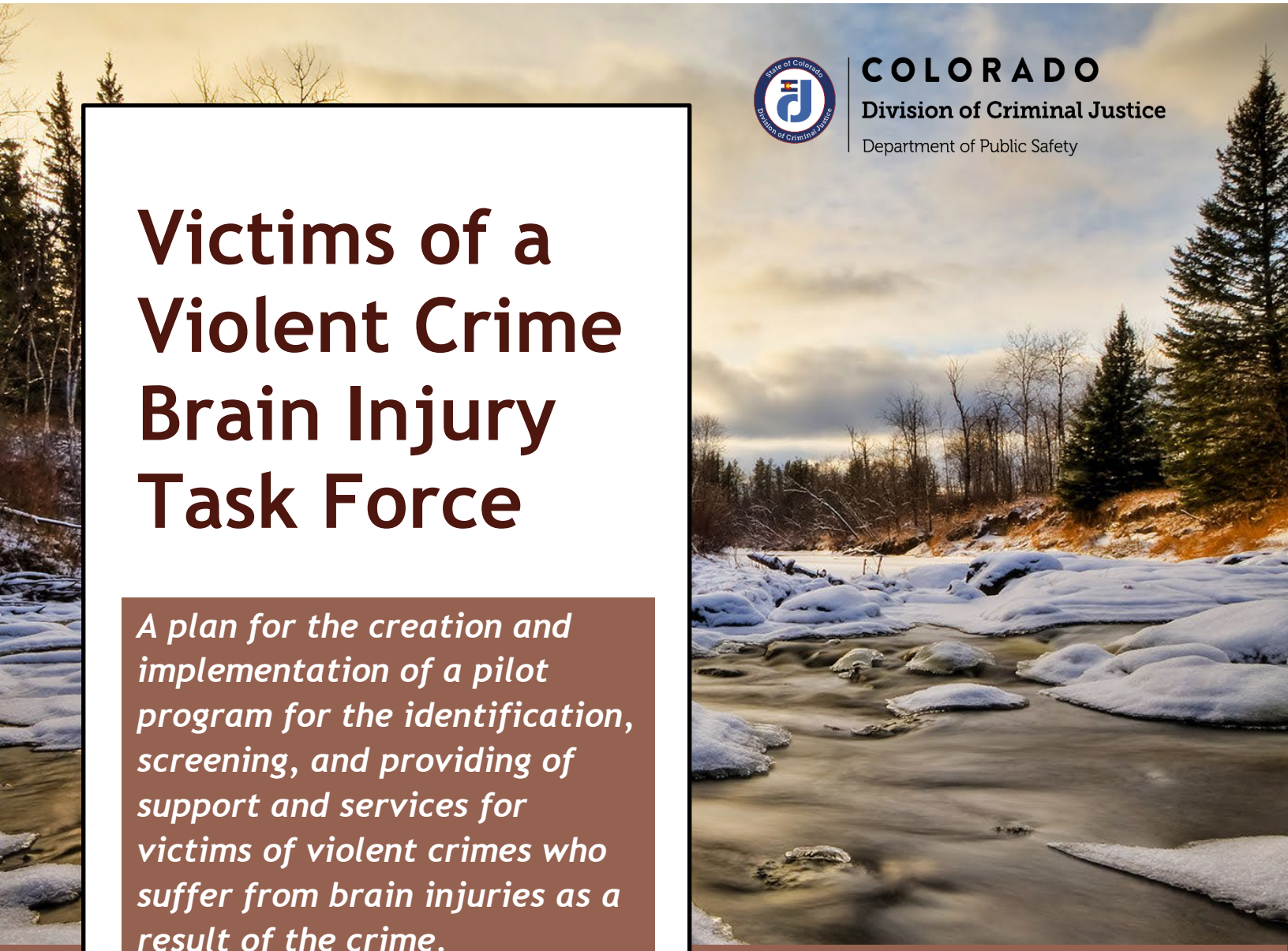


COLORADO
Division of Criminal Justice
Department of Public Safety

Victims of a Violent Crime Brain Injury Task Force

A plan for the creation and implementation of a pilot program for the identification, screening, and providing of support and services for victims of violent crimes who suffer from brain injuries as a result of the crime.

