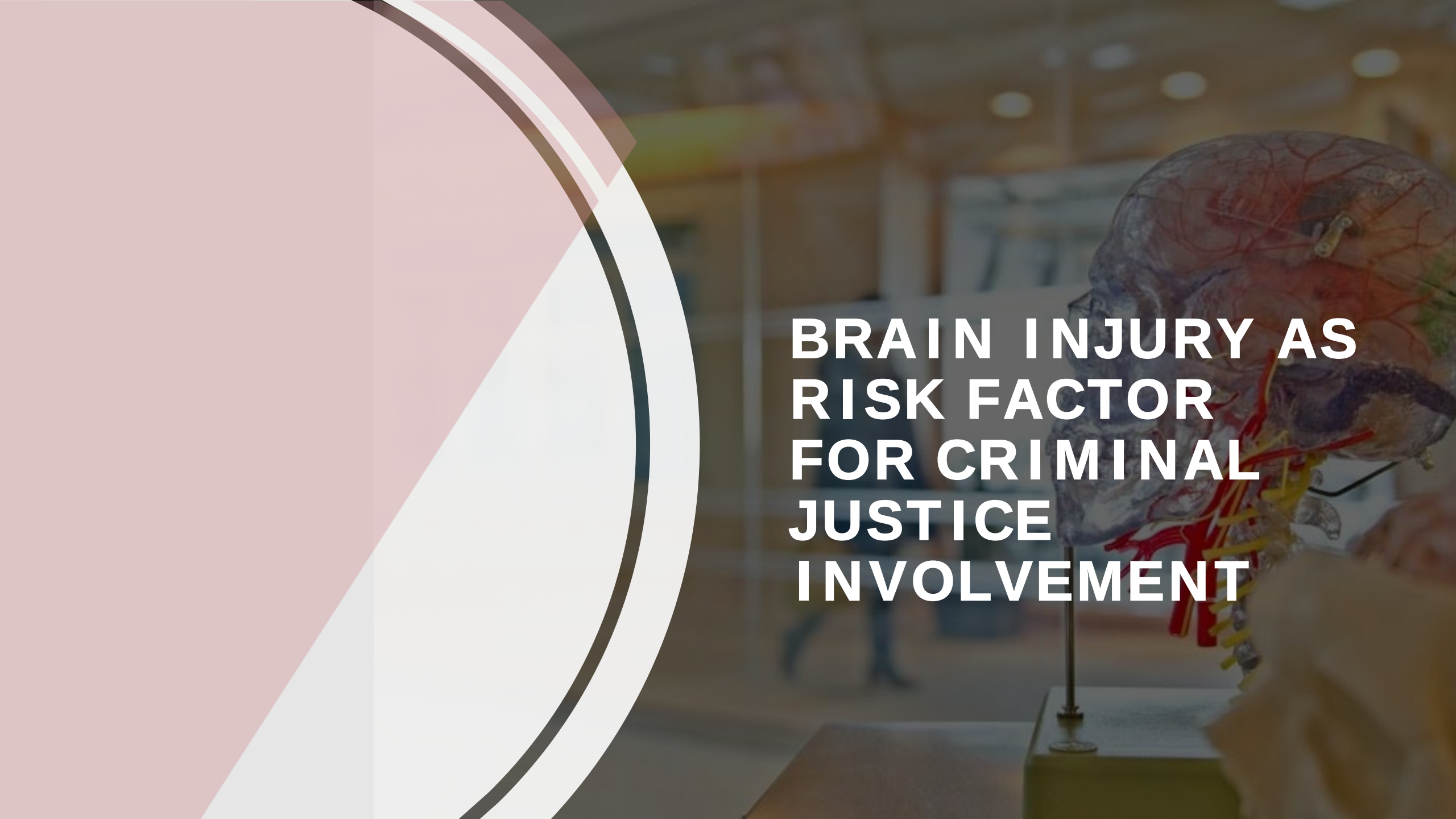
Regi Huerter, MA

Senior Project Associate

Policy Research Associates

Cheryl Kempf

Individual with a Brain Injury



BRAIN INJURY AS RISK FACTOR FOR CRIMINAL JUSTICE INVOLVEMENT

Presenter & Funding

Lance E. Trexler, PhD, FACRM
Rehabilitation Hospital of Indiana
Indiana University School of Medicine

This presentation was made possible through funding provided by the Administration for Community Living **Traumatic Brain Injury State Demonstration Grant Program**
Grant No. 90TBSG0034-01-00

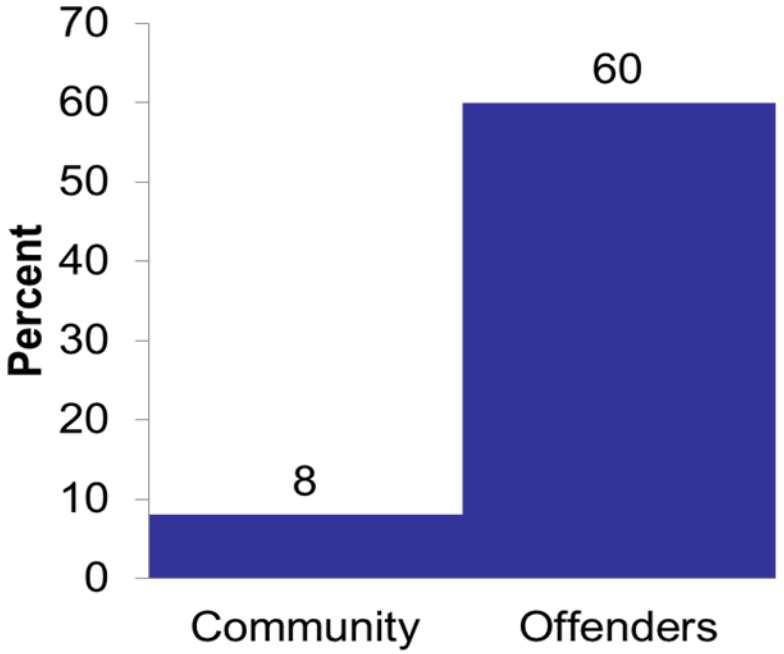
Outline

- What is the prevalence of TBI in criminal justice and ethnic disparities
- Neurobehavioral consequences of TBI and involvement with the JJ/CJ systems
- Preliminary evidence for the effectiveness of resource facilitation to reduce recidivism and improve community integration

Prevalence

Meta-analysis of 20 epidemiological studies found **60%** of offenders had history of TBI[1]

Compared to **8.5%** of people in the community[2]



1. Shiroma, Ferguson, & Pickelsimer (2012). *J. Correctional Health Care, 16*(2), 147-159.
2. McGuire, Burright, Williams, & Donovick (1998). *Brain Injury, 12(*3), 207-214.

Adolescent TBI and Crime

- 508 psychiatric inpatient adolescents
- Adolescents with TBI had significantly more often committed crimes (53.8%) compared to adolescents without TBI (14.7%)
- Subjects with TBI had significantly more violent crimes
- TBI during childhood and adolescence increased the risk of:
  - Any criminality 6.8-fold (95% 3.0–15.2)
  - Conduct disorder 5.7-fold (95% 2.1–15.4)
  - Concomitant criminality & conduct disorder 18.7-fold (95% 4.3–80.1)

Luukkainen, S, Riala, K, Laukkanen, M et al (2012). Association of traumatic brain injury with criminality in adolescent psychiatric inpatients from Northern Finland. *Psychiatry Research, 200*(2-3), 767-772

TBI a Clear Risk Factor for Incarceration

83% reported sustaining a TBI before their initial involvement with the criminal justice system

Sarapata, M, Herrmann, D, Johnson, T, & Aycock, R (1998). The role of head injury in cognitive functioning, emotional adjustment and criminal behavior. *Brain Injury*, *12*(10), 821–842

Ethnic and Cultural Disparities (1 of 2)

- TBI incidence rate for Hispanics is **262 per 100,000** persons vs the national average of **200 per 100,000**
- Injury risk factors associated to ethnic minority status include poverty, restricted occupational and educational opportunities, dangerous residential environments, employment in physically demanding and dangerous jobs, and/or culture-specific health behaviors
- Despite similar functional status at inpatient rehabilitation discharge, Hispanics have poorer functional outcomes at 1 year post-injury compared to whites, after controlling for age, length of PTA, injury severity, DRS score at admission, FIM score at admission, and pre-injury educational level

Ethnic and Cultural Disparities (2 of 2)

- Adult Black and Hispanic people with TBI are significantly less likely to receive intensive rehabilitation, even for those with Medicare
- Adult Black and Hispanic have worse functional outcomes and community integration and are less likely to become reemployed
- Adult Black and Hispanic caregivers express more burden, spend more time in caregiving, and have fewer met needs as compared to white counterparts
- Black and Asian/Pacific Islander people with TBI have increased depression over time as compared to whites, while depression decreased for Hispanics.
- Black people with TBI had lower life satisfaction compared with white and Hispanic people

Ethnic and Cultural Disparities — Slide References

Cooper, Kirby D., et al. The epidemiology of head injury in the Bronx. *Neuroepidemiology* 2.1-2 (1983): 79-88.

Penn, Nolan E., et al. Panel VI: Ethnic minorities, health care systems, and behavior. *Health Psychology* 14.7 (1995): 641.

Uswatte, Gitendra, and Timothy R. Elliott. Ethnic and minority issues in rehabilitation psychology. *Rehabilitation Psychology* 42.1 (1997): 61.

Arango-Lasprilla, Juan Carlos, et al. Functional outcomes from inpatient rehabilitation after traumatic brain injury: how do Hispanics fare? *Archives of Physical Medicine and Rehabilitation* 88.1 (2007): 11-18.

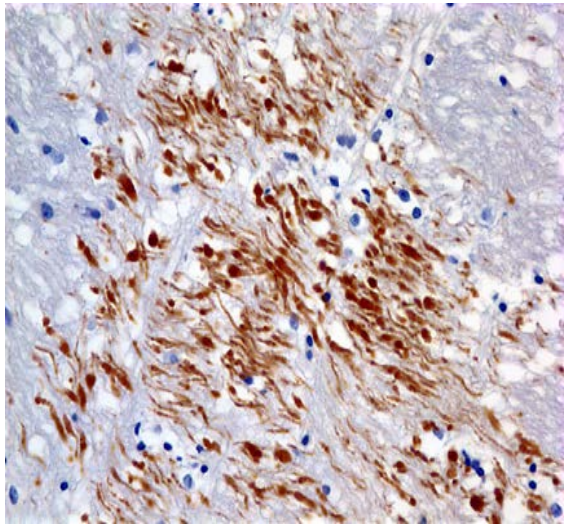
Meagher AD, Beadles CA, Doorey J et al. Racial and ethnic disparities in discharge to rehabilitation following traumatic brain injury. *J Neurosurg*, 2015, 122: 595-601.

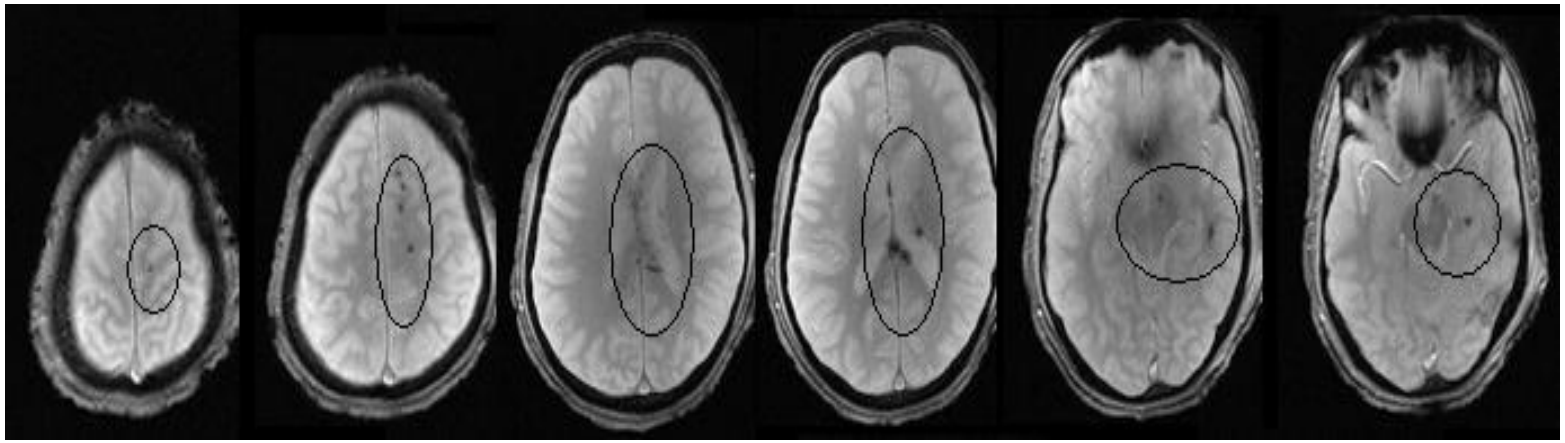
Gary KW, Arango-Lasprilla JC & Stevens LF. Do racial/ethnic differences exist in post-injury outcomes after TBI? A comprehensive review of the literature. *Brain Injury*, 2009: 23(10): 775-789.

Perrin PB, Krch D, Sutter M et al. Racial/ethnic disparities in mental health over the first 2 years after traumatic brain injury: A model systems study. *Arch Phys Med Rehabil*, 2014, 95: 2288-2295.

