

From a Pilot Project to a Program: Traumatic Brain Injury in the Washington State Department of Corrections

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NATIONAL COMMISSION
ON CORRECTIONAL HEALTH CARE

Disclosures and Disclaimers

Disclosures

- We do not have any relevant financial relationships with any commercial interests.

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Educational Objectives

Explain

Explain why it is important to consider TBI when developing programming for incarcerated men and women with TBI.

Describe

Describe the elements of a program that addresses the high prevalence of TBI in incarcerated men and women.

Apply

Apply findings from a Washington organizational change process to your own context and consider how to develop strategies for integrating TBI into a different correctional context.



National Institute on Disability, Independent Living,
and Rehabilitation Research



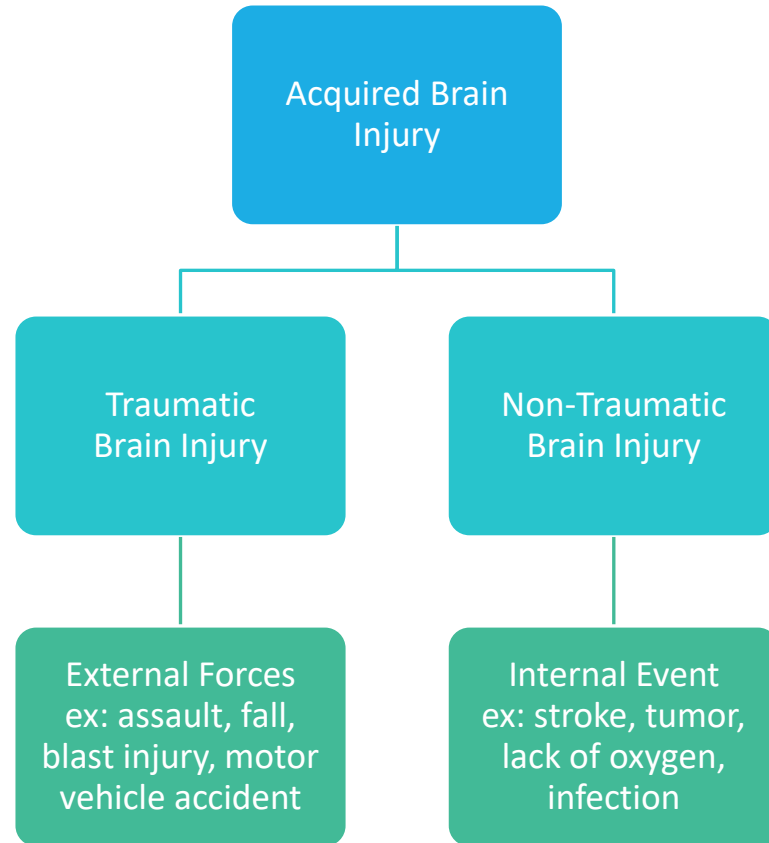
Administration for Community Living



Acknowledgment

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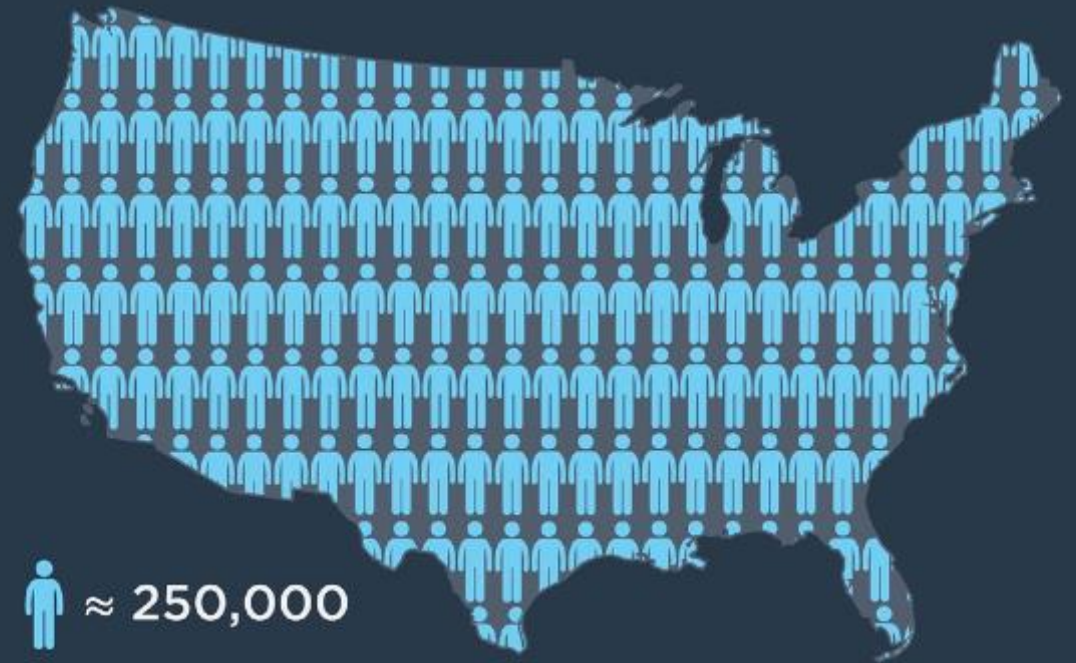
Brain Injury Defined



Based on 2017 estimates, about **2.8 million** brain injuries are reported each year. **98%** of these people will survive.

Many will recover within a few weeks or months and return to their normal life.

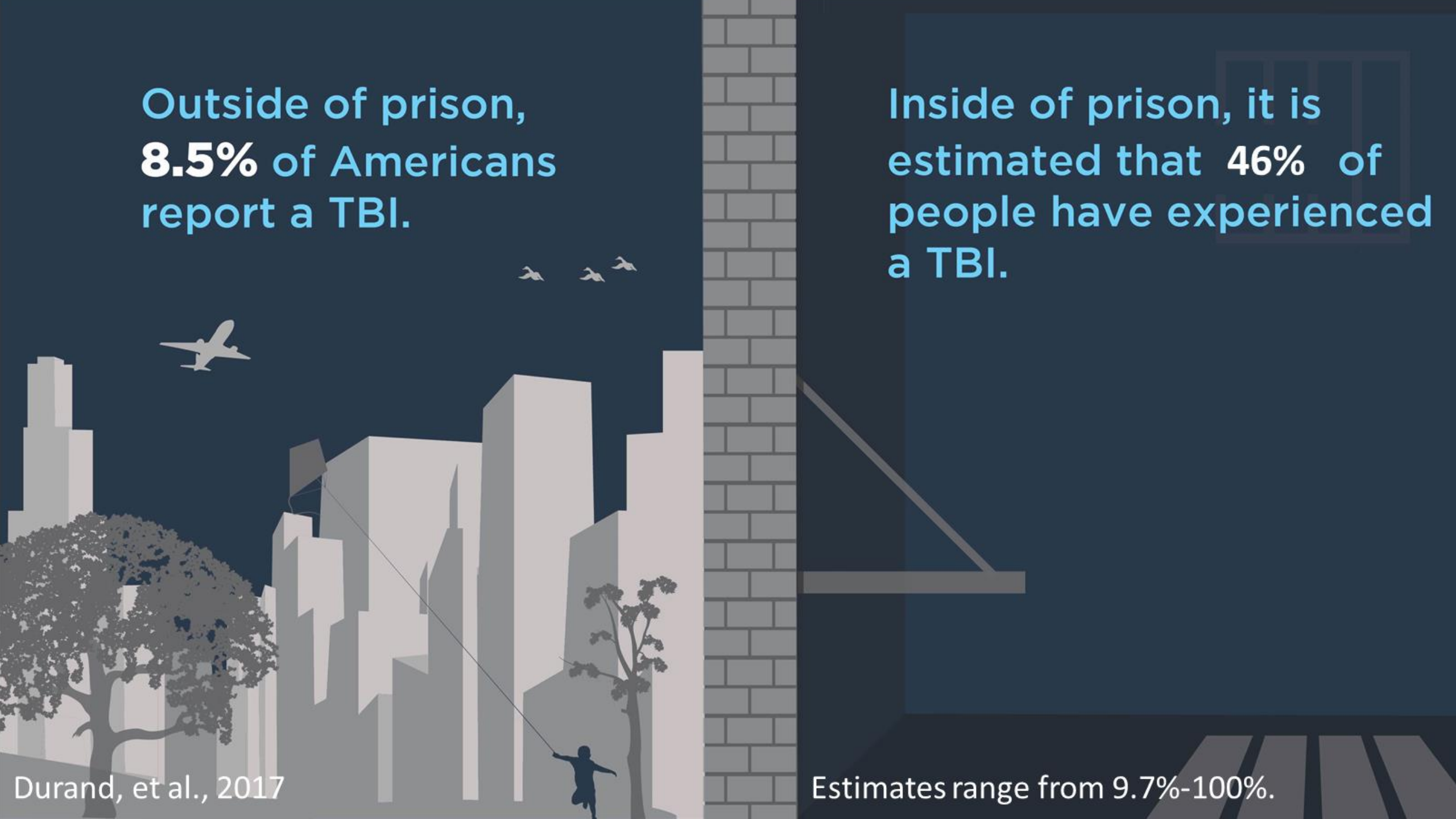
Some will experience challenges for many years or the rest of their lives.