SENATE BILL 22-057

Facilitated by the Colorado Department of Public Safety, Division of Criminal Justice, Office for Victims Programs

Issue to the Colorado General Assembly on:
January 1, 2023

Table of Contents

Executive Summary 4
Background 5
Introduction 7
Glossary of Terms 9
Task Force Recommendations 11
Procedures for establishing education and outreach programs 11
Identification of the type of entity or entities best suited to conduct a pilot program 11
Process for selecting the entity or entities that would run a pilot program/pilot site 12
Identification of the staff position or positions in the entity that ultimately participate in a pilot program that will be responsible for identifying victims with possible brain injuries, and the training requirements for such positions 13
Guidelines for selecting a contractor if the design includes contract services 14
A note on screening of victims for brain injuries 15
Procedures for identifying and screening individual victims for possible brain injuries 16
Procedures for scheduling or referring each victim who screens positive for brain injuries for a neuropsychological assessment 20
Collection of statistical information, including rate of brain injury among different population groups, rate of causes of brain injuries, and other statistics as determined by the Task Force 20
Data elements to collect 20
Procedures for evaluating the success of the pilot program, once established 20
Criteria for determining if the pilot program, if established, should be expanded statewide 21
Explanation of necessary actions to implement a pilot program, including an application and selection process for the final participating entity or entities 21

Victims of Violent Crime Brain Injury Pilot Program Funding Recommendation 21
Citations 23

For accommodations, including requesting this information in an alternate format, please contact the Office for Victims Programs at (303) 239- 5719 or cdps.ovpconnect@state.co.us.

Executive Summary

In 2022, the Colorado General Assembly passed Senate Bill 22-057, which created the Victims of a Violent Crime Brain Injury Task Force for the purpose of developing a plan for the creation and implementation of a pilot program for the identification, screening, support, and services of victims of violent crimes for brain injury and providing those who screen positive the appropriate support and services.

The Task Force convened between September and December 2022 and is pleased to submit this final report to the Judiciary Committees of the Senate and House of Representatives, the Health and Human Services Committee of the Senate, and the Public Health and Human Services and Behavioral Health Committee of the House of Representatives on January 1, 2023.

The Task Force members believe that there is great merit to increasing the awareness of the impact that brain injuries can have on victims of violent crime and how it impacts their lives. Task Force members agree that the main goal of the pilot program should be to better equip those victims identified as having a brain injury with the tools and resources to assist them in their recovery and rebuilding of their lives and to help them be better advocates for themselves. Task Force members further agreed that an important aspect of that is increasing awareness in victims and in those community-based organizations and criminal justice agencies that they will come into contact with as they navigate their recovery about the possibility of the victim having a brain injury.

To achieve these goals, the Task Force recommends the following:

- The Task Force recommends the creation of the Brain Injury Pilot Program and that it be administered by the Office for Victims Programs in the Division of Criminal Justice within the Colorado Department of Public Safety.
- The Task Force recommends that sufficient funding be provided to the Pilot Program to establish three pilot sites to implement education and awareness activities to increase the number of identified individuals with brain injuries due to being a victim of a crime.
- The Task Force recommends that the funding for the pilot be enough to allow for three years of operation to ensure a complete evaluation can be conducted.

Background

The number of violence-related brain injuries sustained in the US is unknown but the Centers for Disease Control reports that about 11% of all traumatic brain injuries reported annually are caused by assault. Violence or assault-related injuries are associated with poorer post-injury prognoses including poor social participation, suicide risk, risk for victimization, and even aggressive behavior, creating a vicious cycle of brain injury and social disruption. In that way, violence is both a cause and consequence of brain injury.

