TBI In Corrections: Beyond the Screening Process

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TBI Screening 2006 to 2009

- Three-year federal grant secured through the Department of Human Services

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- Grant Initiatives: Prevalence rates, provide training and education, and discharge planning/community resources

TBI Screening 2006 to 2009

- 998 of the 1,029 adult male consecutive admissions were successfully interviewed
- Slow population turnover at our female and juvenile facilities
- MCF-SHK (100 interviewees) and MCF-Red Wing (100 interviewed)

Male Findings

- Mild: 73.7%
- Moderate: 11.9%
- Severe: 12.4%
- NO TBI: 172 offenders
- Although the majority of head injuries were classified as Mild, many individuals reported having incurred multiple head injuries

What did We Learn?

- We needed a more refined process in place to identify offenders with TBI and TBI-related functional impairment and that once identified, we needed a plan to assist these folks both in prison and with their discharge back to the community
- We realized that despite staff training, it was critical that the issue of TBI not be "put on the back burner" and that ongoing training and staff dedicated to TBI needed to be put in place in critical programs
- Coordination of services to help with transition to the community and reduce rates of recidivism
- We realized that our attention could be directed toward working with populations that continue to be underserved

Current Project
Federal HRSA Grant

- Now that prevalence rates are well established, how can we best identify offenders who experience functional impairments related to their history of TBI?
- Where do we need to direct our limited resources to make the biggest impact?
- Need to address cultural competence in project planning and design: Minnesota has the 13th largest American Indian population in the U.S. with 11 reservations
- TBI Release Planning

Strategy Moving Forward "Wave Approach"

- Given the volume of offenders coming into the system on a monthly basis, how can we best identify those offenders who are likely to require TBI services during their incarceration and thereafter?
- How can we do this in a time-efficient manner?
- Diamond and colleagues (2007) reported that a one-item, self-administered screener used during admission to prison detected only 19% of the TBIs identified via structured interview.
- What happens when you ask one question in our system:
- Out of the 998 offenders participating in MN's prior TBI screening study, 1 reported a head injury during the nurse assessment and 9 reported head injuries during the psychological interview.

Refined Screening Process

- How to most effectively screen for TBI given the following challenges:
- 500 newly admitted offenders come into our system on a monthly basis (on average)
- 2186 Release Violators (2011)
- 82 % report a history of TBI
- TBI Screening instruments vary in regards to the amount of time to administer

Strategy Moving Forward "Wave Approach"

- "Net Approach": Develop a TBI screening process that is time efficient yet capable of catching the most likely TBI candidates.
- Realize that we will miss individuals but the "wave approach" will increase the likelihood of capturing those who we initially miss.
- Discuss MN DOC TBI Screening Instrument
- Offenders who do not meet our initial criteria but are identified as having a TBI history will have this documented in their chart and an electronic record.

“Wave Approach” Cont’d

- Positive hit sets in motion a review process:
  - Neuropsychologist, TBI-release planner, and designated administrator that can help coordinate appropriate placement based on need and custody level status.
- Once placed in the appropriate program a more thorough evaluation will take place:
  - Obtain collateral information
  - Cognitive testing as needed
  - Feedback given to treatment staff
  - Referral to TBI Release planner as warranted

Second Wave

- Offender will be transferred out of the intake facility to their next facility
- Upon intake the offender is screened again for TBI
  - Sometimes additional information is obtained
  - Offender may be in the "grey area"
  - Decision is made to refer for more in-depth assessment:
    - Involves meeting with designated TBI professional
  - Or TBI remains noted in the clinical record so as not to let this matter "Fall through the cracks".
  - Case management identification of TBI-too late to do anything effective

Strategic Placement of TBI Specialists

- Embedded two neuropsychologist in both the men's and women's dual-diagnosis programs.
- One doctoral level psychologist under the supervision of the neuropsychologist to work in the Mental Health Unit- recognition of co-morbidity, transfer facility for other facilities that do not have the resources to meet the grant's objectives.
- The reported prevalence of history of alcohol dependence in patients with TBI ranges from 50% to 60%
- 52% of female offenders and 41% of male offenders are under the influence of drugs, alcohol, or both at the time of their arrest

Strategic Placement of TBI Specialists

- A study commissioned by the Minnesota Department of Corrections noted that of the offenders entering Minnesota prisons in 2006, approximately 85 percent were determined to be chemically abusive or dependent. This coincides with a prior TBI screening process that found that 82% of Minnesota's adult, male offenders met criteria for having sustained a TBI
- Clinicians working with individuals with TBI and SA patients must be knowledgeable and skilled in understanding how both conditions interact. If only one condition is the focus of treatment, incomplete treatment and poor prognosis is are likely for either condition.

Strategic Placement of TBI Specialists Cont'd

- All chemical health/mental health counselors screen their respective clients for TBI using a standard TBI screening instrument-information is documented
- Embedded neuropsychologist or designee administers the Brain Injury Screening Questionnaire (BISQ)
- Cognitive and emotional screen administered thereafter to determine whether a neuropsychological assessment is warranted.
- Why comprehensive testing vs. cognitive screen? "Chasing the diagnosis"
- Feedback and ongoing consultation with treatment staff takes place until the offender leaves the program
- TBI Release Planning as needed

Cultural Competence and Serving the Underserved

- Extensive cultural competence training (Native Americans)
- Hiring of a Native American Liaison
  - Trained TBI Specialist
  - Consultation with Staff
  - Meets with NA offenders with TBI
  - Coordinates and follows up when offenders with TBI are released back to the community

Cultural Competence and Serving the Underserved

- Development of Native American Resource Guide
  - **Challenges**: outdated contact information, missing obvious contacts, need to reach out to other community agencies, online component given the rapidly changing information
- Primary Challenge: Excommunication of NA offenders
- Development/translation of TBI material other cultures/ethnicities

TBI Release Planner

- First in the country
- Plays an integral role in the functional impairment process
- July 2011-July 2012: 36 offenders had TBI release plans completed. Of those, 10 were NA.
- 26 offenders out of those 36 plans have remained out of prison during their parole. (Two went out on expiration.)
- 5 plans were for female offenders. All 5 females went to a CD Tx or residential service type facility. 4 out of 5 females completed or are completing their treatment as directed.
- Since Jan 2012, 19 TBI plans completed. One went out on expiration. Of the remaining 18, 16 are still out.

TBI Release Planning Cont'd

- 7/10 NA's are still out on parole, with one now having expired.
- At least 17 release plans will be completed between August and December 2012. This is likely to increase (4/17 are NA)
- At least 6 release plans have already been identified for January and February of 2013

Family Representative

- Meets with offenders designated as meeting criteria for TBI release planning
- Will sit in with offender when community service providers meet with offender or when offender is being interviewed for a TBI Waiver
- Bridge gap between offender and family or significant other by providing family/significant other with education and recommendations for resource support

Ongoing Challenges

- TBI offender vs. staff ratio
- Inappropriate referrals
- “Buy in” from staff. Why is this important?
- Other specialties (e.g., psychiatry) are contract employees with high turnover
- Limited placement resources
- Disconnect between corrections and community corrections
- Even the best plans fail
- Is what were doing having an impact?

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