Taylor CA, Bell JM, Breiding MJ, Xu L. *Traumatic Brain Injury–Related Emergency Department Visits, Hospitalizations, and Deaths — United States, 2007 and 2013*. MMWR Surveill Summ 2017;66.

Outside of prison,
8.5% of Americans
report a TBI.

Inside of prison, it is
estimated that **46%** of
people have experienced
a TBI.



TBI Can Affect People in Many Ways

Cognitively



Thinking

Difficulty in
memory,
planning,
understanding

Emotionally



Feeling

Problems with
emotional
control

Socially



Interacting

Inappropriate
or unusual
social behavior

Physically



Moving

Pain, balance,
speech,
seizures

Sensorially



Perceiving

Sensitivity to
light and noise,
loss of hearing,
vision

TBI and Correctional Outcomes

Incarceration

- Men and women with TBI were **2.5 times as likely** to be incarcerated than men and women without TBI.
- Children identified with head injury prior to 7 had approximately **1.5 times** the arrest rate compared with controls.

Recidivism

- Study collected follow up incarceration data one year after release
 - Slightly over half of sample was rearrested.
 - Those without TBI went longer until a recidivism event.

Co-occurring problems

- Offenders with TBI have higher comorbid drug and alcohol use, are at greater risk of depression, anxiety, and difficulties in regulating anger.
- Offenders with TBI are almost twice as likely to develop psychiatric disorders.

Unique Challenges in Corrections

Many incarcerated people with TBI's may not have had medical intervention due to:

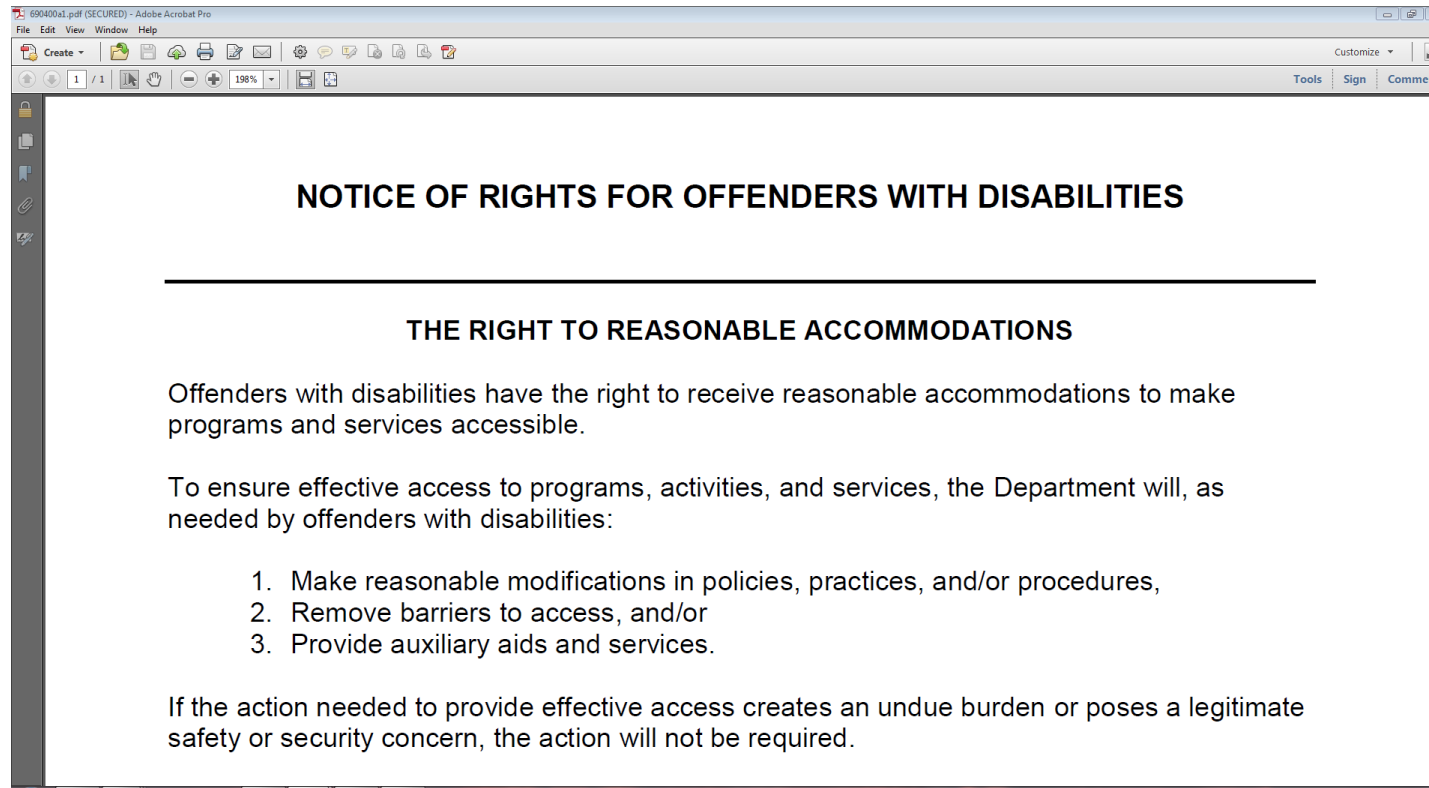
- Abuse
- Cultural or language barriers/fears

This results in a lack of medical documentation.

- Differential diagnosis = hard

Incarcerated individuals are often poor historians.

ADA Considerations



ADA Coordinator Training
Accommodations
Partnership with health staff
Custody/Security Staff Buy-In

Accommodations



Identify accommodations for individuals with TBI

- Accommodations made consider security requirements
- Accommodations that work in the correctional environment
- Accommodations requested are appropriate for the individual
 - Partnering with mental health; health services and living unit staff
- Accommodations provided meet policy requirements

Why Accommodations?



As a Title II Agency we are required to provide access to programs, services and activities. Accommodations ensure:

- Persons receive required programming as ordered by the court;
- Persons can attend volunteer programming opportunities for self-enrichment and family unification and building relationships;
- Persons are treated with respect and dignity;
- Better management of self/symptoms =
 - Better behavior control
 - Decreased infractions or unit issues
 - Staff/individual/community safety
 - Better outcomes for re-entry to the community



Project to Program

Project

- Five-year knowledge translation project ending in a pilot project.

Program

- Ongoing implementation of TBI activities funded through Department for Social and Health Services—TBI Council.



Project

Needs analysis

Development of educational activities

Development of agency-wide TBI task force

Planning for pilot project

Pilot Project

TBI screening

Psychoeducational training

Peer mentoring

Program

DSHS Relationship

- Contract
- Key Players
 - Hands On, Accountability
- Networking

Impact

- Screen and Treat
- Connection to Resources
- Empowerment

Future

- Expansion
- Networking
- Positions

Contract

December 2020 through June 2024


Funding for TBI Program Administrator position, materials, etc.