Brain injuries are especially common among women victimized by intimate partners, according to a recent scoping review of 42 published research papers on intimate partner violence (IPV) and brain injury (Haag et al., 2019). When external blows to the head and/or strangulation disrupt normal brain function, all manner of physical, emotional, and cognitive difficulties can result (e.g., Silverberg et al., 2020). While most brain injuries are labeled as mild because they involve no, or very brief, loss of consciousness (less than 30 minutes; Silverberg et al., 2020), experts have increasingly recognized that even mild injuries can result in chronic symptoms and even disability (Silverberg et al., 2020). This has contributed to growing concern about the consequences of mild brain injuries for women experiencing IPV.

In Colorado, high rates of mild brain injuries have been detected among women reporting domestic violence to the police or seeking services related to IPV. For example, one study screened for head injuries among women who were identified as domestic violence victims in reports to law enforcement, where precipitating incidents ranged from violations of protection orders and stalking to violence that resulted in minimal to severe injuries (DePrince, Belknap et al., 2012). In that study, nearly one in five women reported being hit in the head or losing consciousness during the target IPV incident or in the previous six months (Gagnon & DePrince, 2017). Further, 80% of those women screened positive for a head injury during their lifetime and 56% met the screening criteria for a mild TBI (i.e., a change in consciousness or a period of being dazed and confused).

More recently, DePrince, Gorgens and colleagues (2022) recruited 102 women seeking services after IPV at a family justice center in Denver, CO. According to a report to MINDSOURCE, they reported that nine out of ten women surveyed reported a head injury on one or both self-report instruments. Head injuries that involved alterations in consciousness, suggestive of mild brain injuries, were common. One instrument suggested that 62% of women experienced a head injury with alteration in consciousness and the other instrument indicated that 80% of women had a history of mild injury. This recent study extends a body of research on the incredibly high rates of head injury in emergency settings (see Haag et al., 2019). Here in Colorado, 20% of women reported three or more head injuries with alterations in consciousness and half reported a period of repeated injuries. These data amplify the concern that mild brain injuries are common among women being victimized by their intimate partners. For most women, their injuries were

caused by abusive partners – but not all. This suggests that brain injuries may be a risk factor for abuse. For example, abusive people may select partners who have cognitive and emotional difficulties because those difficulties may make survivors less likely to be believed if they disclose or to leave the relationship, given the challenges that can be required to leave (e.g., finding new housing, seeking out legal services, etc.). In fact, those data suggest that brain-injury related disability is associated with revictimization risk three months later.

The link between brain injury and criminogenic risk is also noteworthy. Traumatic brain injury (TBI) affects 8% of the population and up to 97% of criminal justice system-involved women. Post-TBI, these women experience higher rates of adverse consequences. A Colorado study identified gender differences in brain-injury related disabilities and criminal history. Justice-involved women with a history of brain injury were more likely to be physically and mentally ill, to have made at least one suicide attempt, and to have been a victim of violence during childhood and adulthood. Recognizing those high stakes, the Colorado Legislature Passed Senate Bill 21-138 in 2021, which created a pilot program within the Colorado Department of Corrections to implement the Colorado Brain Injury Model at the La Vista women's facility. The goal of the pilot program is to determine a way to provide support for individuals with brain injuries who are part of the criminal justice system.

With the important recognition of brain injury afforded by Senate Bill 21-138 in mind, survivors of violent crime, along with victim advocates, then approached the legislature to highlight the prevalence of brain injury in victims of violent crime. These victims, similar to the population addressed in SB 21-138, face the challenges of navigating daily life, work, parenting, etc. with the disabling effects of a brain injury. Victims of crime also face challenges and barriers in dealing with the criminal legal system when a case has been filed on their behalf. These discussions lead to broad support for 2022 legislation that would identify victims of violent crime who may have sustained a brain injury as a result of that crime. The resulting work during session resulted in the passage of Senate Bill 22-057 which created the Victims of Violent Crime Brain Injury Task Force and its work to establish this plan for the creation and implementation of a pilot program for the identification, screening, and providing of support and services for victims of violent crimes who suffer from brain injuries as a result of the crime.