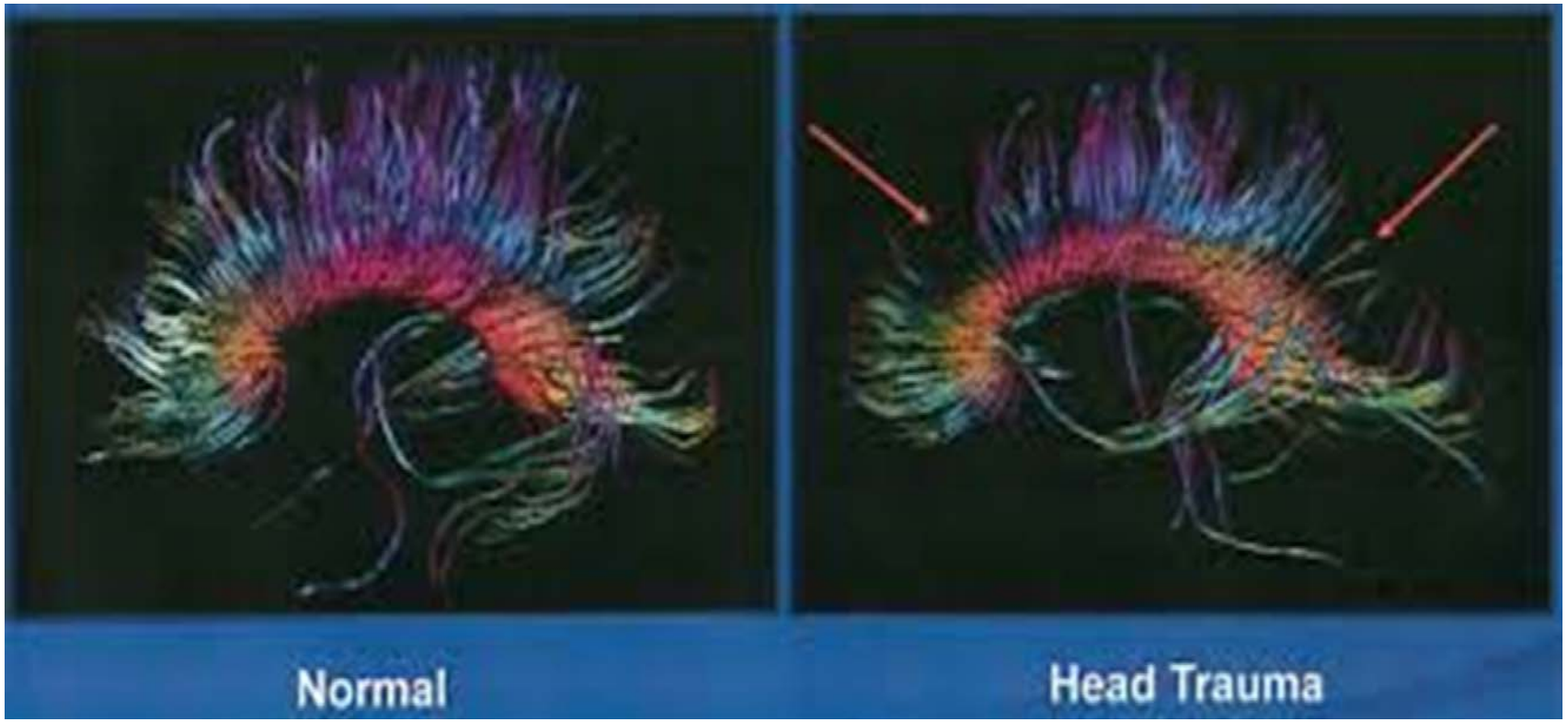
Diffuse Axonal Injury

93% of acute CT scans are normal in mTBI; 10% are normal in severe TBI, and significant new lesions and ICP may develop in as many as 40% of cases with an initially normal head CT

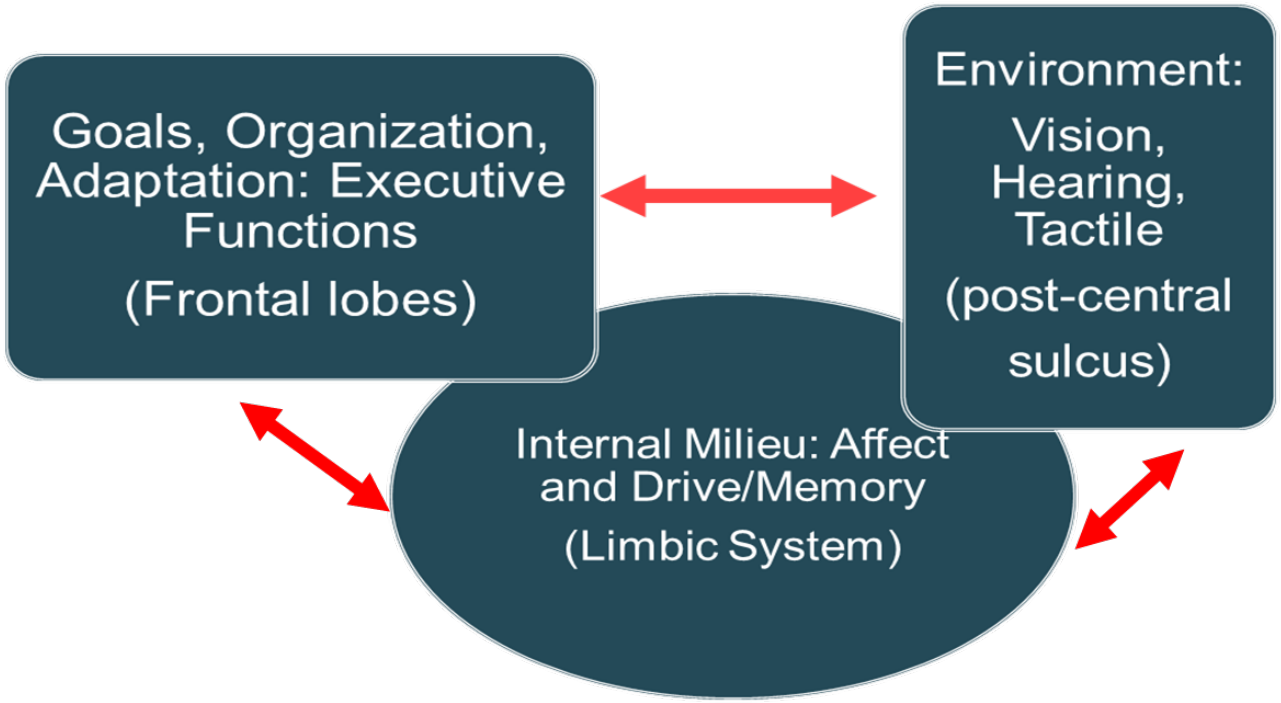


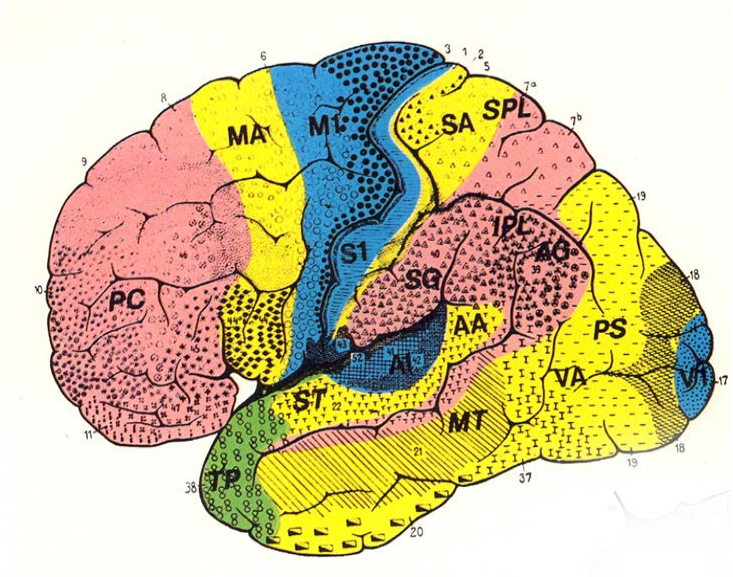


DTI and Diffuse Axonal Injury



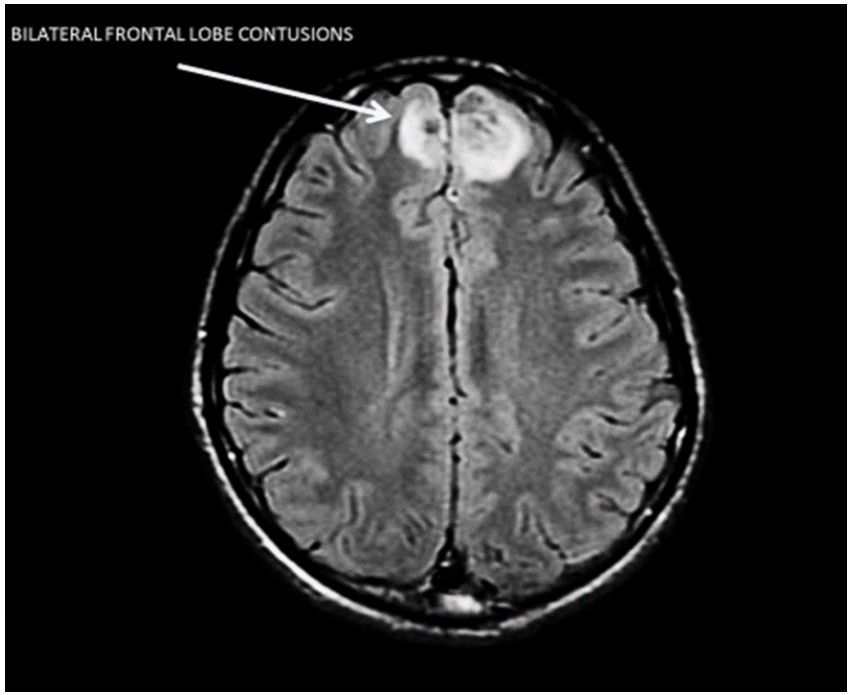
Frontal Regulation of Adaptability

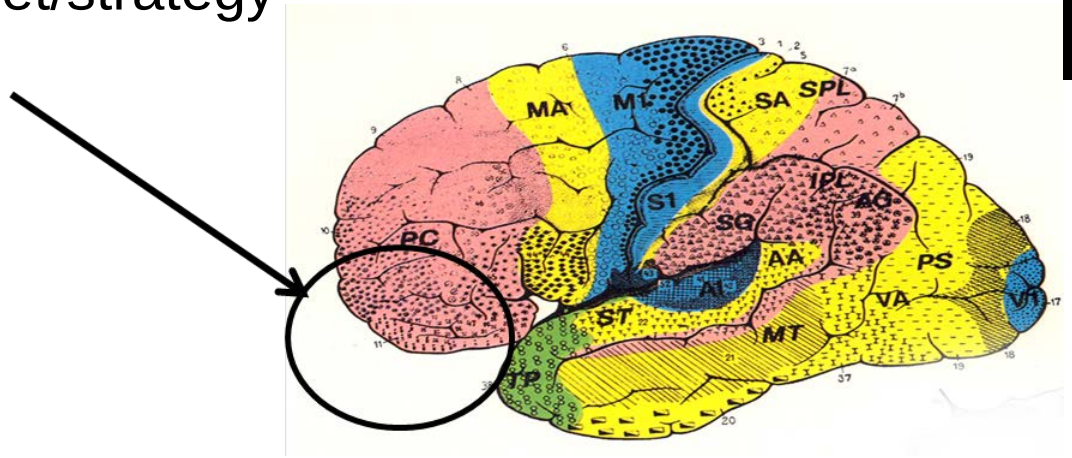




Orbitofrontal Injury

- Disinhibition and impulsivity: dissociation of knowledge with behavior (“pseudo-psychopathic”)
- Hyperkinetic & jocularity
- Euphoric & irritability
- Impaired maintenance of cognitive set/strategy





TBI Consequence & Functional Impact on Behavior

Consequence	→	Impact
Attention deficit	→	Difficulty focusing on or responding to required tasks or directions
Memory deficit	→	Difficulty understanding or remembering new information or directions
Irritability or Anger	→	Behaviors that lead to incarceration and incidents with JJ/CJ personnel
Uninhibited or Impulsive Behavior	→	Poor inhibition of emotions or desires (e.g., making inappropriate jokes, drug use, rage)
Executive Function deficit	→	Difficulty organizing behavior to execute stated intentions or goals (e.g., don't actually do what they wanted or said they would do)

Resource Facilitation in the Criminal Justice in Pennsylvania

- 163 in maximum security prison
- 75% screened + for possible brain injury
- 74% of whom were found to have cognitive impairment of memory & executive functions
- Average of 3.8 brain injuries over lifetime

Descriptive study provided preliminary evidence for improved outcomes with Resource Facilitation

- Increased productivity – 50% competitively employed
- Decreased recidivism – 17%

Nagele D, Vaccaro M, Schmidt MJ et al (2019). Brain injury in an offender population: Implications for reentry and community transition. *Journal of Offender Rehabilitation*, *57*(8), 562-585.