Focus Areas

- Screening
 - IMRS
 - OMNI
- Psychoeducation Courses
- HeyPeers
- Resources
 - B Code
- Training



Screening



PATIENT NAME:

DOC NUMBER:

DATE OF BIRTH:

INTERSYSTEM/RESTRICTIVE HOUSING MENTAL HEALTH SCREENING

INSTRUCTIONS: This screening shall be completed on all patients arriving from non-doc facilities or placed in restrictive housing.

DATE:

RECEIVING FACILITY:

☐ Interpreter needed

Received from: ☐ Jail ☐ Out of State ☐ Federal Detention ☐ Other:

1. Have you ever received therapy or medication for a mental health concern and/or suicide attempt? ☐ Yes ☐ No

(IF YES): # of inpatient hospitalizations: Most recent:

(IF YES) Outpatient: ☐ Current treatment ☐ Currently recommended/required, but not attending ☐ Past treatment ☐ Only in correctional settings

(IF YES) Are you taking any medications now? ☐ Yes ☐ No

(IF YES) When did you take it last?

2. Have you ever been told you have a mental health diagnosis? ☐ Yes ☐ No

Reported: ☐ Depression ☐ Anxiety ☐ Bipolar ☐ Schizophrenia ☐ Psychosis ☐ ADD/ADHD ☐ PTSD ☐ Other (describe):

Via: ☐ Indicated from alert received ☐ Self-report ☐ Observed ≥ 1 indicators of a mental health problem

3. Do you feel you need mental health services now? ☐ Yes ☐ No

(IF YES) Describe:

4. Have you ever tried to hurt or kill yourself? ☐ Yes ☐ No

(IF YES): a) How many times? b) When was the last time?

c) What happened afterward? ☐ Nothing ☐ Medically treated ☐ Psychiatrically hospitalized


5. Have you ever tried to provoke others in an attempt to kill yourself (for example, suicide by cop)? ☐ Yes ☐ No

6. Are you thinking of hurting or killing yourself at this time? ☐ Yes ☐ No

7. Have you ever been knocked out for longer than 30 minutes? ☐ Yes ☐ No

(IF YES) How many times have you been knocked out or lost consciousness?

(Refer for TBI services)



PATIENT I.D. DATA:
(name, DOC #, birthdate)

TRAUMATIC BRAIN INJURY SECONDARY SCREENING

DATE:

FACILITY:

UNIT (optional):

Possible events that could have resulted in a traumatic brain injury (TBI):
(e.g., car, bicycle, or motorcycle accidents, being hit by something or someone, falling down, playing sports, military service, etc.)

Incident	Age at Time	Were you dazed or confused (D/C) or get knocked out (KO)?	If knocked out, how long?	Were you treated in the ER, hospitalized, or admitted to a rehabilitation facility?
		Mark One		Mark One
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> D/C <input type="checkbox"/> KO	<input type="text"/>	<input type="checkbox"/> None <input type="checkbox"/> ER <input type="checkbox"/> Hosp <input type="checkbox"/> Rehab
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> D/C <input type="checkbox"/> KO	<input type="text"/>	<input type="checkbox"/> None <input type="checkbox"/> ER <input type="checkbox"/> Hosp <input type="checkbox"/> Rehab
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> D/C <input type="checkbox"/> KO	<input type="text"/>	<input type="checkbox"/> None <input type="checkbox"/> ER <input type="checkbox"/> Hosp <input type="checkbox"/> Rehab
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> D/C <input type="checkbox"/> KO	<input type="text"/>	<input type="checkbox"/> None <input type="checkbox"/> ER <input type="checkbox"/> Hosp <input type="checkbox"/> Rehab
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> D/C <input type="checkbox"/> KO	<input type="text"/>	<input type="checkbox"/> None <input type="checkbox"/> ER <input type="checkbox"/> Hosp <input type="checkbox"/> Rehab
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> D/C <input type="checkbox"/> KO	<input type="text"/>	<input type="checkbox"/> None <input type="checkbox"/> ER <input type="checkbox"/> Hosp <input type="checkbox"/> Rehab

Please respond to each question or statement below by marking one box per row.