The members of the Brain Injury Task Force would like to acknowledge and thank the survivors who participated in the meetings for the invaluable input and insight into the issues they dealt with, and continue to deal with, as a result of their brain injury from the crime committed against them. Their willingness to share their stories and struggles provided the Task Force with a clearer understanding of the need for the program and often served as the guiding direction for the recommendations contained in this report.

Introduction

Senate Bill 22-057 as enacted into law in Colorado in 2022 included a legislative declaration indicating that it is in the best interests of the state to increase awareness among criminal justice professionals about brain injuries and to expand screening for these types of injuries among victims of violent crimes.

The bill also created the Victims of a Violent Crime Brain Injury Task Force for the purpose of developing a plan for the creation and implementation of a pilot program for the identification, screening, support, and services of victims of violent crimes for brain injury and providing those who screen positive the appropriate support and services.

The Task Force recommendation report is due to the Judiciary Committees of the Senate and House of Representatives, the Health and Human Services Committee of the Senate, and the Public Health and Human Services and Behavioral Health Committee of the House of Representatives, or any successor committees on or before January 1, 2023.

The bill further identified the types of members and organizations to be represented on the Task Force. Consistent with those requirements, the following is a list of the Task Force Members.

Position	Name	Organization
Representative from Office for Victims Programs	Kelly Kissell	Division of Criminal Justice – Office for Victims Programs
Representative from Entity Interested in A Pilot Program	Candace Coolidge	Porchlight, A Family Justice Center
Representative from Colorado District Attorney's Council	Toni Wehman	17th Judicial District Attorney's Office
Representative from A Legal Advocacy Group	Emily Tofte Nestaval	Rocky Mountain Victim Law Center
Representative from Advocacy Group for Victims of Violent Crime	Leanna Stoufer	Lived experience/survivor - Victims for Justice
Representative from A Victim Advocate in Law Enforcement	Kim Messina	Brighton Police Department
Representative from Community-Based Victim Advocates	Monica Rivera	Violence Free CO
Representative from Brain Injury Trauma Unit of A Medical Facility	Lenore “Lenny” Hawley	Craig Hospital
Registered Forensic Nurse Examiner	Erin Ropelewski	UC Health-Memorial
Victim Who Experienced Brain Injury	Jenn Beach	Lived experience/survivor
Victim Who Experienced Brain Injury	Melissa Bickford	Lived experience/survivor

Position	Name	Organization
Research Professional in The Area of Brain Injury	Kim Gorgens	DU - School of Professional Psychology
Research Professional in The Area of Brain Injury	Anne DePrince	DU - School of Professional Psychology
Representative from The Chiefs of Police	Chief Chris Heberer	Fountain Police Department
Representative from The County Sheriffs of Colorado	Jaime FitzSimons	Summit County Sheriff's Office
Representative from The Dept Of Human Services	Liz Gerdeman	CDHS -MINDSOURCE Brain Injury Network
Representative from An Organization Specializing in Brain Injury Services	Jaime Horsfall	Brain Injury Alliance of CO
Survivor and Community Advocate	Victoria Benjamin	Colorado State University

Table 1: SB22-057 Brain Injury Task Force

The members of the Brain Injury Task Force convened its first meeting on September 6, 2022. The Task Force met seven times from September to December. The Task Force meetings were facilitated by Andrew LeFevre of LeFevre Associates, a public affairs consulting company.