Resource Facilitation Defined

- Providing brain injury–specific education to individuals with brain injury and their families/caregivers
- Proactively helping the individual identify, obtain, and navigate needed services and supports (e.g., brain injury, instrumental, community)
- Promoting TBI-informed care with other providers
- Ensuring collaboration, integration and coordination between providers and community-based resources

Resource Facilitation Results

- 64%-70% of those with TBI who received RF returned to work and school as compared to 36%-50% of those who did not
- RF resulted in a significant decrease in level of disability on measures of abilities, adjustment, and participation in activities at home and in the community
- RF resulted in a significant decrease in survivor perceived need for services and a significant decrease in the services being received

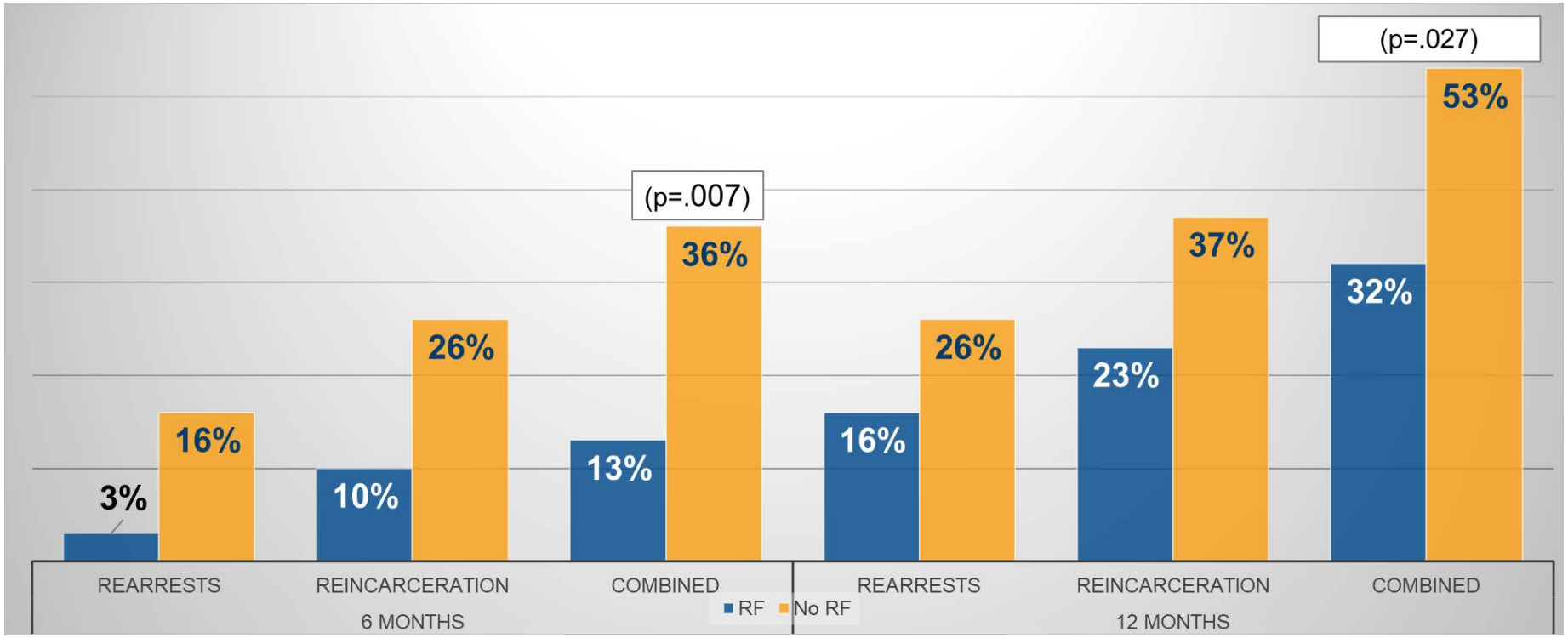
Resource Facilitation References

Trexler, L.E., Trexler, L.C., Malec, J.F., Klyce, D., & Parrott, D. (2010). Prospective randomized controlled trial of resource facilitation on community participation and vocational outcome following brain injury. *Journal of Head Trauma Rehabilitation*, *25*(6), 440-446.

Trexler, L.E., Parrott, D.R., & Malec, J.F. (2016). Replication of a prospective randomized controlled trial for resource facilitation to improve return to work after brain injury. *Archives of Physical Medicine and Rehabilitation, 97*(2), 204-210.

Trexler, L.E. & Parrott, D.R (2018). Models of brain injury vocational rehabilitation: The evidence for resource facilitation from efficacy to effectiveness. *Journal of Vocational Rehabilitation*, *49*(2), 195-203.

Impact of Resource Facilitation



Trexler, L.E. & Parrott, D.R (manuscript submitted). The impact of resource facilitation on recidivism for individuals with traumatic brain injury.

Decreasing recidivism among juveniles w/brain injury re-entering the community using resource facilitation

- OJJDP FY 2020 Second Chance Act Youth Offender Reentry Program
- Randomized controlled trial of Resource Facilitation in juvenile justice
- Creating a TBI-continuum of care starting in residential placement
- Collaboration of Florida VR
- Estimated completion is 2024

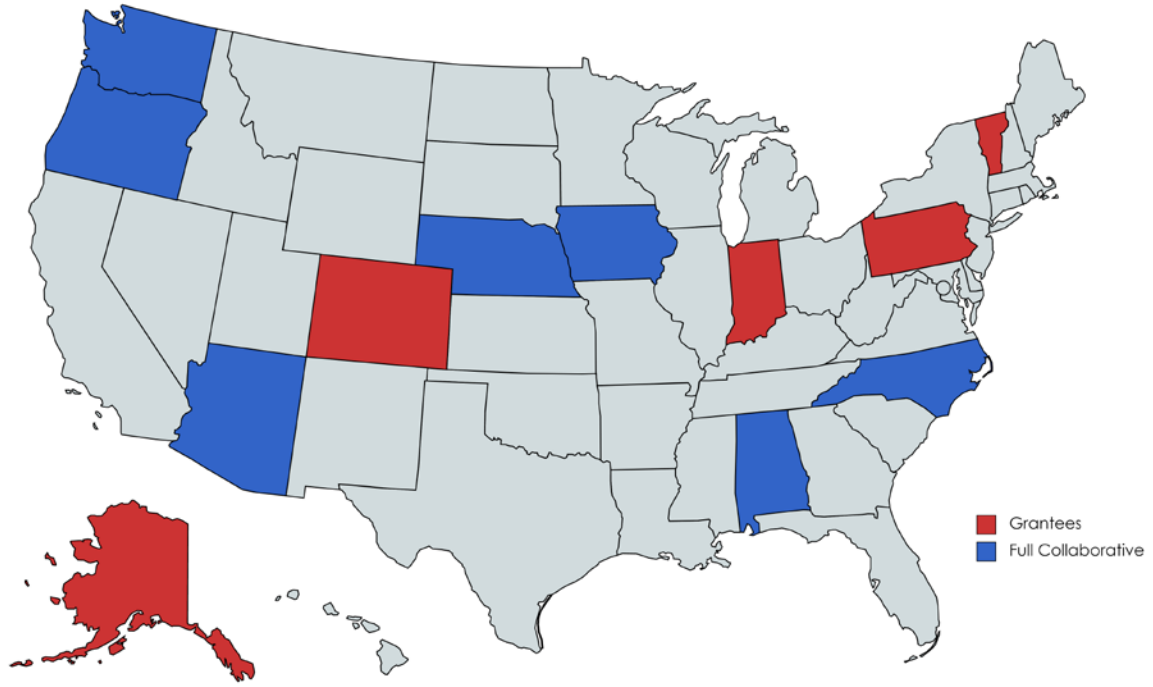
- **Sherry Jackson, PhD**
  Florida Department of Juvenile Justice
- **Christina Dillahunt-Aspillaga, PhD**
  University of South Florida
- **Lance Trexler, PhD**
  Youth Opportunity Foundation
- **Drew Nagele, PhD**
  Youth Opportunity Foundation
- **Michael Baglivio, PhD**
  Youth Opportunity Investments
- **Steve Sutter**
  CreateAbility Concepts, Inc.
- **Laura Trexler, OTR, CBIS**
  Youth Opportunity Foundation
- **Denny Armington**
  Youth Opportunity Foundation

QUESTIONS:
BRAIN INJURY AS A RISK FACTOR FOR CRIMINAL JUSTICE INVOLVEMENT

CRIMINAL AND JUVENILE JUSTICE WORKGROUP

Overview

- **Participating States:**
  - Grantees: Alaska, Colorado, Indiana, Pennsylvania, Vermont
  - Full Collaborative: Alabama, Arizona, Iowa Nebraska, North Carolina, Oregon, Washington
- **Purpose**: To provide mentorship in and to develop products for criminal and juvenile justice
- **Products**:
  - Criminal and Juvenile Justice Workforce Competencies
  - Criminal and Juvenile Justice Best Practices Guide



State Highlights - Alabama

Alabama Department of Rehabilitation Services:

- Provided **targeted training and intervention** inside our State Juvenile Justice System staff and partners at different levels

- Provided the Department of Youth Services and Juvenile Justice **staff with skills** to screen and identify youth with Traumatic Brain Injury, access individual needs, develop and provide appropriate interventions, educational planning, community reentry, behavioral interventions (The Y Step Program) as well as Traumatic Brain Injury Information and Referral and Resource Facilitation to youth and families.

State Highlights - Colorado

- Worked in partnership with the Colorado Judicial Branch and the Colorado Department of Human Services to **incorporate brain injury staff training, screening and supports** in a variety of settings including probation, jails, youth corrections, problem-solving courts and treatment programs.
- The state utilizes a **lifetime history screen** followed by administration of a **symptoms questionnaire** to uncover impairment and automated tools that package up **tailored tips and strategies** for criminal and juvenile justice staff and justice-involved individuals.
- Colorado has also created and disseminated **psychoeducational curriculum** for use throughout criminal and juvenile justice settings to address brain injury.

State Highlights - Indiana

Indiana has submitted and is revising an article on the **efficacy of resource facilitation** for reducing recidivism among formerly incarcerated adults with traumatic brain injury.

- We found that **13%** of those who received resource facilitation recidivated at 6 months as compared to **36%** of those who did not receive resource facilitation.
- At 12 months, **32%** of those that received resource facilitation recidivated as compared to **53%** of those that did not.
- Both were **statistically significant differences**.

State Highlights - Iowa

Iowa is participating in NASHIA'S inaugural **Leading Practices Academy** which is focusing on criminal and juvenile justice.

- Bringing together stakeholders involved in the child welfare system to highlight the importance of screening individuals for a lifetime history of brain injury to ensure person-centered plans afford accommodations and compensatory strategies needed to lessen protective risk factors so the family can remain together.

State Highlights - Nebraska

Brain Injury Alliance of Nebraska has brought together 12 state and local agencies whose focus is on serving justice-involved youth to participate in NASHIA **Leading Practices Academy**.

Goals include:

- Build Nebraska's infrastructure to support individuals with brain injury served by juvenile justice programs.
- Increase the juvenile justice provider's ability to recognize and manage brain injury so they can better support the juveniles with brain injury.
- Provide the juvenile justice system with the tools necessary to identify and support those individuals.
- Implement evaluation metrics to illustrate the benefits of this work and ensure sustainability.

State Highlights - Pennsylvania

The Pennsylvania Department of Health has worked in partnership with the Brain Injury Association of Pennsylvania to provide brain injury education and training in juvenile justice facilities as well as technical assistance to these facilities to help them implement brain injury screening, appropriate referral for neurocognitive testing, and neuroresource facilitation.

This work arose out of Pennsylvania's previous work in criminal justice during which the need to shift focus to juvenile justice became apparent as a majority of individuals sustained brain injuries and onset of behavioral issues in youth.

State Highlights - Vermont

Department of Corrections:

- Embedded Lifetime History of TBI HELPS screening tool into the intake assessment for all individuals entering a correctional facility
  - Have established a workflow/clinical pathway to address whatever becomes clinically indicated for individuals who screen positive
  - Review individuals who have screened positive and compare with other metrics:
    - Ohio Risk Assessment System (ORAS) score
    - # of Sick Slips
    - # of Days in Segregation etc.

20% screen positive
for lifetime history of TBI via the HELPS tool

State Highlights - Washington

Through a partnership with the University of Washington and leveraging initial funding from a grant by the Administration on Community Living…

Washington Department of Corrections launched a **TBI pilot program** at one prison facility:

- Pilot includes initial and advanced screening for TBI for high-risk groups (i.e., veterans, people with intellectual disabilities, people housed in high-security units).
- Individuals with positive screenings could volunteer to participate in a 12-week psychoeducation group and provided linkages and resources to use in the community and/or share with their family.
- Community peer support groups were made available through a virtual platform called MyPeers and assistance from one of our community partners the Department of Social and Health Services (DSHS).

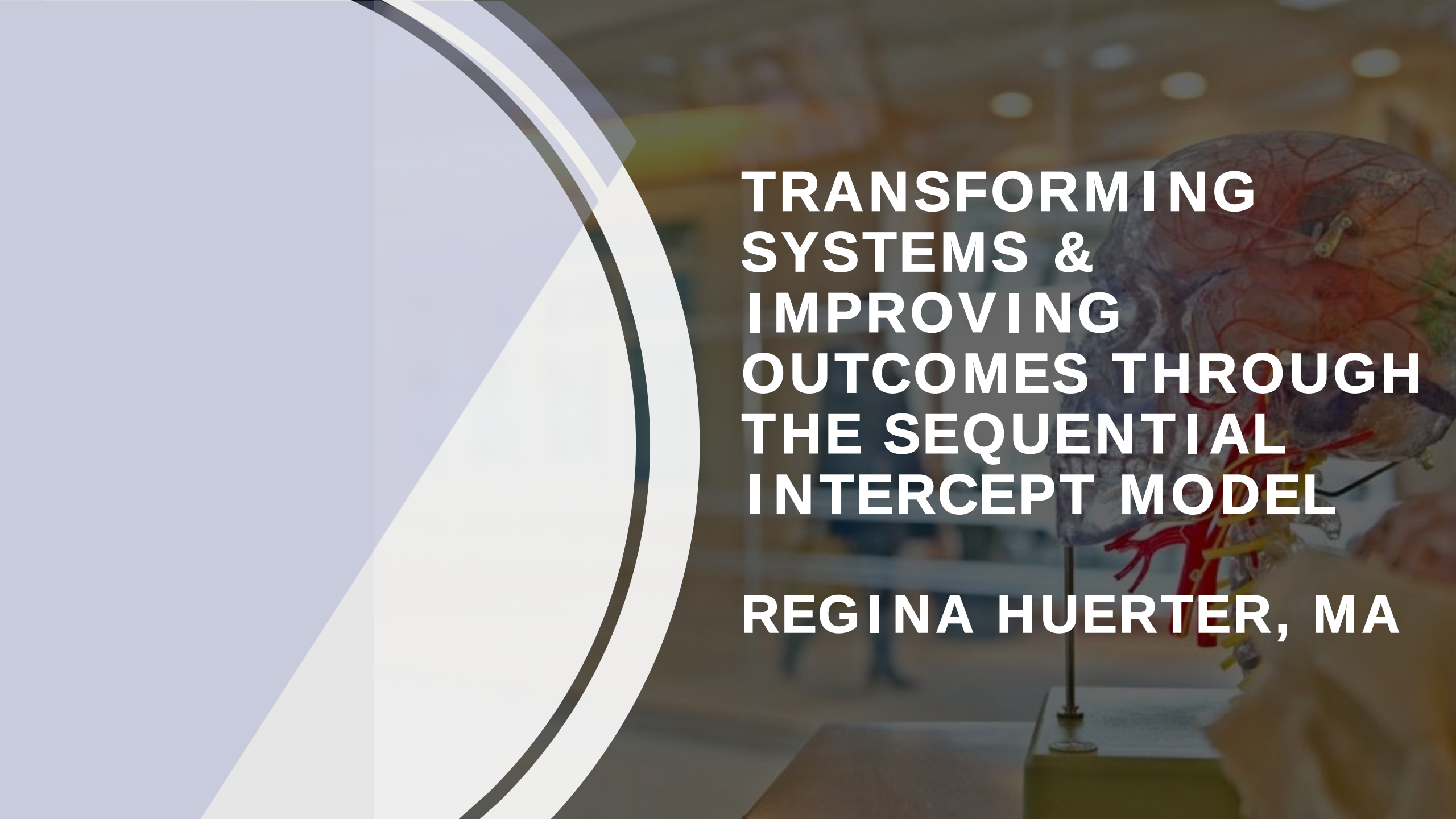
QUESTIONS:
WORKGROUP & STATE HIGHLIGHTS

LIVED EXPERIENCE – INTERVIEW WITH JENNIFER SCOTT

HOW SCREENING FOR BRAIN INJURY, AND OFFERING ACCOMMODATIONS AND SUPPORTS, CAN CHANGE THE COURSE OF A LIFE.