In the past 7 days...	Never	Rarely	Sometimes	Often	Always
How often did you feel run down?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often did you find yourself getting tired easily?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often did your fatigue make you feel less alert?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often did your fatigue make you feel slowed down in your thinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the past 7 days...	Never	Rarely	Sometimes	Often	Always

Intake

- Secondary Screening follow up

Referrals

- Staff
- Self

Incident Management Record System

Medical Records

Incident Type:

Medical Emergency :

Other Incident Type:

Emergency Medical Transport/Offender : Transport Type: DOC Vehicle

Incident Narrative:

****NON-COVID**** On 1843 hours, Officer Y. Henry made radio of notification that an individual had fallen on the C-Unit patio. Sergeant Perryman and medical responded. The individual (I/I) was identified as Parker S. [REDACTED] # [REDACTED] I/I was assessed and taken to medical. I/I stated he was having difficulty getting up the hill in with his seated walker. I/I S [REDACTED] at in his walker and I/I Moh [REDACTED] pushing the walker up the breezeway. At the transition from the asphalt breezeway to the cement patio the walker tip over backwards and I/I [REDACTED] struck his head. After consultation with On-call medical provider Ngo, Pho PA-C was consulted. The provider determined that I/I was to be transport via state vehicle to Evergreen Monroe Medical Center for CT scan to rule out head trauma. The transport team consisted of Officer Murdock and Officer Bickley. Duty Officer Captain I. McNeese notified.

Update: At about 2340 hours, I/I transferred by ambulance from Evergreen Monroe to Evergreen Kirkland. I/I admitted to EV Kirkland at about 0155 hours and is now a hospital watch.

IMRS

- Fights
- Falls
- Assaults
- Follow Up Protocol
 - Similar to Medical Records follow up process



Psychoeducation

12 Weeks, 1 hour per week

Overview of Brain Injury in general

Mindfulness

Workbook

Topics

- Sleep/Fatigue
- Headaches
- Attention/Memory
- Planning/Time Management/Organization
- IPV
- Triggers, Anger/Impulsivity
- Communication Social Skills
- Mental Health – Grief and Loss
- Advocacy

Meeting Details

Private VSG-1 - SCCC

\$ Price: Free

Category: brain_injury

Start time: Wed, Mar 09, 01:30 PM PST

Topic: Education

Private: Yes

Focus: Brain Injury

Host: Marysa R

Qualification:

Bio:

Description: Private psycho-education group meeting. Requires invitation for entry, not open for the public.

Washington State Traumatic Brain Injury (TBI) Support

Traumatic Brain Injury (TBI)

Educational Support Groups

The Washington State Traumatic Brain Injury (TBI) Advisory Council provides Support Groups through the Department of Social and Health Services (DSHS) that emphasize education and interpersonal support. The TBI Support Groups are predicated on the concept that a person-centered approach can empower and enrich an individual's life following a Traumatic Brain Injury. The emphasis of DSHS TBI Funded Support groups is to aid in developing long-term knowledge and generic problem-solving skills to help attendees overcome obstacles that may interfere with a fulfilling life. While these groups may provide a therapeutic effect, they do not provide therapy and instead focus on delivering organized bodies of knowledge and resources for the betterment of attendees.

*Please note, groups with "private" in the title are specifically for groups hosted in facilities and are not open for public entry.

Close

HeyPeers

Community Platform adjusted for prison use

Focused on Long-term and Re-entry

Closed Captioning

A bright green starburst graphic with a black outline. Inside the starburst, the word "FREE!" is written in bold, black, uppercase letters.

Incarcerated Feedback

"I just want to say thank you for the classes. Thank you for helping me through my TBI. I didn't have many bright spots in prison, but I always looked forward to the TBI class. I hope these classes continue for a long time."

"I can give others a heads up of why I think, act, etc. the way I do and help them recognize what will affect me."

"It was great to learn how to listen, and we may disagree with people, but not to take it personal."

"These people are compassionate and kind. I am grateful to be able to feel comfortable with this group like never before. Thank you so much for caring about ALL individuals, everyone has a story. We are all equal!"

"Food, coffee, lounge chairs 101."