Section 24-4.1.502 of Senate Bill 22-057 states that the Task Force plan must include at a minimum the following:

a) Identification of the type of entity or entities best suited to conduct a pilot program;
b) A process for selecting the entity or entities that would run a pilot program;
c) Identification of the staff position or positions in the entity that ultimately participates in a pilot program that will be responsible for identifying victims with possible brain injuries, and the training requirements for such positions;
d) Procedures for identifying and screening individual victims for possible brain injuries;
e) Procedures for scheduling or referring each victim who screens positive for brain injuries for a neuropsychological assessment;
f) Collection of statistical information, including rate of brain injury among different population groups, rate of causes of brain injuries, and other statistics as determined by the Task Force;
g) Explanation of necessary actions to implement a pilot program, including an application and selection process for the final participating entity;
h) Guidelines for selecting a contractor if the design includes contract services;
i) Procedures for evaluating the success of the pilot program, once established;
j) Criteria for determining if the pilot program, if established, should be expanded statewide; and
k) Procedures for establishing education and outreach programs.

The Task Force voted to support the content of this statutorily-required report. Any individual Task Force member vote does not necessarily represent the person's individual or organizational position on any specific legislative strategy or content that may arise from this document.

Glossary of Terms

Accommodations **-** The Task Force does not recommend the use of the word "accommodation" unless it is specifically pertaining to the American Disabilities Act (ADA) terminology. In the context of this report, the Task Force will use the terms "strategies" or "modifications" to describe compensatory actions rather than "accommodations". Strategies and modifications include addressing an individual's deficits, such as impaired attention, delayed processing speed, short term memory loss, disinhibition, and other cognitive, physical, or emotional challenges due to the brain injury.

Assessment **-** The use of one or more tools such as a symptom inventory to better understand an individual's functioning.

Brain Injury **-** This report uses the definition from statute for the Colorado Brain Injury Program (Section 26-1-301(1.5), C.R.S.), which is "Damage to the brain from an internal or external source, including, but not limited to, a Traumatic Brain Injury (TBI), that occurs post-birth and is noncongenital, nondegenerative, and nonhereditary, resulting in partial or total functional impairment in one or more areas, including but not limited to attention, memory, reasoning, problem solving, speed of processing, decision-making, learning, perception, sensory impairment, speech and language, motor and physical functioning, or psychological behavior."

Community Based Organization **-** Organizations that are non-profit, non-governmental, or charitable organizations that represent community needs and work to help them.

Neuropsychological Evaluation **-** A formal, in-depth process of administering tests to measure skills and abilities linked to brain function in areas such as attention, problem solving, memory, language, visual-spatial skills, and social-emotional functioning. Administered by psychologists with specialty training in neuropsychological evaluation. "Cognitive Screening" is a term used to describe a brief cognitive screening evaluation designed to grossly assess cognitive strengths and weaknesses and to identify people more suitable for a neuropsychological evaluation. A cognitive screening evaluation is administered by a licensed behavioral health professional with training in assessment.

Evaluation (Program Evaluation) **-** A systematic method for collecting, analyzing, and using information to answer questions about the pilot program(s), particularly about their effectiveness and efficiency.

Pilot Program – The Victims of Violent Crime Brain Injury Pilot Program as described by the Task Force recommendation.

Pre-Screen **-** A set of brief questions used to determine whether incidents occurred involving possible brain injury, leading to the individual being referred for the full screening tool.

Self-Advocacy **-** Recognizing one's needs and preferences, assertively communicating those needs to others, and making informed decisions to address those needs.

Screening (for brain injury) **-** A standardized procedure for eliciting a lifetime history of brain injury via a structured interview.

Victim of a Violent Crime or Victim – For the purpose of this legislation and report means a person who was the victim of a crime in which physical force was used against that person.

Task Force Recommendations

The Victims of Violent Crime Brain Injury Task Force developed the following recommendations on the development of a plan for the creation of a pilot program for identification, screening, support, and services of victims of violent crimes for brain injury and providing those who screen positive the appropriate support and services. The recommendations of the Task Force do not reflect the recommendations of the Department of Public Safety.