INTERVIEWER: LAURA TREXLER

QUESTIONS: LIVED EXPERIENCE



TRANSFORMING SYSTEMS & IMPROVING OUTCOMES THROUGH THE SEQUENTIAL INTERCEPT MODEL

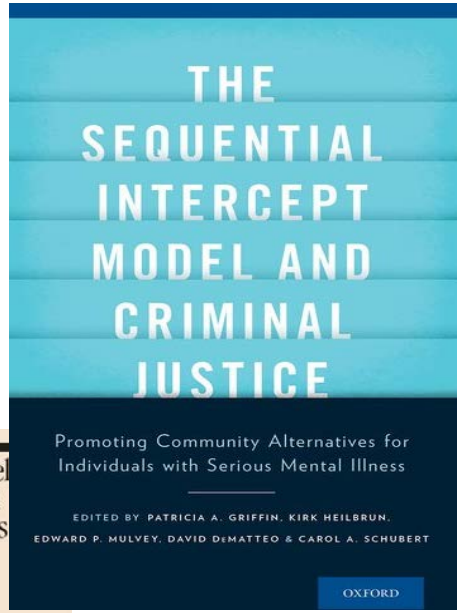
REGINA HUERTER, MA

Sequential Intercept Model - Overview

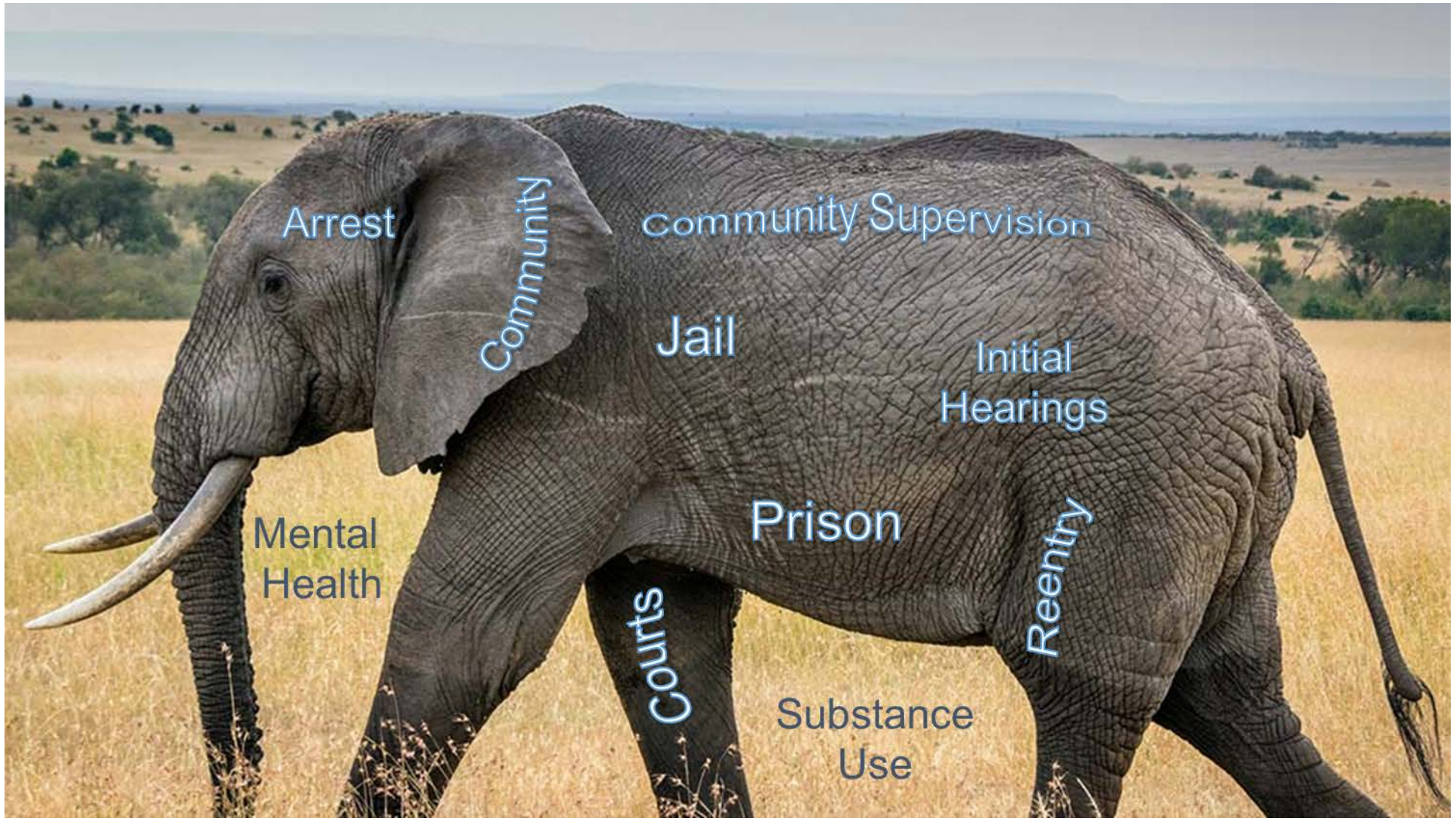
- People move through the criminal justice system in predictable ways.
- Illustrates key points, or intercepts, to ensure:
  - Prompt access to treatment.
  - Opportunities for diversion.
  - Timely movement through the criminal justice system.
  - Engagement with community resources.


Use of the Sequential Intercept Model as an Approach to Decriminalization of People With Serious Mental Illness

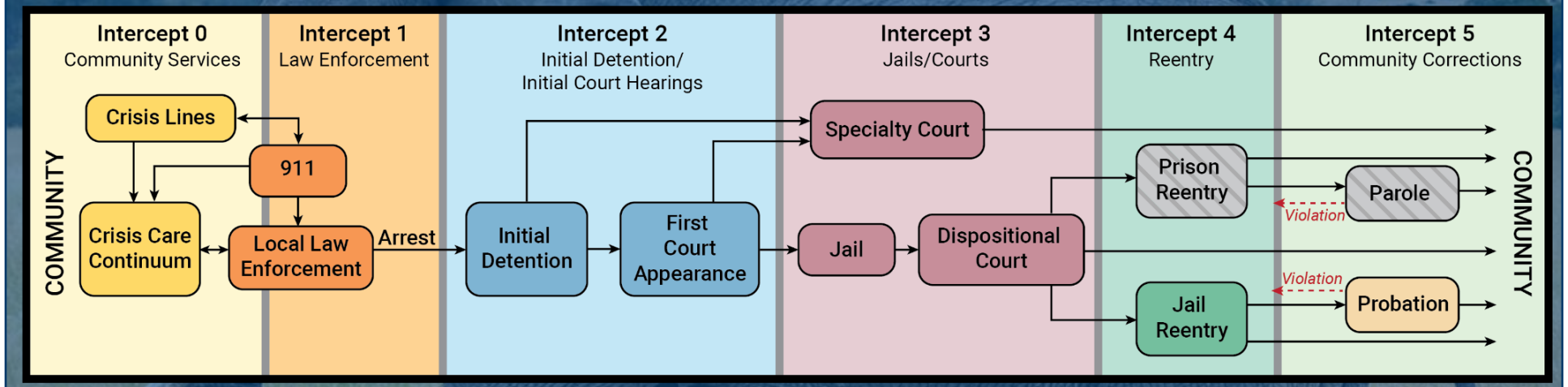
Mark R. Munetz, M.D.
Patricia A. Griffin, Ph.D.



The “Unsequential” Model



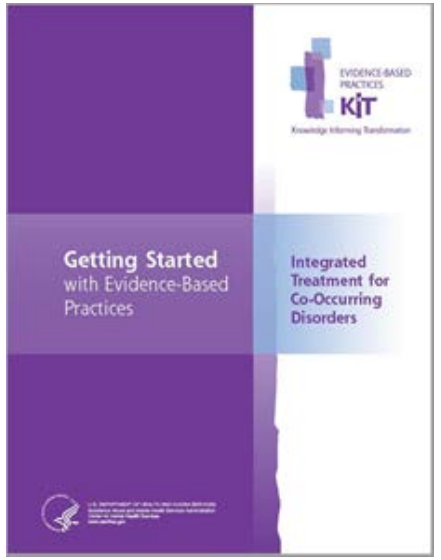
Sequential Intercept Model



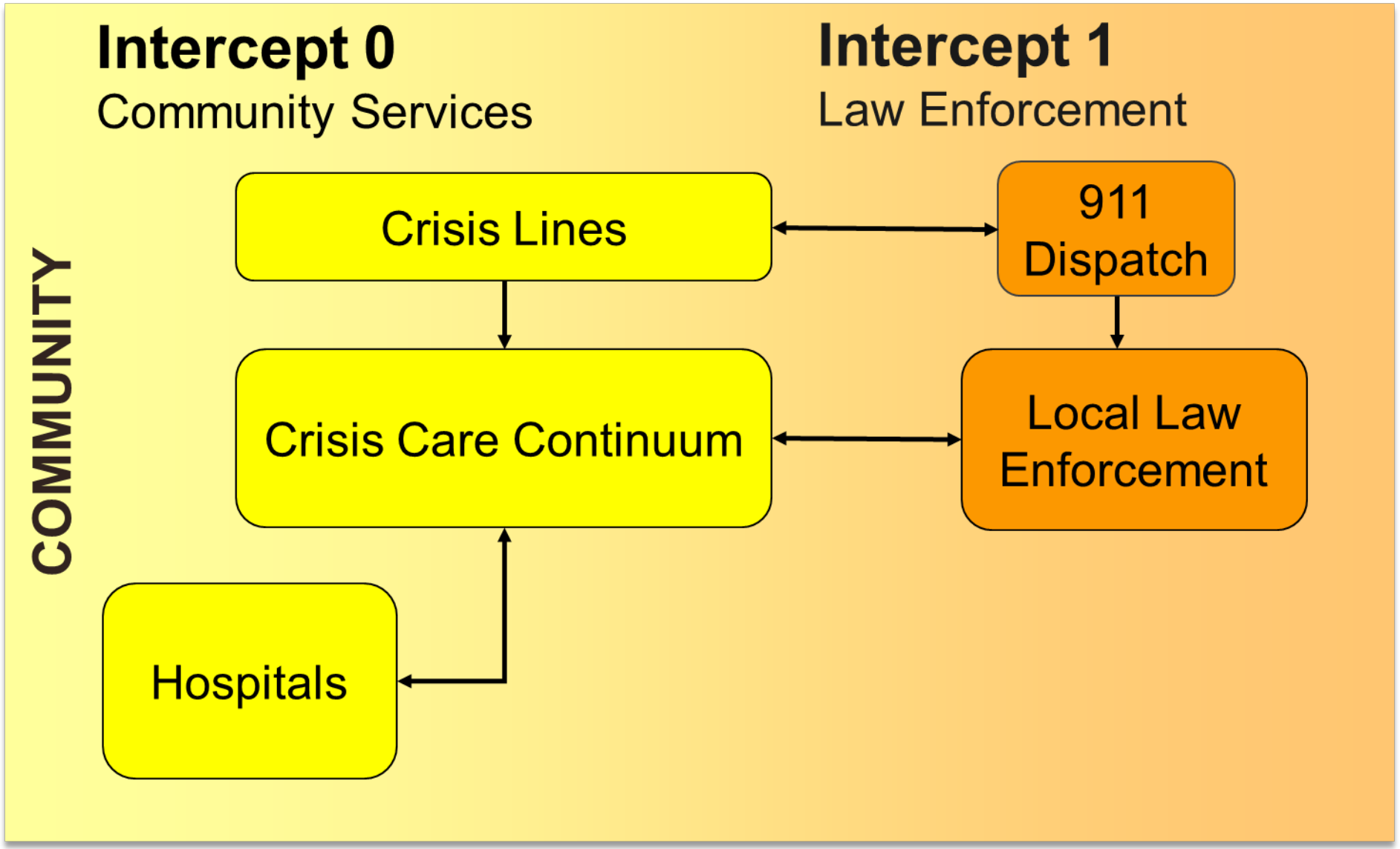
Why is this important?