"I look forward to this group. I am getting better at advocating for myself."

"I have been able to acquire information that has never been given to me, I have suffered severe brain injury and have been through courses, none as helpful as this."

TB

Traumatic Brain Injury

Site Contents

Curriculum

Lists

Certified Brain Injury Spe...

Excel Data for Sharepoint...

Psychoeducation Waitlist

Edit

+ New

Upload

Edit in grid view

Sync

...

All D

Resource Library

	Name	Modified	Modified By	Ch
	NASHIA 2021 Conference Handouts	September 30, 2021	Medina, Amber N. (DOC)	
	PESI Concussion Summit 2021 Handouts	September 30, 2021	Medina, Amber N. (DOC)	
	2021 BIAWA Brochure.pdf	August 25, 2021	Medina, Amber N. (DOC)	
	3 Mindful Ways to Move Through Grief and...	August 25, 2021	Medina, Amber N. (DOC)	
	Accommodating TBI booklet - Minnesota.pdf	August 25, 2021	Medina, Amber N. (DOC)	
	Advocacy Tool Kit - Wisconsin.pdf	August 25, 2021	Medina, Amber N. (DOC)	
	Alcohol and TBI MSKTC.pdf	August 25, 2021	Medina, Amber N. (DOC)	
	Assertive Communication.pdf	August 25, 2021	Medina, Amber N. (DOC)	
	AttentionProblems.pdf	August 25, 2021	Medina, Amber N. (DOC)	
	Back in Action -Concussion-Book.pdf	August 25, 2021	Medina, Amber N. (DOC)	
	Balance MSKTC.pdf	August 25, 2021	Medina, Amber N. (DOC)	

Resources

Online Resource Library

Physical Resources

DOC Website

DSHS Website

Re-Entry

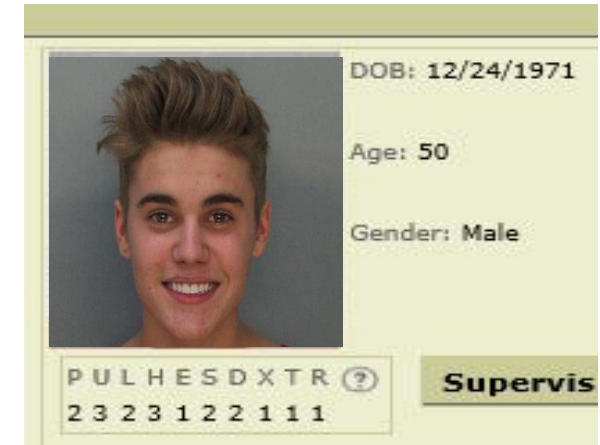
B Code

Classification code for quick reference

Levels 1-4

- B1 – no brain injury or neurodegenerative impairment identified
- B2 – Mild to Moderate BI, slight memory impairment associated with neurodegenerative disorders. Overall independent with ADLs.
- B3 – Moderate to Severe BI, moderate memory impairment associated with neurodegenerative disorders. Impaired judgment, likely needing prompts for ADLs.
- B4 – Strictly related to neurodegenerative impairments. Moderate to severe memory impairment, needing orientation to day/place/person. Needing prompts and active support from staff for ADLs.