Procedures for establishing education and outreach programs

The Task Force identified increased awareness of brain injuries amongst survivors of violent crime as the core goal for creation of a pilot program. Based on input from survivors, victim's advocates and service professionals on the Task Force, increased awareness of such injuries is needed by both criminal justice professionals and victims themselves. Increasing awareness among both of these groups will create greater understanding of the effects of brain injury and the resulting need for services and advocacy.

The Office for Victims Programs has already entered into discussions with the Colorado Peace Officer Standards and Training board about the possibility of including training materials on recognizing possible brain injuries in their basic officer training materials for the academy and/or other training events.

Increased awareness and understanding will lead to changes in procedures within criminal justice agencies to better serve victims with brain injuries and the specific challenges they face, along with potentially empowering victims to advocate for themselves more effectively and participate in the process more fully.

Education and outreach programs can include: The addition of basic curriculum within the basic law enforcement officer training at the academy, in-service training or computer-based trainings that community based organizations and law enforcement and prosecutors can access that identify and highlight the specific challenges that a victim with a brain injury may face as they navigate the criminal justice process or seeking services in their communities. The use of easy to use screening tools by community based organizations, criminal justice agencies, and first responders to better identify the possibility of a brain injury being present and the recommendation for services if one is present.

Identification of the type of entity or entities best suited to conduct a pilot program

The Task Force recommends that the Pilot Program should be located in the Office for Victims Programs in the Division of Criminal Justice within the Department of Public Safety.

Task Force members acknowledge the importance of housing the pilot program in an entity that has a strong victim focus and manages victim programs.

Pilot sites – The Task Force recommends three pilot sites be selected that will focus on different methods of screening victims with potential brain injuries.

One pilot site should be located in a community-based organization that focuses on providing services to survivors of violent crime (research indicates that brain injuries are often associated with intimate partner violence associated with domestic violence cases). This type of pilot site will have staff being trained to recognize and then pre-screen new clients for the possibility of a brain injury being present and, if so, begin a process of following a more in-depth screening process to align the individual with a range of trainings and services to help them manage the resulting effects of their brain injury.

The second pilot site should be one that is led by a law enforcement agency or agencies depending on jurisdiction size in partnership with a local hospital that contains an acute care nursing team. Officers would be trained to recognize the possibility of brain injuries being associated with a crime victim they are interacting with and would do a short pre-screen to determine if they recommend to the victim that there may be a possibility of a brain injury associated with the crime and to seek a more in-depth medical screening at a partnering hospital system. The hospital could also screen individuals into the pilot program that may not be involved with law enforcement. Once screened by the hospital, more direct access to services would be made available for the victim to help empower them with the skills and resources to manage the resulting effects of their brain injury.

The third pilot site should be more rurally focused to explore how screenings and access to services might be accommodated in less populated regions of the state. This type of pilot site will have staff being trained to recognize and then pre-screen new clients for the possibility of a brain injury being present and, if so, determine a process of following a more in-depth screening to align the individual with a range of trainings and services to help them manage the resulting effects of their brain injury.

The Task Force strongly believes that having multiple pilot sites and multiple implementation models will provide the greatest opportunity to assess the impact of the pilot program on increasing awareness and strengthening access to services around victims with brain injuries.

Process for selecting the entity or entities that would run a pilot program/pilot site

The Task Force recommends that if legislation is drafted to establish a brain injury pilot program, that it is specifically written into the authorizing language that the pilot program be housed at the Office for Victims Programs in the Division of Criminal Justice in the

Department of Public Safety. Task Force members strongly believe that the Office for Victims Programs has the necessary fiscal and programmatic skill and expertise to successfully manage a pilot program of this type. In addition, since the pilot program will rely on statewide partners to provide key training and technical assistance to the selected pilot sites, the Office for Victims Programs is better situated to serve as the main point of contact in order to contract for these services.

The Office for Victims Programs will need to develop an application for interested pilot sites listing the nature and expected outcomes of the pilot program and expectations associated with being selected as a pilot site. Applications should include key personnel associated with the pilot sites. It is anticipated that applications would be reviewed and scored by an independent review committee (which would include several members of the Task Force) to determine which sites are ultimately selected.