Persons living with behavioral health are:

- More likely to be homeless
- More likely to have co-occurring disorders (CODs)
- Use a greater variety of services (high-cost)
- More likely to have disciplinary problems
- More likely to be unemployed
- More psychological impairment (including extensive trauma histories)[1]
- Have longer length of stay[2]

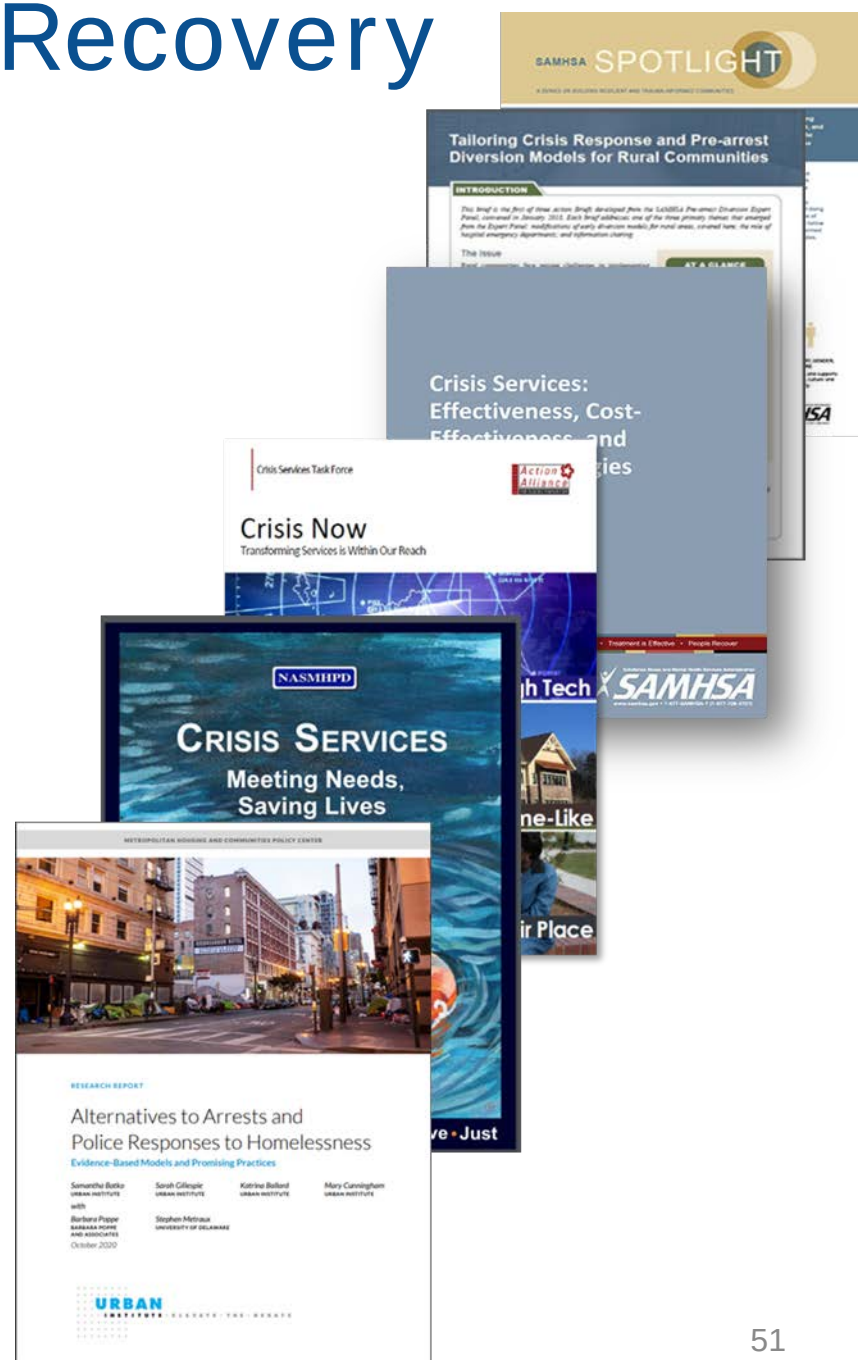


1. James, D.J., Glaze, L.E. (2006). Mental Health Problems of Prison and Jail Inmates Bureau of Justice Statistics, NCJ 213600
2. Council of State Governments Justice Center. (2012). Improving Outcomes for People with Mental Illnesses Involved with New York City's Criminal Court and Correction Systems.

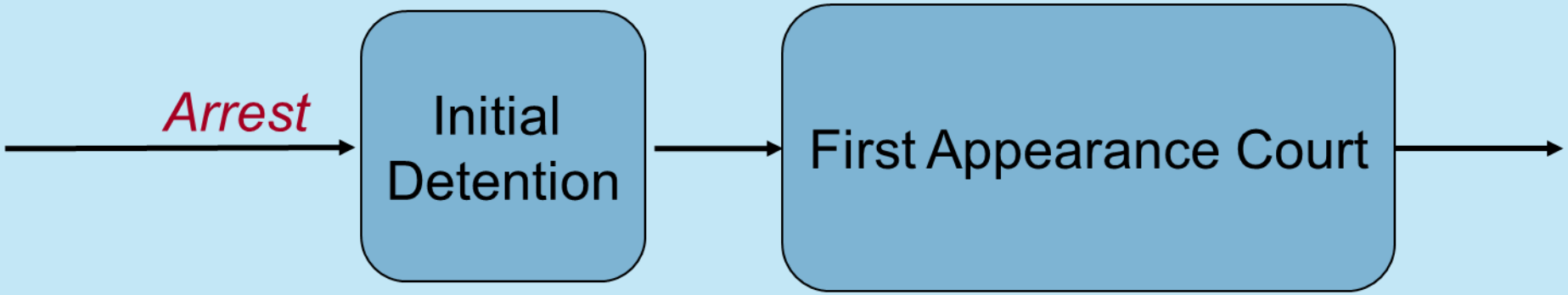

Intercept 0
Community Services
Intercept 1
Law Enforcement
COMMUNITY
Crisis Lines
911 Dispatch
Crisis Care Continuum
Local Law Enforcement
Hospitals

Crisis-to-Stabilization-to-Recovery Care Continuum

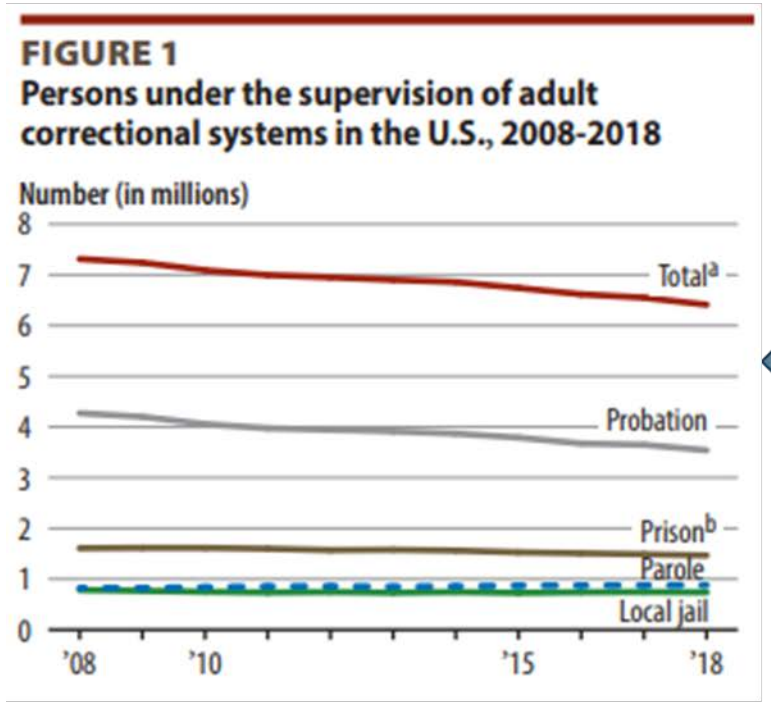
- Cross-System and Cross-Discipline Coordination
  - Crisis Line Coordination (e.g., 911, 211, 988, Crisis/Warmline)
  - Integrated Service Access (Behavioral Hx, FQHC/Hx, Hospital, CCBHC, Homeless, Jail)
- Community-Based Outreach
  - Trained LE (CIT, MHFA)
  - Co-LE Response, Alternative Health, Homeless Response Teams
  - Engagement and Ongoing Community-Based Health & Mental (FQHC, Community Hx. Worker (CHW)/Promotores, F/ACT, HICM, AOT)
  - Recovery Peers and Harm Reduction/WRAP
  - Brief Screening (e.g., SBIRT, TBI/ABI, MH, SUD, IDD)
  - Tele-Health
- Stabilization Resources
  - Sobering and Detox; “Treatment on Demand”
  - Crisis Stabilization Centers, Hospitals and Bed Mgmt. (e.g., Peer, 23hr, Emergency Dept, multiple day, residential Tx.)
  - Familiar Face, Transitional Services and Care Navigation
- Housing and Homeless
  - Homeless Services Continuum, Outreach and Supports
  - Health – to – Homeless Coordination
  - Supported and Supportive Housing
  - Social Impact Bond (SIB) and FUSE Models
- Client Centered, Trauma and Community Support
- Access to Benefits and Entitlements
- Workforce Development, Staff Wellness and Support

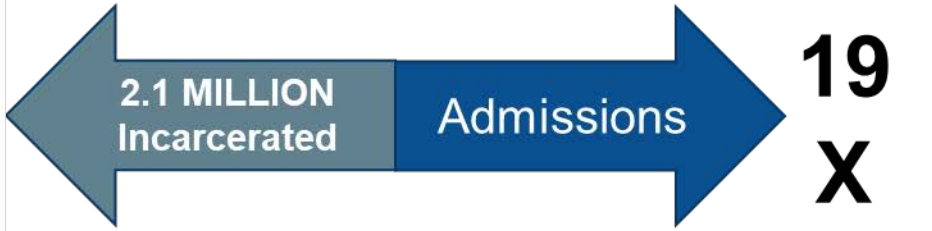


Intercept 2 – Initial Detention / Initial Court Hearings



The Numbers





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1. Laura M. Maruschak and Todd D. Minton, (2020). *Correctional populations in the United States, 2020.* Bureau of Justice Statistics.

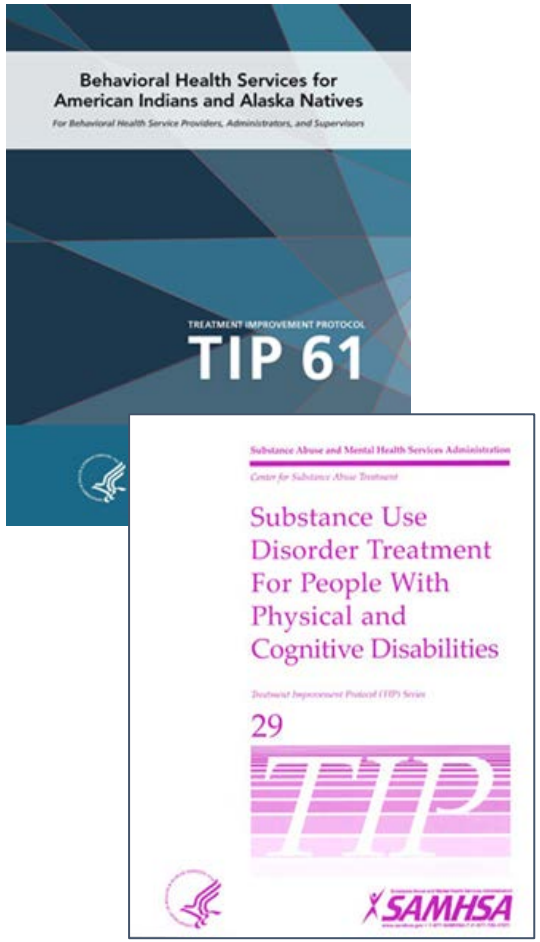
2. Subramainian, R., Delaney, R., Roberts, S., Fishman, N., & McGarry, P. (2015). *Incarceration's front door: The misuse of jails in America.* Vera Institute.

Putting a Face on High Utilizers

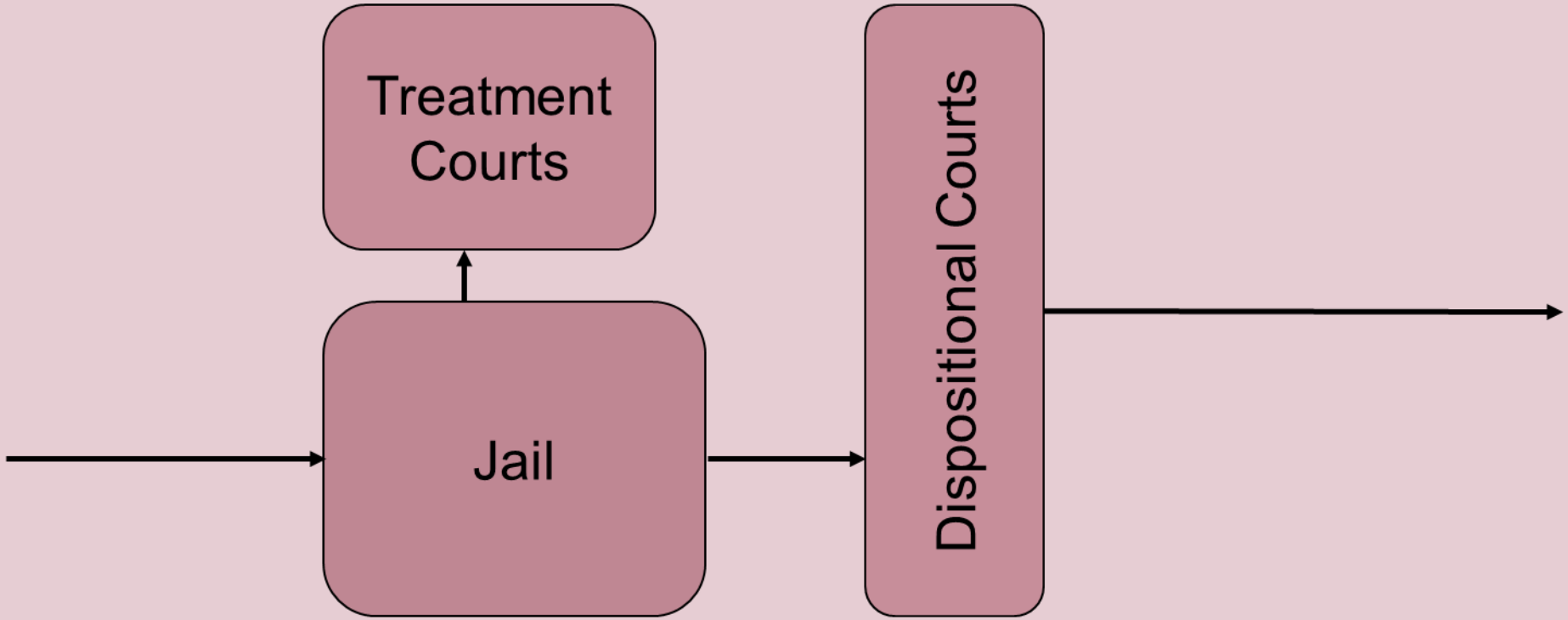
Who is in Jail… Call for OPTIONS

- **Familiar Face" Targeted Intervention and Support**
- **Jail Population Review Process**
  - Population Specific Review (e.g., Vets, Cognitive/TBI, Co-occurring, Homeless)
- **Define and sort by pre-trial, and sentence**