Determines housing and available services



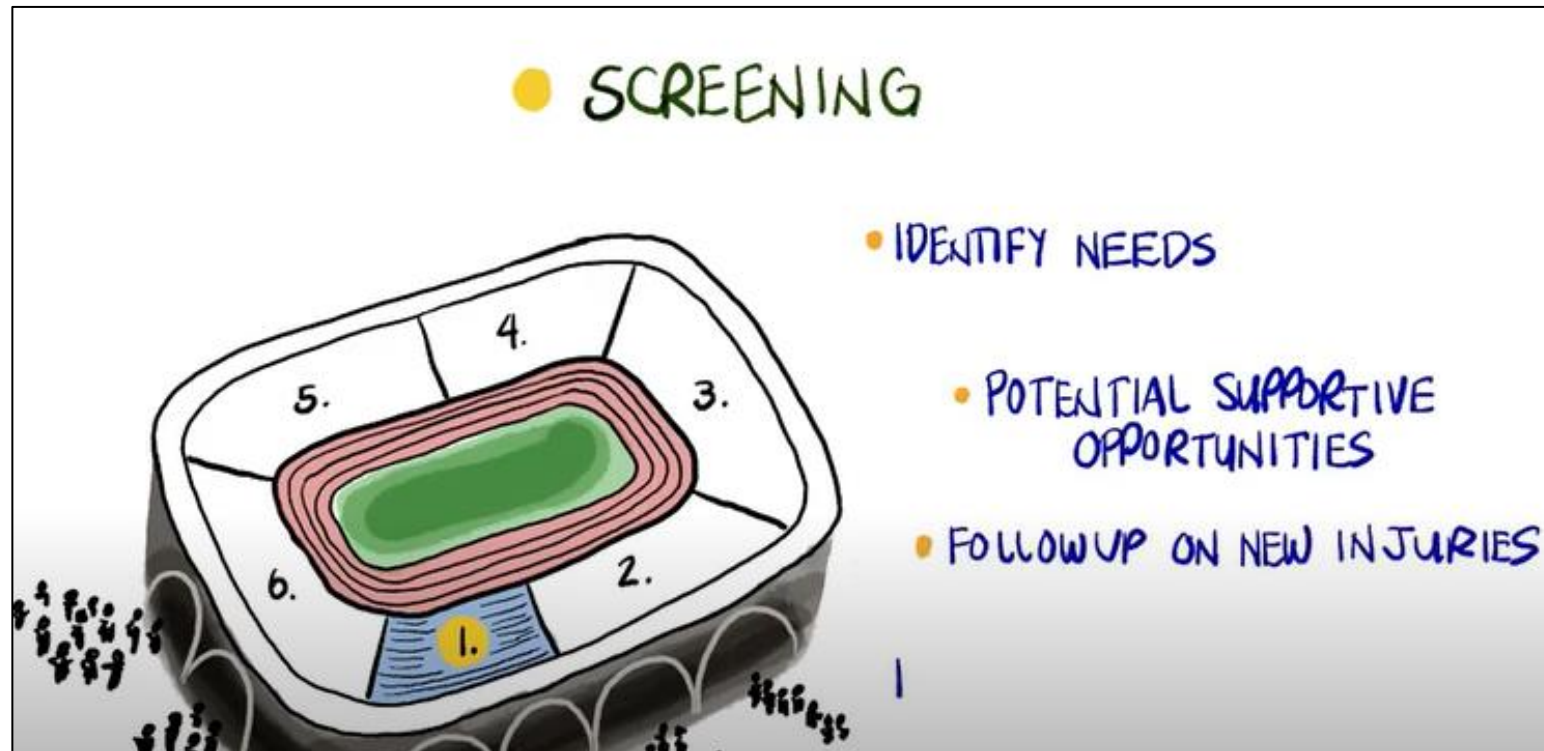
Code Element Factors

- The specific factors evaluated are:
 - P** - General Health Service Utilization
 - U** - Medication delivery requirements
 - L** - Limitations of mobility
 - H** - Developmental disability
 - E** - Sensory Disability
 - S** - Mental Health Service Utilization
 - D** - Dental Service Utilization
 - X** - ADA Accommodation
 - T** - Transportation
 - R** - Risk (History of Self-Harm)

Training

Staff Training

- <https://www.youtube.com/watch?v=dquqUdRyvSM>



Challenges

- COVID-19
 - Lockdowns
 - Social Distancing
- Limitations of class facilitators
- From Scratch
- Complicated Expansion
 - Decentralized
- Budget/Staffing



What would you change about the group or this topic?

More Medical based knowledge

State Capitol at Olympia, Washington



Future

- New Positions
- Continued Expansion
- Networking
- Staff Training

Program Contact

Traumatic Brain Injury Program
Washington Department of Corrections
Stafford Creek Corrections Center
191 Constantine Way
Aberdeen, WA 98520

Email: amber.medina@doc1.wa.gov



Questions

For any questions that may not have been answered during the presentation, please email:

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Amber Medina:
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References

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