

## **Federal Children and Youth Update**

Federal Children and Youth Update is a synthesis of children and youth-related news and resources on the national level related to traumatic brain injury. This update was compiled to keep those involved with brain injury up-to-date on Federal activities related specifically with Children and Youth.

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## **Department of Education (ED) – \$11.8 Million in Grants Awarded to Institutions in 25 States for Special Education Personnel Preparation Programs**

The U.S. Department of Education announced the award of almost \$11.8 million in grants to institutions in 25 States to help improve services and results for children with disabilities—including infants and toddlers—by developing quality early intervention providers, special education teachers and related services personnel.

The grants are intended to help fill a need expressed by officials at state agencies, university training programs, local schools and community-based groups who have cited the importance and difficulty of upgrading training programs for personnel to serve infants, toddlers, and children with disabilities.

The grants were awarded for projects to train personnel in four areas:

- 1) Serving infants, toddlers and preschool age children with disabilities.
- 2) Serving school-age children with low-incidence disabilities, including visual and hearing impairments, significant cognitive impairments (severe mental retardation), orthopedic impairments, autism, and traumatic brain injury.
- 3) Providing related services, speech-language services, and adapted physical education to infants, toddlers, and children with disabilities. And,
- 4) Training personnel in minority institutions to serve infants, toddlers, and children with disabilities.

For a list of grant recipients go to

<http://www.ed.gov/news/pressreleases/2008/09/09082008.html>.

**Department of Education (ED) – Department Awards \$7.5 Million to Four States and Washington, D.C. to Study Improved Student Assessments Under No Child Left Behind**

U.S. Secretary of Education Margaret Spellings announced \$7.5 million in grants to four States and Washington, D.C. to study ways to enhance the assessment of student achievement, beyond what is required under No Child Left Behind.

The Enhanced Assessment Instruments Grants program, which has awarded nearly \$50 million since No Child Left Behind was enacted, supports the development of new assessment products or procedures, such as an innovative test format, and is especially aimed at upgrading evaluations of students with disabilities and those with limited-English proficiency.

The grantees are: New Hampshire, \$1.7 million, Minnesota, \$1.5 million, Utah, \$1.4 million, Nevada, \$1.7 million, and Washington, D.C., \$1.2 million.

States use the grants to collaborate with higher education institutions, research facilities and other organizations to improve the quality, validity and reliability of State academic assessments. For instance, Utah will partner with Idaho, Florida and SRI International on a project for producing a set of guidelines for designing alternate assessments based on alternate achievement standards for students with disabilities. Their aim is to increase the reliability and quality of the assessments used for special needs students.

For more information on the Enhanced Assessment Instruments grants, visit

<http://www.ed.gov/programs/eag/index.html>.

**Department of Education (ED) – Higher Education Groups Receive Grants to Help Students with Disabilities**

The U.S. Department of Education announced the award of \$6.7 million in grants to 23 higher education organizations to help them develop pilot projects for students with disabilities.

The three-year grants support projects that provide technical assistance and professional development to faculty and administrators who teach and counsel students with disabilities at institutions of higher education. The grants help to ensure that these students receive a quality education, improve student achievement and increase their completion rates.

Some of the activities include distance learning; summer institutes; in-service training; assistive and educational technology; and conducting research on accommodating and teaching postsecondary students with disabilities.

For a list of grant recipients go to  
<http://www.ed.gov/news/pressreleases/2008/08/08292008.html>.

**Department of Health and Human Services (HHS) – Centers for Disease Control and Prevention (CDC) - New Partnership to Help Washington State Coaches Recognize and Respond to Concussions**

The Centers for Disease Control and Prevention (CDC) is teaming up with the Seattle Seahawks and the Brain Injury Association of Washington as part of a campaign to help prevent young athletes from sustaining concussions, a serious but often underestimated health threat in the United States. Concussions are a type of traumatic brain injury caused by a bump, blow, or jolt to the head or body that can disrupt the way the brain normally works. As many as 3.8 million sports- and recreation-related concussions occur annually in the United States.