  (e.g., bond, holds, warrants/writs, DOC, Ice, M/M/F, continuances, competence, technical violations, waiting a bed/service, VA/Veterans)
- **Behavioral Health "Supported" Pre-trial Release**
- **Mental Health Diversion**
- **Technical Violations Reduction and Modification**
- **Relative Rate Index (RRI) Data Review**



Intercept 3
Jails/Courts



Jail Health Care Models

- Jail employs health care staff
- Jail contracts with National Correctional Health Care Vendor
- Jail contracts with local, private or public providers (e.g., hospital, Medical School)
- County Health Department

Jail Services

- General Population programming, support and reentry coordination: Life skills, Cognitive Intervention
- Mental Health Unit
- Substance Use Disorder Unit
- Reentry Unit

Jails and Courts

In-jail services

- Assessment of in-custody needs
- Access to medications, mental health services, and substance use services
- Communication with community-based providers
- Specialized Programs and Services

Treatment/Problem-Solving Courts

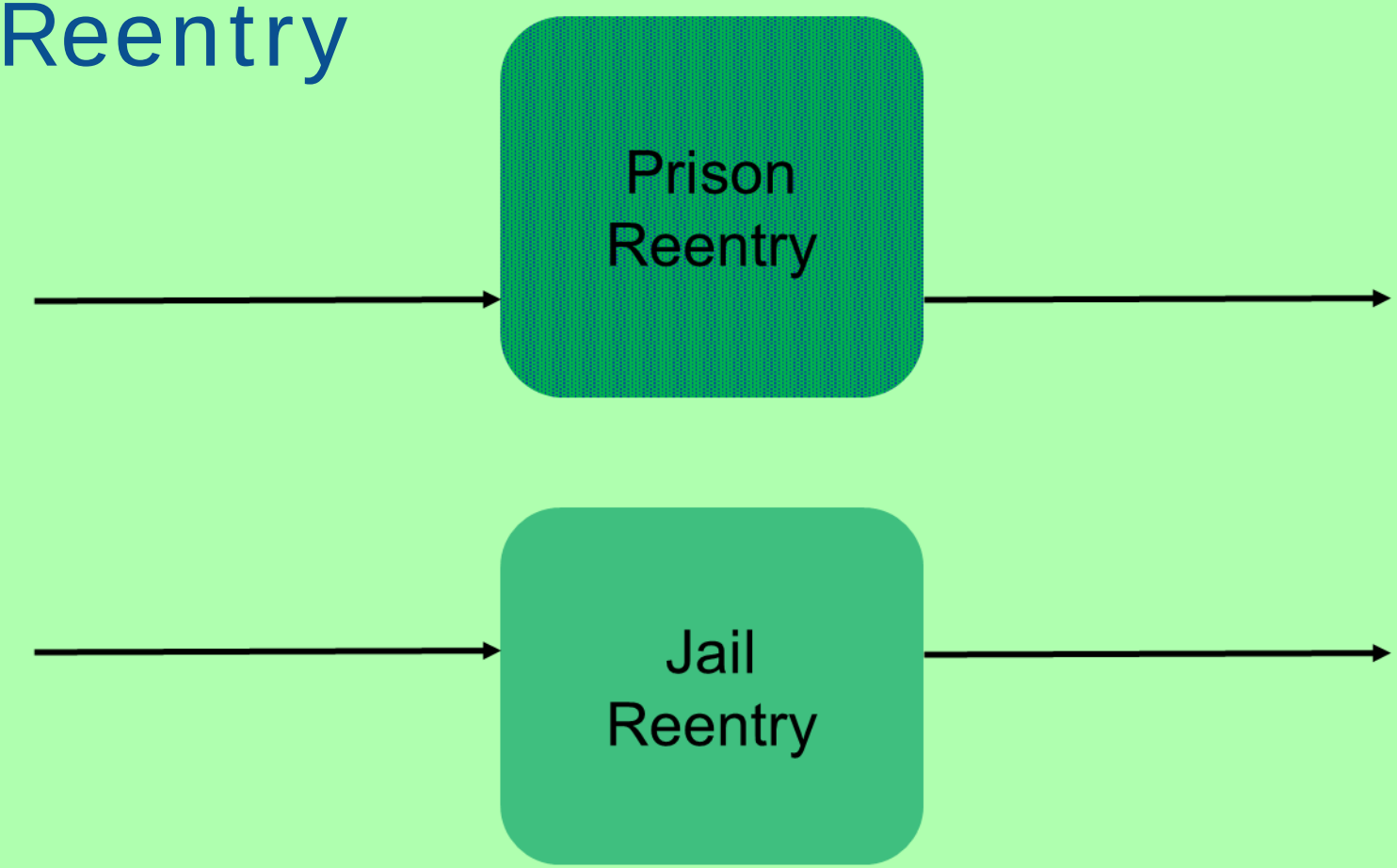
- Drug (Juvenile and Adult)
- Driving under the influence (DUI)
- Integrated Family
- Mental Health
- Veteran
- Domestic Violence
- Tribal Wellness
- Reentry

"Individuals receiving an in-reach or diversion service while in jail were twice as likely to receive a mental health service in the community" Kubiak et al, 2019

Tribal Healing to Wellness Courts

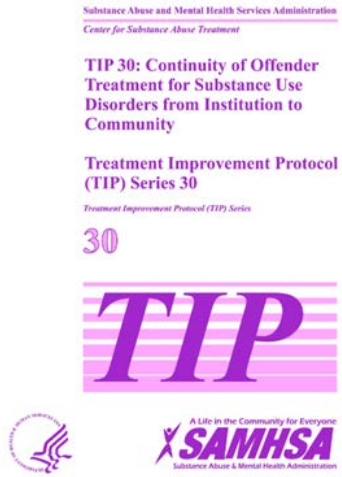
wellnesscourts.org/events/?a=593

Intercept 4
Reentry



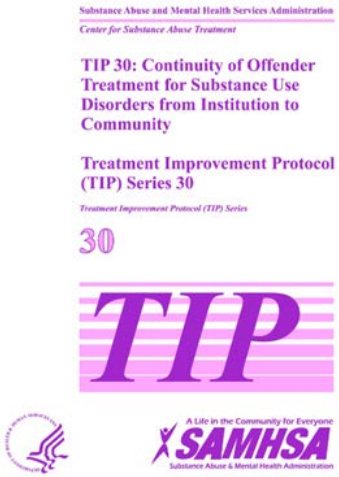
Jail to Community Planning & Release (1 of 2)

- Coordinated reentry planning committee
  - Obtain consent to release information
  - Promote coordination, service utilization and gap analysis through a standardized Transition / Reentry Check List
- Match resources to population's needs
  - Monetary release funds
  - Parole-approval residency requirements
  - Benefits, SOAR



Jail to Community Planning & Release (2 of 2)

- Individualized reentry plans using a standardized checklist
  - Health (medication, mental & physical health, substance use, and treatment)
  - Community Stabilization (housing status, benefits & entitlement)
  - Criminogenic (length of time incarcerated, public safety concerns, and supervision)
  - Wellness (self-care, hygiene, self-regulation, “WRAP”, food/nutrition)
  - Social and Leisure (technology and tech-literacy, financial, benefits, and peer & social supports, clothing, transportation)
- Case Management and System Navigation



Discharge & Reentry Process and Practices (1 of 2)

Policies, processes and practices

- Release time no-later than 3:00 pm; release notification list to providers
- Release navigator jail in-reach – in-person or technology
- Technology resource bank; client access to technology and technology literacy
- Process to confirm housing and quarantine as needed (COVID)

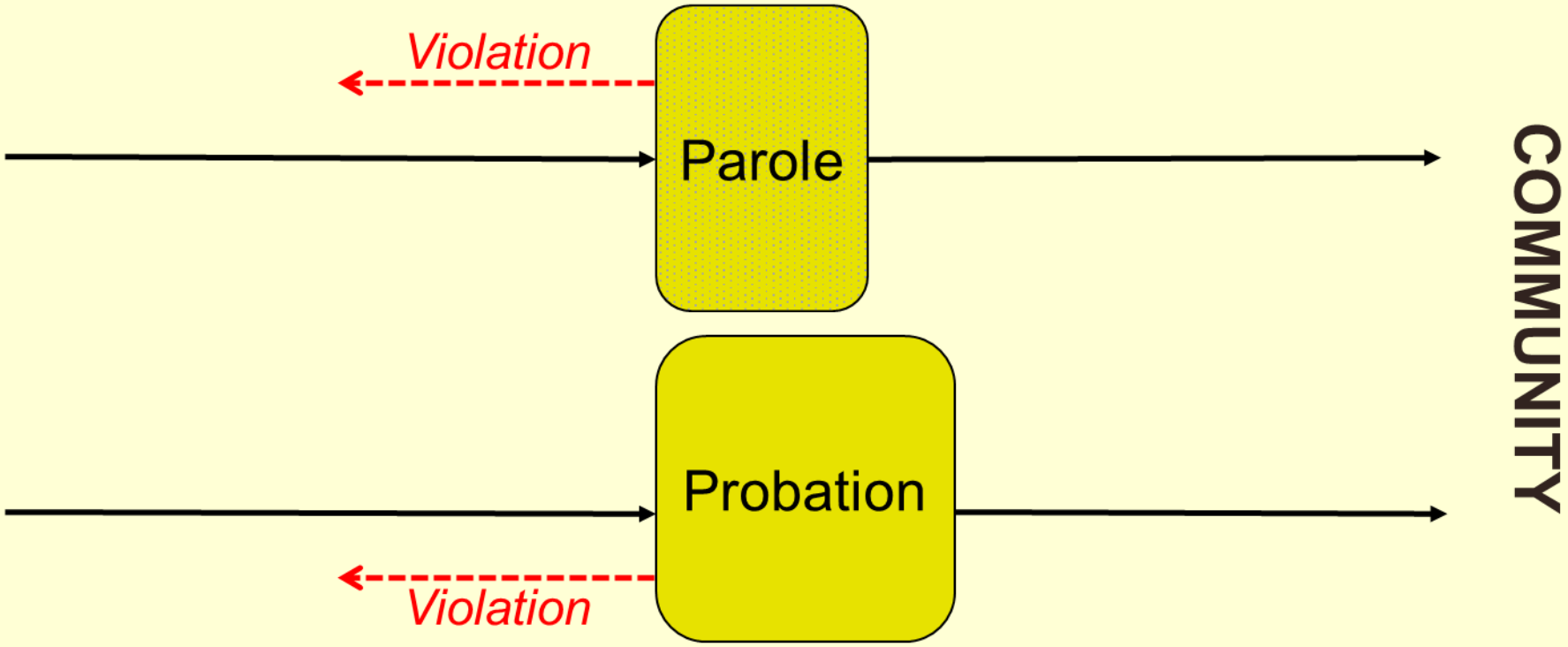
Discharge & Reentry Process and Practices (2 of 2)

Implement reentry release plans and coordination

- Paid / filled (7,14, 30+ day) prescription; MAT access and Narcan provided
- Warm-hand off and release notification / appointment
- Photo ID, transportation or transportation fare
- Peer support
- Activated benefit enrollment
- Supervision expectations in the community
- Electronic devices and technology literacy training
- Housing plan, coordination with homeless and housing services; community information
- Personal protective equipment (COVID)
- Narcan (OUD, Methamphetamine, Cocaine)

Intercept 5

Community Corrections/Community Supports



Community-Based Supervision and Jail Return Reduction

- Encourage virtual supervision, monitoring, and education and support
  - Review currently incarcerated on technical violations
  - Support early termination
  - Incorporate mental / emotional “wellness” questions
  - Utilize peer and recovery support
  - Minimize need for public transportation and cross-town mtgs
  - Support technology access and literacy
  - Incorporate client-centered “wellness”
- Develop reporting standards for external monitoring services
  - Develop standards and alternatives
  - Apply harm-reduction standards and policies to reduce technical violations and jail
  - Use home-based monitoring (COVID)
  - Establish virtual check-in and classes (COVID)
- Ensure frontline staff is operating under current benefits, entitlements, HIPAA, and 42 CFR Part 2 information

Summary

- Using the SIM model to leverage the community brain trust
- Address needs of behavioral health populations
- Be air traffic controllers
- Create seamless transitions across the system
- Strategic approach to protect public safety and improve public health

Regina Huerter
Policy Research Associates
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720-635-5180

QUESTIONS: SEQUENTIAL INTERCEPT MODEL

DEPARTMENT OF JUSTICE PERSPECTIVE ON CIVIL RIGHTS

KYLE SMIDDIE, JD, MSW
ATTORNEY,
SPECIAL LITIGATION

Civil Rights Division DOJ (1 of 2)

- **Civil Rights Division** enforces civil rights laws – housing, education, employment, voting, disability

- **Special Litigation Section** – works along the sequential intercept map:
  Police → Corrections/ Juvenile Justice → Community Services

Civil Rights Division DOJ (2 of 2)

- **Police**: (34 U.S.C. § 12601) Portland, Baltimore
- **Corrections/ Juvenile Justice**: (CRIPA) Hampton Roads Regional Jail (Virginia), LA Jail
- **Community Services**: (ADA) Virginia