Identification of the staff position or positions in the entity that ultimately participate in a pilot program that will be responsible for identifying victims with possible brain injuries, and the training requirements for such positions

The Task Force understands that this will be different based on the three identified pilot site implementation models above. The actual determination for staffing will be decided at the time applications for pilot sites are reviewed and selected for the project.

In a community-based organization, key staff for screening victims with possible brain injuries will most likely be the intake coordinator or facilitator who works with someone when they first arrive at the organization. They will do the initial pre-screening and then if warranted work with the person on a more in-depth screening tool to best begin to align services based on the individual's needs.

In a law enforcement-led pilot site it will need to be the line officers or the law enforcement victim advocate and corresponding first responders like EMTs who will need to be trained to be aware of the potential for a brain injury as a result of the incident and then how to use the simple awareness questions to do the initial pre-screening for referral to the hospital for the follow up screening and assessment. It is important to note that there is not an expectation that law enforcement would try to diagnose any victim for a brain injury. The goal of the pre-screening tool would be to determine whether the individual should be referred to another agency who can better help determine if the victim has a brain injury.

In a rural based pilot site it may vary depending on the services and agencies available in the area to implement the pilot program. Training for the key staff will remain a main focus of the program and connections with other resources to add them with implementation.

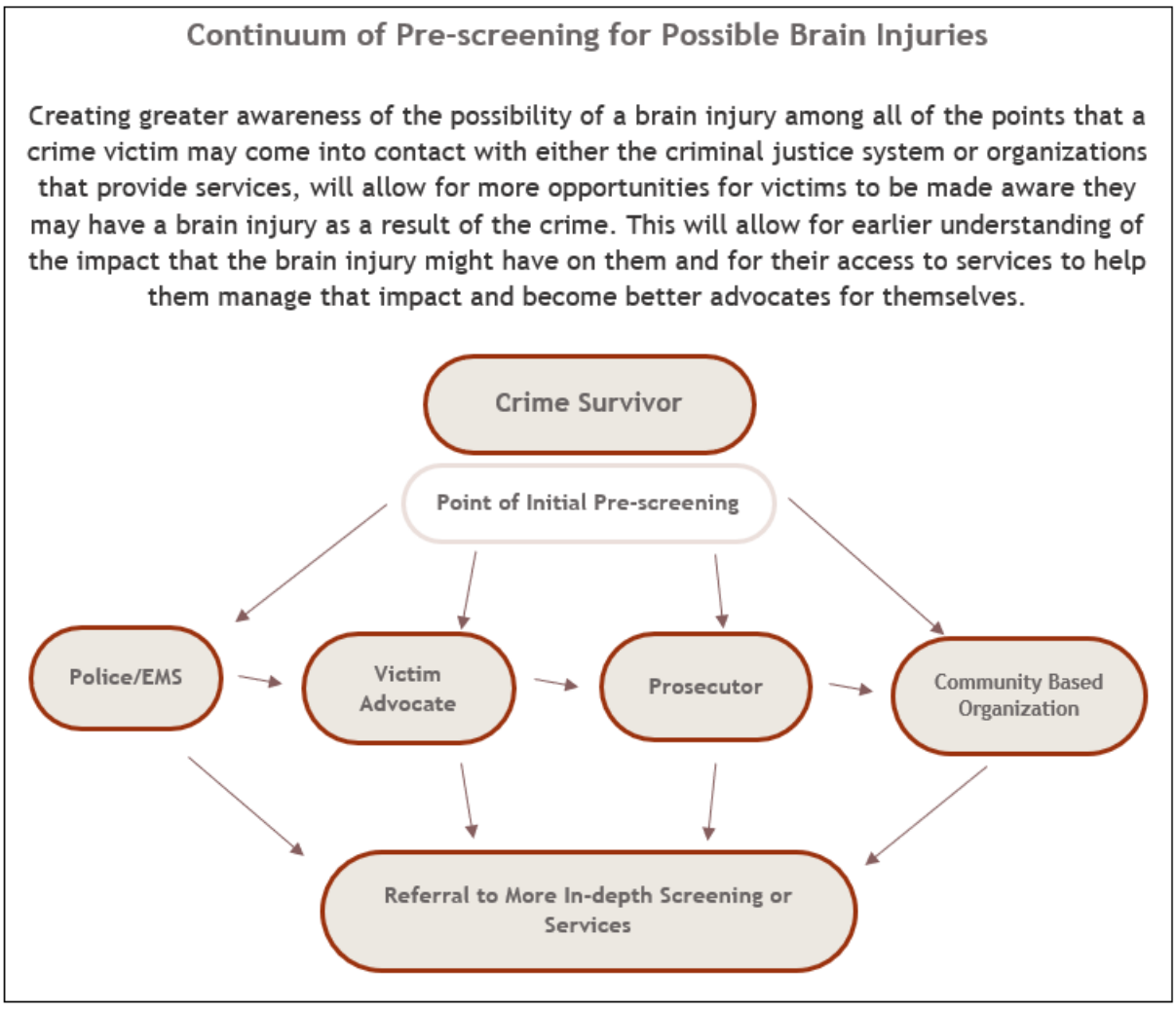
Guidelines for selecting a contractor if the design includes contract services