The campaign, “Washington Heads Up: Concussion in Sports,” is an expansion of CDC’s “Heads Up: Concussion in High School” and “Heads Up: Concussion in Youth Sports” initiatives. It includes materials and information to help coaches identify concussions and take immediate steps to respond when one is suspected. Campaign spokesman and former Seattle Seahawks quarterback Brock Huard is featured in the campaign’s TV public service announcement, expected to air later this year.

As part of the campaign, clipboards and posters providing a comprehensive list of signs and symptoms of a concussion, as well as important steps to take when a concussion is suspected, will be mailed to every middle and high school in Washington State along with a letter from the Seattle Seahawks.

Campaign materials also emphasize the methods coaches and parents should practice to best protect athletes and prevent long-term problems:

- Insist safety comes first.
- Ensure athletes always wear the right protective equipment for their activity.
- Make sure their youth sports league or administrator has a concussion action plan in place.

For more information and resources, visit  
<http://www.cdc.gov/concussioninyouthsports/partnership.htm>.

**Department of Health and Human Services (HHS) – National Institutes of Health (NIH) – National Institute of Mental Health (NIMH) – Past Child Abuse Plus Variations in Gene Result in Potent PTSD Risk for Adults**

According to a study, funded in part by the National Institutes of Mental health (NIMH), a traumatic event is much more likely to result in posttraumatic stress disorder (PTSD) in adults who experienced trauma in childhood — but certain gene variations raise the risk considerably if the childhood trauma involved physical or sexual abuse, scientists have found.

They found that having a history of child abuse — which was the case for almost 30 percent of the people in this study — led to more than twice the number of PTSD symptoms in adults who had later undergone other traumas, compared to traumatized adults who weren't abused in childhood. But the history of child abuse wasn't enough, by itself, to lead to the increase in symptoms; the increase appeared to depend on whether or not certain variations in the stress-related gene also were present.

Likewise, the gene variations by themselves didn't appear to affect the risk. The combination of the gene variations and past child abuse were the key ingredients for the doubled PTSD symptoms when a subsequent trauma occurred.

The scientists also detected protective variations in the same gene. People who had these resiliency variations didn't have a substantial increase in PTSD symptoms after a trauma in adulthood, even if they had been abused in childhood.

To view the press release sent out by NIH about this study go to <http://www.nih.gov/news/health/mar2008/nimh-18.htm>.

**Department of Health and Human Services (HHS) – Substance Abuse and Mental Health Services Administration (SAMHSA) – "Facilitating Recovery for Youth with Disabilities and Substance Use Disorders: Transitioning to Adulthood"**

The Substance Abuse & Mental Health Services Administration's Center for Substance Abuse Treatment will hold an in-service, "Facilitating Recovery for Youth with Disabilities and Substance Use Disorders: Transitioning to Adulthood." The in-service will take place on October 23 with a distinguished panel of experts in the disability and substance abuse field and a youth/young adult panel group that will participate in a facilitated discussion.

The first panel will consist of researchers and providers who work in such areas as traumatic brain injury, recovery high schools, combat to college programs for returning veterans (former director of the National Rehab Hospital of Washington DC to present), deaf and the hard of hearing, and developmental disabilities. There will be a Disability Project Director from the State of California who will speak about a program in this State that conducts disability awareness training to various providers (e.g., voc. rehab, employment, substance abuse, mental health ,medical, etc.) to understand the needs of people with disabilities that will lead to the effective treatment services. There will be a

brief session highlighting the benefits of a CSAT funded e-therapy program, and a demonstration of this program with a young adult who is deaf.

This event is designed to train project officers on the unique needs of people with disabilities. Information gained from this training in-service will assist SAMHSA staff in writing RFAs, as the information gained will assist staff in developing and reviewing RFA criteria related to promising practices for people with disabilities.

