
May 31, 2023

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Welcome to Today’s Webinar

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TA Lead
TBI TARC

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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 | 5. Social worker, counselor, or care manager |
| 2. Family member or friend of a person with a TBI or other disability | 6. Researcher / analyst |
| 3. Self-advocate / advocate | 7. Service provider organization employee |
| 4. Peer-specialist / peer-mentor | 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
In 2014, more than 812,000 children and 1.7 million adults were treated for TBI.
- 25-42% are likely to go undiagnosed¹
- This means there are both children and caregivers with BI in the CW system that are not identified

Brain injuries are often misdiagnosed²

After BI, there are often cognitive, emotional and behavioral difficulties³
- 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

• 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
Removal from the Home

Feeling Apprehended

Misunderstood

Loss

Feeling Un-supported

Bewilderment

Abandonment

Feeling At Fault

Helpless

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
• Cost per child in placement services alone: $150,000 - $250,000
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
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
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

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
- References
• 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
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
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

- 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

| 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 having 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. |

**No assigned agency involvement, Family referred elsewhere**
- Case closed - safety/risk resolved
- Reunification: child is returned to their home
- Least restrictive placement**
- Legal permanency

Report of Suspected Child Maltreatment
- State agency evaluates report in accordance with state definition of child maltreatment
- Report does not meet state statute for further assessment
- Report is screened in for further assessment

Level of Safety and/or Risk Determination
- Assigned agency determines level of safety, risk and response
- Significant safety and/or risk
- Moderate safety and/or risk
- No further safety concerns and/or low risk

Investigation and Assessment
- Family may be referred elsewhere

Intervention Planning
- Court engagement may involve: court ordered, services, findings, child removal, placement, disposition, ongoing review, reunification, permanency

Permanency
- No assigned agency involvement, Family referred elsewhere
- Case closed - safety/risk resolved
- Reunification: child is returned to their home
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Entry points to engage brain injury screening, brain injury related training/ case consultation/ technical assistance or referrals to Resource Facilitation Services.

Child Welfare System Engagement Model

- 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
CW Engagement Model Entry Points (1 of 2)

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**Investigation and Assessment**
- Exploration of mitigation of risk
- Family may be referred elsewhere

**Intervention Planning**
- Safety and/or risk mitigation
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**Permanency**
- No assigned agency involvement. Family referred elsewhere
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### CW Engagement Model Entry Points (2 of 2)

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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 injury**
  - Learning disability, developmental delays, behavioral issues, mental health challenges, alcohol/drug misuse, court actions, etc.
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](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](https://msktc.org/tbi)


  • The Ohio Brain Injury Program developed an accompanying training: [http://about-tbi.org/accommodating-tbi.html](http://about-tbi.org/accommodating-tbi.html)

• The Rehabilitation Hospital of Indiana extensive catalog of fact sheets: [https://resourcefacilitationrtc.com/fact-sheet-catalog](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

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**Brainstorming Solutions Tool**

- **Simultaneous Multitasking**
  - **Efficiency:** Reduces difficulty by managing time and attention.
  - **Success:** Time management.

**Strategies & Accommodations Tool**

- **Brainstorming Solutions Tool:**
  - **Responsiveness:** Reduced difficulty.
  - **Responsibility:** Improved focus.
  - **Emotional Regulation:** Enhanced mood.

- **Strategies & Accommodations Tool:**
  - **Environmental Adaptations:** Enhanced concentration.
  - **Instructional Strategies:** Improved learning.
  - **Assistive Technology:** Enhanced access.

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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

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
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
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
• 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

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's 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/](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
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- Sustainability and Funding Strategies
- Key Takeaways
- References
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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- Training and Education for Child Welfare Personnel and People Served
- Data Collection and Outcomes Evaluation
- Sustainability and Funding Strategies
- Key Takeaways
- References
Sustainability & Funding

• Plan for sustainability right from the beginning
• Cost effective
• Easy to administer
• Staff are well trained
• Training is built in for new staff
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
Contents of the Guide (7 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
- 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

- 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

Disseminate Guide and Supporting Materials
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


Real-Time Evaluation Questions

• 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.
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, 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.
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, 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.
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.
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.