NATIONAL COLLABORATIVE ON CHILDREN’S BRAIN INJURY (NCCBII)

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The work of NCCBI began with a Children’s Brain Injury Summit held in PA in August of 2011.

Group of professional working with pediatric brain injury with a focus on the school/community environments including:

- State Departments of Education (DOE)
- HRSA grantees with relationships with their state DOE
- HRSA
- NIDRR
- Researchers in pediatric brain injury

Purpose: conduct a high level assessment of accomplishments, needs & gaps with regards to children with brain injury in education setting
Primary themes emerged including;
- under-identification
- lack of coordination for transition from hospital/rehab to school/community
- lack of training for school personnel both pre-service and in-service
- lack of evidence based practices
- lack of funding to support these initiatives

Group decided to write up the findings of this meeting in a white paper format to be published
Concurrent to the summit, other groups were starting to focus attention to children and brain injury through task forces and committees.

Idea of NCCBI was to merge these efforts, collaborate and not duplicate.

The first meeting of the Collaborative was held in March 2012.

Represents a grass roots effort.

Goal: To develop recommendations for building statewide capacity to support students with brain injury.
Although there are significant gaps across all service domains for children/youth with brain injury, NCCBI will focus first on community, family, and rehabilitation issues in relation to school services. At this time, the goals of the NCCBI are to:

1. identify critical gaps in educational services,
2. make policy and research recommendations, and
3. share information, tools, and resources on supports for children with TBI in the school setting.

http://cbirt.org/nccbi/
NCCBI MEMBERSHIP

Membership includes:

- Family Members
- State Department of Education Staff
- State Lead Agencies on Brain Injury Directors
- Federal Agency Staff
- National Brain Injury Organization Leaders
- Researchers
PAST INITIATIVES/PUBLICATIONS


CURRENT INITIATIVES

- Brain Injury Community of Practice
- Policy
- Quality Indicators
- Return to Learn Consensus Paper
- Family-School Partnership
NATIONAL COLLABORATIVE ON CHILDREN’S BRAIN INJURY (NCCBI)

INFRASTRUCTURE DEVELOPMENT
ANN GLANG
Surveyed State Directors of Special Education (N = 43)

How does your state identify and provide educational and support services to children with brain injury?

Glang, Ettel, Todis et al., 2015
UNDER-IDENTIFICATION

- 55% of respondents report that TBI count for their state is inaccurate

- Factors influencing under-identification:
  - Lack of awareness about TBI
  - Lack of communication between hospital and school
WHY IDEA COUNTS ARE NOT ACCURATE

Factors influencing under-identification (cont):

- Students identified under different eligibility categories
- Parents under-report injuries
- Narrow definition of TBI that excludes other forms of acquired brain injury
NCCBI RECOMMENDATIONS:
Statewide infrastructure for students with TBI

- Identification, screening, and assessment practices
- Systematic communication between medical and educational systems
- Tracking of child’s progress over time
- Professional development for school personnel

Dettmer, Ettel, Glang & McAvoy, 2015
NCCBI Recommendations: Statewide infrastructure (Mild TBI)

- Training of the interdisciplinary school team
- Professional development
- Identification, assessment, and progress monitoring protocols
- Intervention strategies
- Communication among medical, school, and family team members
CAPACITY BUILDING

- Quality Indicator Assessment Tool
- Engagement with NASDSE, OSEP and state Departments of Education
https://youthbraininjury.obaverse.net

- a nationwide interactive online resource community

- designed by those currently working in the field of education and brain injuries

- purpose of the site is to share ideas, discuss issues, and generate strategies for those who educate, advocate for, and support children and adolescents with brain injury in schools
COMMUNITY OF PRACTICE

Currently has 3 Practice Groups:

- Identification, Screening, and Assessment Practices
- Educational Interventions and Accommodations
- Concussion
Current Google Analytics:

- Total Number of CoP Members: 440
- Organization/Occupation
  - Health Care (Rehabilitation, Hospitals, or Physical Therapy)
  - Education (School Districts, Higher Education, Education, or Service Districts)
## Community of Practice

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COMMUNITY OF PRACTICE

Top Pages (2/1/2016 - 8/31/2016)

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<th>Page</th>
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<tr>
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<td>Educational Interventions and Accommodations</td>
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</tbody>
</table>
Comment/Forum Topics (2/1/2016 – 8/31/2016)

- concussion resources
- executive functioning
- training resources for teachers
- rehab facilities
- return to learn resources
COMMUNITY OF PRACTICE

Demographics

- Colorado: 359
- Oregon: 299
- Pennsylvania: 244
- Minnesota: 171
- Ohio: 99
- California: 70
NCCBI Policy WorkGroup

- Meets via teleconference on a regular basis to map out policy agenda addressing brain injury and schools
- Analyzes data about incidence and prevalence of brain injury as it pertains to identification of students with brain injury
- Makes recommendations to Federal and State agencies that impact school policy regarding services for brain injury
- Makes recommendations for connecting Medical Rehabilitation with Educational Supports & Services to improve practices in programming for students with brain injury
Specific initiatives addressed to date include:

- Under-identification of brain injury in schools, with recommendations to improve identification
- Analyzing the impact of the new Every Student Succeeds Act as it pertains to students with brain injury, and
- Developing opportunities for transition through the Work Force Innovation Act Re-Authorization, utilizing Work Based Learning Experiences.
Under-identification findings:

Percent of Projected Cases Served Under the TBI Classification

- 0% to 5%: N=3
- 6% to 10%: N=30
- 11% to 15%: N=13
- 16% to 20%: N=3
There is a lack of consensus among education and health care professionals in determining who should take the lead regarding Return to Learn (RTL) following a student concussion and what appropriate management strategies to employ.
Delphi Process for Consensus

- NCCBI workgroup established
- Comprised of 3 Rounds
- Online electronic survey process

Round 1 - June 2016
Round 2 – September 2016
Round 3 – October 2016

Final Return to Learn Consensus manuscript will be submitted for publication - Spring 2017
| 1. | American Academy of Neurologists |
| 2. | Sports Neuropsychology Society |
| 3. | American Association of School Administrators |
| 4. | National Association of School Psychologists |
| 5. | National Association of Athletic Trainers |
| 6. | National Federation of High School Associations |
| 7. | American Physical Therapy Association |
| 8. | RIOS |
| 9. | National Collaborative on Children’s Brain Injuries |
| 10. | National Association of State Head Injury Administrators |
| 11. | American Medical Society for Sports Medicine |
| 12. | National Association of School Nurses |
| 13. | Brain Injury Association of America |
| 14. | United States Brain Injury Alliance |
| 15. | North American Brain Injury Society |
| 16. | American Academy of Pediatric Neuropsychology |
| 17. | Zurich Sports Concussion Consensus authors |
| 18. | American Academy of Pediatrics |
| 19. | Centers for Disease Control & Prevention |
| 20. | DVBIC/DOD |

**Consulting on RTL Consensus:**
- National Association of State Head Injury Administrators
- United States Department of Education
Research Questions

1. What are important aspects of concussion and school management that health care professionals, educators, students and parents should be educated about, as part of their potential future involvement/communication with school based concussion interdisciplinary teams?
2. What are the main facets of a systematic "promising practices" plan for Return to Learn following concussion that promotes management of all students who experience concussion?

2a. How should schools monitor symptom resolution for Return-to-Learn/School?

2b. How should schools monitor academic performance in the Return to Learn process?

2c. How are school-based services constructed for students following a concussion? What is the evidence base?
3. Does Concussion RTL need to be legislated?

4. How do state concussion laws and the educational needs of all students interact?