Although the in-service is designed for SAMHSA staff, an invitation has been extended to providers and other Federal agencies to attend this event, and participate in the question and answer session.

**Department of Health and Human Services (HHS) – Substance Abuse and Mental Health Services Administration (SAMHSA) – SAMHSA Awards \$33 Million to Education Development Center, Inc. to Run National Center for Mental Health Promotion and Youth Violence Prevention**

The Substance Abuse and Mental Health Services Administration (SAMHSA) announced a five-year cooperative agreement grant award totaling \$33 million to the Education Development Center, Inc. of Newton, Mass., for the National Center for Mental Health Promotion and Youth Violence Prevention.

Through the center, SAMHSA will provide technical assistance for grantees in two federally funded programs: Safe Schools/Healthy Students (SS/HS) and Linking Action for Unmet Needs in Children's Health (Project LAUNCH).

To date, SS/HS has provided funds to 336 local educational agencies to foster resilience among students, promote mental health, and prevent substance abuse, youth violence, and mental and behavioral disorders. Project LAUNCH, a new program, will provide funds to six localities through State agencies to plan and implement a range of healthy childhood development activities for children up to age 8.

First-year funding totals nearly \$6.6 million. Continuation of the award is subject to the availability of funds and progress achieved by the grant recipient. SAMHSA's Center for Mental Health Services will administer this cooperative agreement.

**Department of Health and Human Services (HHS) – Substance Abuse and Mental Health Services Administration (SAMHSA) – SAMHSA Awards \$27.5 Million in Project LAUNCH Grants to Promote the Wellbeing of Young Children in Communities Across America**

The Substance Abuse and Mental Health Services Administration (SAMHSA) announced that more than \$27.5 million in Project LAUNCH (Linking Actions for Unmet Needs in Children's Health) grants funds will be awarded to State and tribal programs over the next five years. Project LAUNCH is a new grant program designed to promote the wellness of young children ages birth to 8 years of age by addressing the physical, emotional, social, and behavioral aspects of their development.

Project LAUNCH grantees will implement a range of evidence-based public health strategies to support young child wellness. Participating states and tribes will work to improve coordination among child-serving systems, build infrastructure, and improve methods for providing services. The majority of the funds will be passed from the state and tribal level to an identified locality where the grant will support the enhancement and integration of services in addition to system coordination and development.

Local service enhancement efforts will include but not be limited to mental health consultation for childcare and early education providers, developmental assessments in a range of settings, family strengthening programs, parenting skills training and home visitation.

In order to model the cooperation it requires from grantees, SAMHSA is working in partnership with other agencies in the U.S. Department of Health and Human Services to guide the development of the initiative and integrate Project LAUNCH with other federal programs. This partnership includes HHS' Administration for Children and Families, Centers for Disease Control and Prevention and Health Resources and Services Administration.

The programs selected for LAUNCH grants will receive approximately \$900,000 each year, over the course of the next five years. The actual award amounts may vary, depending on the availability of funds and the progress achieved by the awardees. The program will be administered by SAMHSA's Center for Mental Health Services.

To view a list of grant awardees and their projected yearly grant amounts go to:  
<http://www.samhsa.gov/newsroom/advisories/0809155105.aspx>.

### **American Academy of Pediatrics (AAP) – “Pediatric Traumatic Brain Injury Is Inconsistently Regionalized in the United States” Article**

The American College of Surgery Committee on Trauma recommends that children with severe traumatic brain injury receive care at high-level trauma centers. For this study, the authors evaluated rates of adherence to these recommendations and factors associated with adherence. The study found that almost one third of the children with severe TBI failed to receive care at high-level trauma centers.

To view the abstract for this article, go to  
<http://pediatrics.aappublications.org/cgi/content/abstract/122/1/e172>.