QUESTIONS:
CIVIL RIGHTS DIVISION DOJ

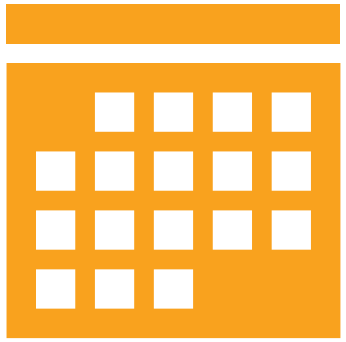
BREAK

Up Next:

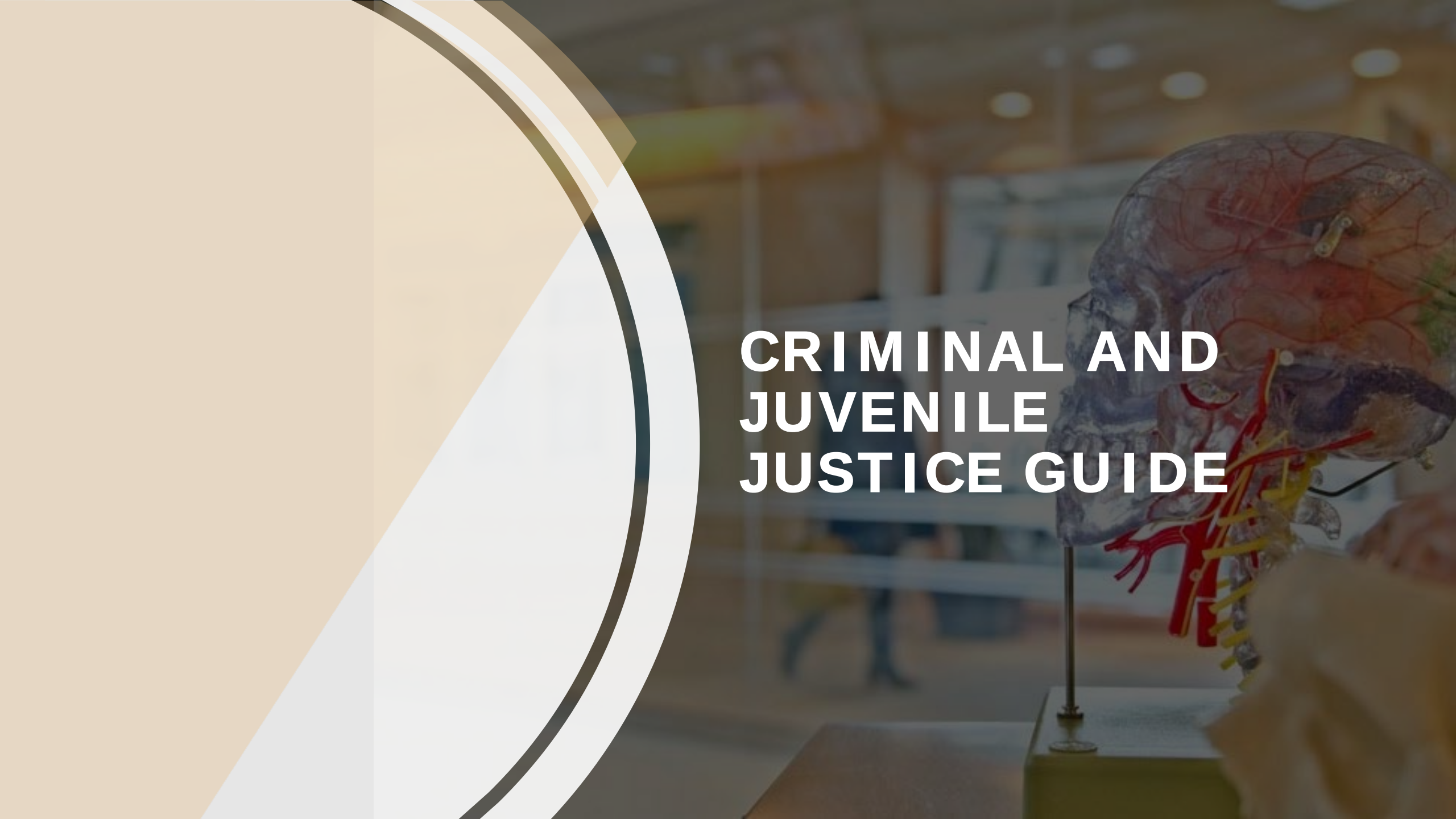
- Best Practices Guide
- Lived Experience: 10 Points of Advocacy
- Discussion

Final TBI Session

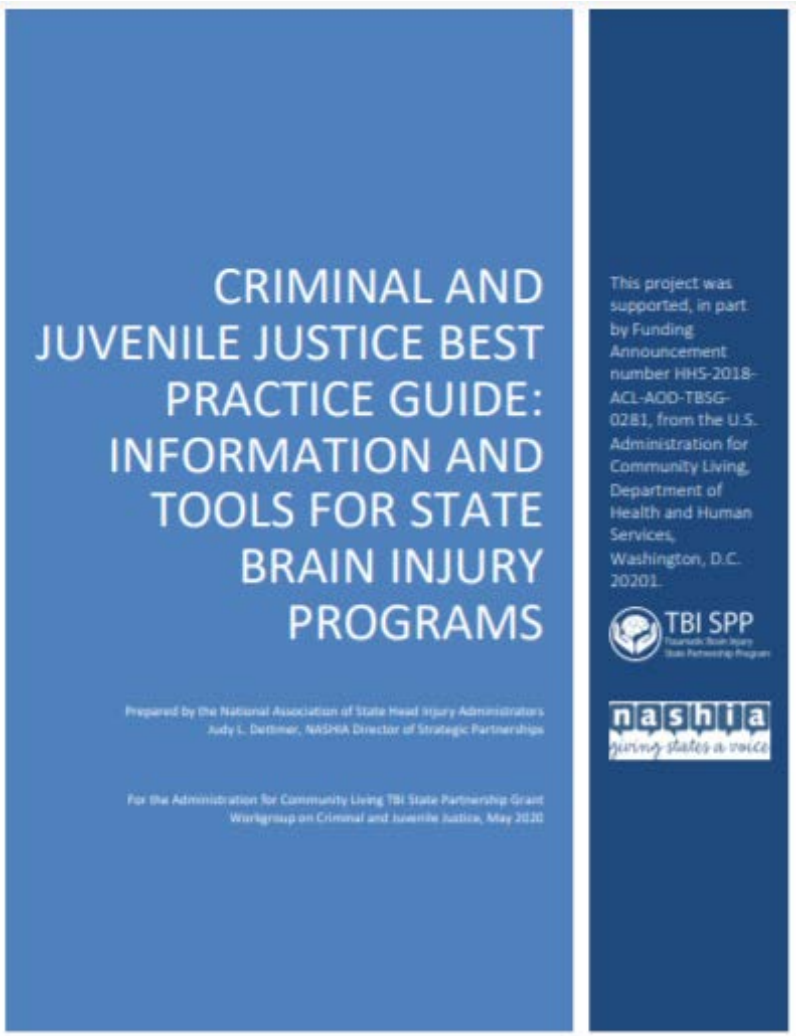
April 6, 2021, 1:00 - 4:00pm (ET)
"Maximizing the Effectiveness of Advisory Boards Through Full Participation."
Register for the session.



CRIMINAL AND JUVENILE JUSTICE GUIDE



Take Action! A Closer Look at the Criminal and Juvenile Justice Guide (1 of 2)



Take Action! A Closer Look at the Criminal and Juvenile Justice Guide (2 of 2)

- Guide is result of years of learning and implemented practices in several states
- Authored by Judy Dettmer with the National Association of State Head Injury Administrators (NASHIA)
- Supported by three grantee states (CO, IN, and PA) with Administration of Community Living funds – Traumatic Brain Injury State Partnership Program
- Guide and all tools available online at the NASHIA website

CJJ Guide – What's Included?

- Overview of the criminal and juvenile justice system
- Identifying target population and point of intercept (planning)
- Protocol for screening, supports and referral (implementation)
- Sustainability and funding strategies

CJJ Guide – Specific Tools

- Training examples
- Psychoeducational tools
- Evidence-based screening tools
- Sample Memorandums of Understanding (MOUs)
- Sample consent/release of information forms

CJJ Guide – System Overview

Juvenile justice system

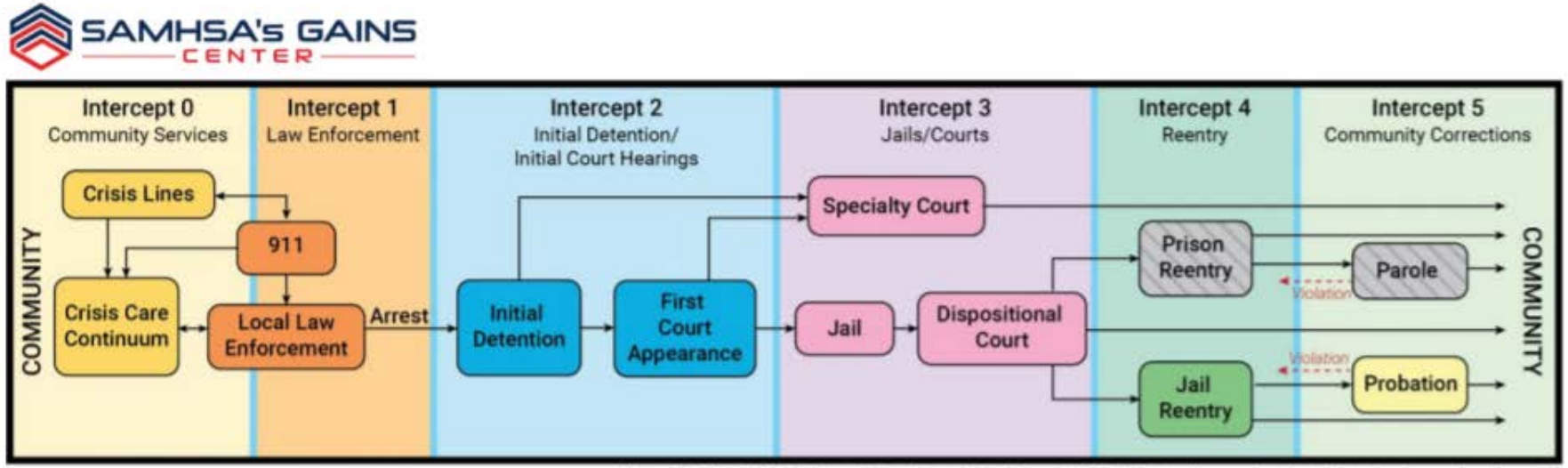
- Diversion
- Detention
- Secure Correctional Placement
- Youth Probation
- Re-Entry

Criminal justice system (adults)

- Law enforcement
- Courts
- Corrections

Using the CJJ Guide – Planning (1 of 3)

- Criminal Justice Framework
  - Risk-Need-Responsivity Model
- Target populations



Abreu, D., Parker, T. W., Noether, C. D., Steadman, H. J., & Case, B. (2017). Revising the paradigm for jail diversion for people with mental and substance use disorders: Intercept 0. *Behavioral Sciences & the Law, 35*(5-6), 380-395. https://doi.org/10.1002/bsl.2300

Using the CJJ Guide –Planning (2 of 3)

Individuals to consider prioritizing:

- Incarcerated juveniles
- Individuals with co-occurring behavioral health conditions
- Female offenders
- Offenders with childhood trauma history
- Offenders with high criminogenic risks

Using the CJJ Guide –Planning (3 of 3)

Settings/partners to consider:

- Juvenile corrections and behavioral health units within adult jails/prisons (intercept 3)
- Specialty Courts – e.g., veteran, mental health, and recovery courts (intercept 3)
- Re-entry programs (intercept 4)
- Parole & Probation (intercept 5)

Using the CJJ Guide - Implementation

- Training and education for criminal justice personnel
- Screening for history of brain injury, and assessing for impairment from brain injury
- Psychoeducation for justice-involved individuals with brain injury
- Modifying programming/accommodating for impairment
- Referral to community-based service coordination/resource facilitation
- Data collection & outcomes evaluation

Using the CJJ Guide - Tools

Supporting Materials:

Return on Investment

Economic Impact of Resource Facilitation: Workforce Re-entry Following Traumatic Brain Injury

Reducing Recidivism and Improving Return to Work in Ex-offenders with Traumatic Brain Injury through Resource Facilitation

Cost Savings to the State of Oregon due to Resource Facilitation for Individuals with Traumatic Brain

Sample MOUs

Colorado Probation MOU

Pennsylvania Mental Health

Pennsylvania OVR MOU

Self Report Tools & Tips for JJ

Colorado JJ

JJ - Guidebook for Cognitive Strategies for Community Mental Health

JJ- Attention

JJ- Inhibition

JJ- Delayed Processing

JJ- Emotional Dysregulation

JJ- Language Problems

JJ- Memory Problems

JJ- Mental Inflexibility

JJ- Organization Problems

JJ- Physical Problems

JJ- Sleep

Neuropsychological Screening Instruments

Neuropsychological Screening Batteries Chart

Screening Protocols & Tools

Colorado CJJ Protocols

Pennsylvania Adult Protocol

Pennsylvania JJ Exhibit

Pennsylvania JJ Protocol

Pennsylvania JJ Initiative

Pennsylvania TA JJ Fact Sheet

Lifetime History Screening Tool

OSU Screening Tool

Training Material Samples (PA)

Brain Injury and Staff Stress, Juvenile Justice (PA)

Brain Injury in Justice Populations (PA)

Brain Injury w/ Interventions, Juvenile Justice (PA)

Training for Juvenile Justice Professionals (PA)

Self Report Tools & Tips for CJ

Colorado Adult

Guidebook for Cognitive Strategies for CJ Professionals

Guidebook for Cognitive Strategies for Community Mental Health

Adult- Attention

Adult- Delayed Processing

Psychoeducational Materials

Brain Injury Wallet Card

CJ Brain Injury Pamphlet

Incarceration & Brain Injury Pamphlet

Training Material Samples (AZ & IN)

Arizona Reimagining JJ

Indiana DOC What is a TBI

Indiana DOC What is a TBI Quiz

Indiana DOC Brain Injury As Incarceration Risk Factor

Indiana DOC Brain Injury As Incarceration Risk Factor Quiz

Indiana DOC Cognitive Impairment that Affect Attention and Memory

Indiana DOC Cognitive Impairment & Memory Quiz

Indiana DOC Cognitive Impairment & Problem Solving

Indiana DOC Cognitive Impairment & PS Quiz

Indiana DOC Brain Injury and Criminal Behavior

Indiana DOC Brain Injury and Criminal Behavior Quiz

Common Misunderstandings About Brain Injury

Common Misunderstandings About Brain Injury Quiz

Epidemiology of Brain Injury in Indiana DOC

Neuropsychology of Criminal Behavior

Sample Consent Forms

Colorado Probation

Pennsylvania Corrections (Adult)

Pennsylvania Juvenile Justice

Suggested Reading

Annotated Bibliography

CDC Guidelines for Prisoners w/ Brain Injury

Consequences of TBI from Classroom to Courtroom

The Crossover Youth Practice Model

DOJ Conducting RCT in Prisons

Extended Age of Juvenile Court Jurisdiction

TBI Among Adolescents in NYC Jail

Association Between Incarceration- Population and TBI

Brain injury in an offender population: Implications for reentry and community transition

Identifying and Responding to Youth with Brain Injuries within the Juvenile Justice System

SAMHSA Women Re-entry Model

Language Impairments in Youths With Traumatic Brain Injury: Implications for Participation in Criminal Proceedings

Using the CJJ Guide – Sustainability

- Partners
- Sample of agreements and MOUs
- Producing a body of evidence
- Communications and messaging
- Capacity building

QUESTIONS:
CRIMINAL AND JUVENILE JUSTICE (CJJ) GUIDE

10 POINTS OF ADVOCACY

CHERYL KEMPF

My Journey

- **1994** – Brain Injury due to Anoxia, permanent numbness in right hand and foot
- **2012** – PTSD from a negative law enforcement encounter due to dropping my license from my numb right hand
- **2015** – Texas law HB 1338, Naishtat, 84(R), training for law enforcement on recognizing signs of brain injury and /or PTSD and constructive response
- **2019-2020** – HR 6008, sponsored by
  Representatives Bill Pascrell and Don Bacon
  in the 116th Congressional Session, did not become a law
- **2021-2022** – will be introduced this session,
  117th Congressional Session

10 Points of Criminal Justice Advocacy
(slide 1 of 4)

1. **What is your topic? What is the background?**
   Mine was personal experience, as you heard on my introduction.
   You can find your lead state agency for brain injury, US Brain Injury Alliance (USBIA) state affiliates and Brain Injury Association of America (BIAA) state affiliates. You can also learn about current efforts and the current brain injury plan.

2. **What do you want to do?**
   I did not want this to happen again.

3. **How will that get done?**
   Win bigger than the courtroom. My planning and having to be sentenced so this experience could be used.

10 Points of Criminal Justice Advocacy
(slide 2 of 4)

4. **What are your resources?**
   Google, libraries, agencies, organizations, your own experience. How is this handled other places? Has it occurred elsewhere? Often?

5. **Be flexible.**
   Your plans and goal can change as you learn. Approach this as a gap in knowledge that we can fill in, benefit officers and the public.

6. **Keep notes.**
   Many times bits and pieces come together to be an answer.
   The Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF)
   training for funding, Austin Police Department (APD)
   for trying it with PTSD, being Chair of
   Texas Brain Injury Advisory Council (TBIAC).

10 Points of Criminal Justice Advocacy
(slide 3 of 4)

7. **What level are you working toward?**
   This changed as I got each step accomplished. The law, speaking, other states.

8. **There is strength in numbers.**
   You have people around you who can be supportive. Every state has a lead brain injury agency, which gathers resources and contacts for brain injury and PTSD survivors and caregivers. The USBIA and the BIAA have state chapters and the National Association of State Head Injury Administrators (NASHIA) has resources on a variety of important brain injury topics.

10 Points of Criminal Justice Advocacy
(slide 4 of 4)

9. **Advocacy can be hard.**
   Breathe, look outside yourself, be a helper to someone else.

10. **Grow your advocacy.**
    I participate in the efforts of the USBIA, NASHIA and BIAA. Within NASHIA, I have worked in the TBI TAL (Traumatic Brain Injury Advisory and Leadership) group, as a Subject Matter Expert (SME) for the TBI TARC (Traumatic Brain Injury Advisory Technical Assistance and Resource Center), and as a speaker on criminal justice, law enforcement and advocacy.

QUESTIONS:
10 POINTS OF ADVOCACY

FACILITATED DISCUSSION

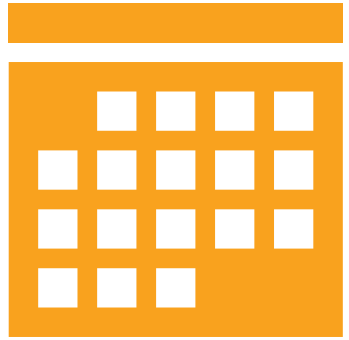
IF TIME PERMITS...

Real-Time Evaluation Questions

- Please take a moment to respond to these seven 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

Final TBI Session – April 6

April 6, 2021, 1:00 - 4:00pm (ET)
"Maximizing the Effectiveness of Advisory Boards Through Full Participation."
Register for the session.



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.

ACL
Administration for Community Living

TBI SPP
Traumatic Brain Injury
State Partnership Program

MEET THE PRESENTERS

Kyle Smiddie, JD, MSW

Attorney, Special Litigation
kyle.smiddie@usdoj.gov

Kyle Smiddie, JD, MSW, has been an attorney in the Special Litigation Section of the Civil Rights Division of the Department of Justice since 2011. He holds a JD and Masters of Social Work from Rutgers University in New Jersey. In his work, he enforces the Civil Rights of Institutionalized Prisons Act (CRIPA) and the Americans with Disabilities Act (ADA). One focus of this work has been on the use of solitary confinement in jails and prisons, especially as it relates to prisoners with mental illness. Another focus has been ensuring that persons with intellectual and developmental disabilities are getting the services they need in the most integrated setting appropriate to their needs. He currently leads two Consent Decrees – one with the Hampton Roads Regional Jail in Portsmouth, Virginia and one with the Commonwealth of Virginia focusing on persons with developmental disabilities. He is also the lead attorney investigating the Massachusetts Department of Corrections' use of solitary confinement. Before joining the Civil Rights Division, he worked on issues regarding prisoner re-entry, affordable housing, adequate education, and foster children.
He was raised on a 40-acre farm in rural Ohio.

Peter Bisbecos

Executive Director

Rehabilitation Hospital of Indiana

Peter.bisbecos@rhin.com

Peter Bisbecos has made a career of overcoming challenges to help others. He combines his legal background with expertise in government and regulatory affairs, compliance, and public policy to create often unprecedented solutions. Peter has brought his unique skill set to such varied projects as:

- Working with the community to ensure the Conseco (now Bankers Life) Fieldhouse was the first major sports facility built after the ADA became effective to not face accessibility litigation.
- Bringing IndyGo Paratransit system into compliance with the newly enacted ADA without litigation.
- Working with the community and the US Department of Justice to make Indiana the 11th, and largest, state in the nation without any Residential Institutions for people Intellectual Disabilities, while standing up the first in the nation statewide crisis management system.
- Negotiating a Voluntary Compliance Agreement between the Federal Highway Administration on behalf of the City of Indianapolis over the City's curb ramp compliance and ensuring the curb ramp information became part of the City's ongoing infrastructure management.
- Advocacy with the Washington Legal Foundation, including work that led to creation of a civil justice reform model law adopted by the American Legislative Exchange Council.
- Representing 40 percent of the Property and Casualty Insurance industry during development and passage of the Terrorism Risk Insurance Act of 2002 and Reauthorization in 2004. There was no precedent for terrorism insurance in the United States prior to 9/11.
- Successfully implementing the National Highway Traffic and Safety Administration's Drugged Recognition Expert (DRE) program for drugged driving interdiction in the state through the courts.
- Growing Vocational Rehabilitation Authorizations by 150 percent over 1 year and driving the creation of an enterprise quality case management service that provides support for novel brain injury treatment.

In his current role as Executive Director of Resource Facilitation and Neuropsychology Departments at Rehabilitation Hospital of Indiana, Peter helps create unprecedented brain injury services, as well as supporting policy advocacy with the ADA and criminal justice systems, where there is limited understanding of the true realities of brain injury.

A Hoosier since 1972, Peter lives in Central Indiana with his wife and two sons. Having a lifelong vision deficit, Peter is deeply appreciative of a community that looked past this minor limit offering him many opportunities at a time when that was uncommon. His passion is to serve his community providing service and leadership.

Lance Trexler, PhD, FACRM

Executive Director

Rehabilitation Hospital of Indiana

lance.trexler@rhin.com

Lance Trexler, PhD, FACRM is the Executive Director, Brain Injury Rehabilitation Research and Program Development, Rehabilitation Hospital of Indiana; Adjunct Clinical Assistant Professor of PM&R, Indiana University School of Medicine; Adjunct Assistant Professor of Speech and Hearing Sciences at Indiana University; and Adjunct Assistant Professor of Psychological Sciences at Purdue University.

Dr. Trexler was designated as a Fellow of the American Congress of Rehabilitation Medicine (ACRM) in 2013, and he received the Distinguished Member award in 2015 and the Lifetime Achievement Award in 2019. In addition to serving as a clinician in rehabilitation neuropsychology since 1979, his overriding commitment as a neuropsychologist has been to develop, implement and disseminate rehabilitation and social interventions for those with acquired brain injury. Dr. Trexler is an author on over 50 peer reviewed journal articles and book chapters.

Julie Myers, MPH

Public Health Program Administrator
Pennsylvania Department of Health
julimyers@pa.gov

Julie Myers, MPH is the Program Administrator for the Bureau of Family Health's Traumatic Brain Injury programs. She is involved in several grant projects involving education and training for TBI, school reentry, and neuroresource facilitation.

She serves on the Board Logistics and Support Team for Pennsylvania's Traumatic Brain Injury Advisory Board. She is a graduate of Penn State College of Medicine with a Master of Public Health in Health Systems Organization and Policy.

Laura Trexler

ACL Grant Clinical Program Manager
Rehabilitation Hospital of Indiana
laura.trexler@rhin.com

Laura Trexler, OTR, CBIS, Occupational Therapist for 38 years, has worked primarily in the field of young adult and adult acquired brain injury program development and direct service provision in clinic, community, home, return to work settings addressing physical, cognitive, behavioral, and vision rehabilitation needs.

Mrs. Trexler's past roles have included Clinical Services Manager, HRSA Grant Project Coordinator, Vision Rehabilitation Specialist, Driving Evaluator, Certified Brain Injury Specialist Trainer, and Rehabilitation Occupational Therapist.

Karen Ferrington, CRC, CBIS

Program Manager
MINDSOURCE - Brain Injury Network
karen.ferrington@state.co.us

Karen Ferrington, CRC, CBIS, provides consulting services to organizations and individuals and is a part-time, program manager with Colorado's MINDSOURCE-Brain Injury Network where she helps administer the brain injury trust fund as well as federal and state grant projects. Beyond general and criminal justice-focused technical assistance and training related to brain injury, Karen has background in various topics related to employment of people with disabilities include supported employment, self-employment, managing Social Security Administration benefits while working, and Medicaid Buy-In Programs.

She holds certifications in rehabilitation counseling (CRC) and brain injury specialization (CBIS).

Jennifer Scott

Individual with a Brain Injury
scott.jennifer9876@gmail.com

Jennifer Scott has had three TBIs, the first starting when she was little. The second one happened a year later. As a young adult she completed dental assistance training and worked for 1 year before becoming a stay-at-home mom for 8 years. She reentered the work force in real estate and property management and worked for 30 years. She sustained her third brain injury in 2015 and that is when the course of her life significantly changed.

Today she is happy to report that she is remarried, is soon to become a grandmother, and reports living a satisfying life.

Regi Huerter, MA

Senior Project Associate

Policy Research Associates

rhuerter@prainc.com

Regina "Regi" Huerter, MA joined Policy Research Associates, Inc. in 2017 as Senior Project Associate to provide training and technical assistance to counties engaged in the MacArthur Safety and Justice Challenge and, specifically, those addressing the intersection of behavioral health and justice. She assists with other PRA initiatives and the work of the SAMHSA GAINS Center.

Prior to joining PRA, Regi was the Executive Director of the Denver Office of Behavioral Health Strategies and Crime Prevention and Control Commission for the City and County of Denver. In this capacity she led juvenile and adult criminal justice system reform through improved system efficiency, and by innovating effective policy and practices with a focus on addressing the needs of individuals with mental illness, substance use disorders, brain injury and trauma. The result is a comprehensive array of alternatives for individuals in crisis, and improved access, availability and capacity of treatment, housing and other supports for justice involved individuals.

Regi is the recipient of several awards, including those she is most proud of – the 1995, 9 News "9 Who Care" for volunteer service and her work with gang involved youth; in 1997, Judge John R Evans Youth Worker of the Year; in 1999 the Chamber of Commerce Leadership Denver Alumni Award, in 2008 the NAMI Colorado "Heroes in the Fight" -- for advocacy and creating changes in the mental health/criminal justice system, and in 2011 The Fields/Wolfe Courageous Citizens Colorado Award.

Cheryl Kempf

Individual with a Brain Injury
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Cheryl Kempf is a survivor of an Acquired Brain Injury (ABI) event which occurred in 1994. She works and speaks on brain injury recovery, rehabilitation and adjusting to life changes, in topics such as "What Do You See When You Look At Me?“

In 2012, a negative law enforcement incident added PTSD to her life experience, and she became the catalyst for a Texas state law, HB 1338, 84th R Legislative Session, Naishtat, through her work summarized as "To Be Different Is Not To Be Guilty." In 2016 she was invited to Washington, D.C. and first presented this Texas law on a national level. On March 4, 2020 she was a panelist for the Congressional Briefing discussing this law as part of Brain Injury Awareness Day on the Hill. Her primary website, ever evolving, is CherylsWords.com.