### **Child Welfare League of America (CWLA) – 2008 State Fact Sheets: A CWLA Publication**

The Child Welfare League of America (CWLA) has developed fact sheets describing the condition of vulnerable children in all 50 States and the District of Columbia. The main topics covered are child protection, health, child care, education, and income support. The statistics include child abuse and neglect, suicide, and homicide.

To view the fact sheets go to  
<http://www.cwla.org/advocacy/statefactsheets/statefactsheets08.htm>.

### **“Journal of Head Trauma Rehabilitation” – Two Abstracts Focusing on Children and Youth**

“The Journal of Head Trauma Rehabilitation” has recently published the following two articles: “Validated Instructional Practices: Application to Students with Traumatic Brain Injury” and “Redefining Success: Results of a Qualitative Study of Postsecondary Transition Outcomes for Youth with Traumatic Brain Injury.” The abstracts are below. For more information contact Laura Beck at [beckl@wou.edu](mailto:beckl@wou.edu).

Glang, A., Ylvisaker, M., Stein, M., Ehlhardt, L., Todis, B., & Tyler, J. (2008). Validated instructional practices: Application to students with traumatic brain injury. *Journal of Head Trauma Rehabilitation*, 23(4), 243-251.

Objective: There is a lack of empirical evidence of effectiveness for instructional interventions for children with traumatic brain injury (TBI). This article addresses this issue by providing an in-depth examination of instructional methodologies validated with other populations of students (with and without disability) and their potential for teaching children with TBI. Design: Literature review. Conclusions: Two instructional approaches--Direct Instruction and cognitive strategy intervention--have significant evidence supporting their use with many populations of children, with and without disabilities, and address many of the common needs and learning characteristics of students with TBI, thus showing particular promise for these students. Given the efficacy of these 2 approaches with students with similar learning and behavioral characteristics, the authors recommend establishing and funding a systematic research agenda to test their effectiveness with students with TBI. [ABSTRACT FROM AUTHOR]

Todis, B., & Glang, A. (2008). Redefining success: Results of a qualitative study of postsecondary transition outcomes for youth with traumatic brain injury. *Journal of Head Trauma Rehabilitation*, 23(4), 252-263.

Objectives: Identify factors that influence postsecondary education outcomes for students with traumatic brain injury (TBI). Design: Qualitative longitudinal. Participants: Thirty-three young adults with TBI, their parents, and knowledgeable others. Results: Students with TBI who received transition services that linked them with disability services and support agencies were more likely to complete postsecondary programs. Internal factors such as positive attitude and determination were also associated with success. Conclusions: Survey items measuring constructs such as "use of accommodations," "enrolled in special education," and "high school graduation" mask a range of experiences. Transition supports geared to the postsecondary education goals of students with TBI are needed. [ABSTRACT FROM AUTHOR]

### **University of North Carolina (UNC) - FPG Child Development Institute - After Abuse: Early Intervention Services for Infants and Toddlers**

The Child Abuse and Prevention Treatment Act (CAPTA) requires each State to ensure that all substantiated cases of maltreated infants and toddlers are referred to Part C early

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intervention services. In reality, many children may not be receiving the child development services they need.

The FPG Child Development Institute at the University of North Carolina was commissioned by the Department of Health and Human Services to write a report to gather information to address challenges and proposed solutions to implementing the CAPTA.

To view a summary of the research go to  
<http://www.fpg.unc.edu/%7Esnapshots/Snap54.pdf>.

If you have any questions about the above information, please contact Heather Crown at 301-656-3150 or [hacrown@tbitac.nashia.org](mailto:hacrown@tbitac.nashia.org).

The Federal Children and Youth Update is compiled by Heather Crown for the TBI Technical Assistance Center at NASHIA. Federal Children and Youth Update is supported by Contract No. 240-03-0014 from the Department of Health and Human Services (HHS), Health Resources and Services Administration, Maternal and Child Health Bureau. The contents are the sole responsibility of the authors and do not necessarily represent the official views of HHS. This information is in the public domain and may be duplicated and distributed widely.

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