Regardless of how each of the pilot sites is being implemented, the Task Force acknowledges that these local organizations will likely not possess the necessary staff skills in this area to effectively train their key personnel. The Task Force recommends that the pilot program and pilot sites use an organization with a statewide focus that does have the staff and expertise to serve as a training and technical assistance provider for the program. There are several brain injury organizations in Colorado that may serve in this role as it aligns with their existing organizational mission. The pilot program should provide the necessary funding to engage these key partners.

The Office for Victims Programs will need to identify the criteria for identifying which organizations meet the requirements and delineate what support services the organization would provide. One example of such a program that was discussed by the Task Force was the Self-Advocacy for Independent Life (SAIL) program (Hawley, et al., 2022) which offers people with brain injuries a series of workshops to help them develop self-advocacy skills to manage their brain injury.

A note on screening of victims for brain injuries

The Task Force discussed the initial opportunity to recognize a potential brain injury and several tools that could be used by the various pilot sites and criminal justice agency personnel and community based organizations that the victim may come into contact with during their journey through the criminal justice process. Greater awareness of the possibility for a brain injury should not be a once and done activity. Instead, community-based organizations that work with individuals that may have been the victim of a violent crime, and criminal justice agency employees should become familiar with the initial screening tools and processes to allow for as many entry points into the process of being directed to services. The earlier that a victim with a likely brain injury is made aware of the potential impact and directed to receive a comprehensive screening and corresponding resources, the greater the likelihood that a victim can better manage the effects of the brain injury and become a better self-advocate.



Procedures for identifying and screening individual victims for possible brain injuries

The Task Force reviewed several screening tools that have been developed and verified as reliable in the screening of victims for possible brain injuries. Tools ranged from the more simplistic HELPS tool (Picard et al., 1999), which is a very short series of questions, to the more in-depth symptom questionnaire based on the Ohio model that begins to more fully understand the impact that the brain injury may be having on a victim's life and how it can be impacting their ability to be an active participant in many of life's daily activities (e.g., Bogner & Corrigan, 2009).

Again, this will be a key area for the state-wide partner that can provide training and technical assistance to the pilot sites to ensure staff are appropriately trained on how best to help.

It is the Task Force's recommendation that the education and outreach activities include building awareness about brain injuries and integrating basic screening questions into various aspects of the criminal justice system and community based responses to better support victims who are injured as a result of the crime. This will allow everyone from the law enforcement officer that may be the first to come into contact with the victim, the prosecutor or victim advocate who is working the victim, a judge or clerk who is not as close to the case, and any community service provider to be aware of the issue and to be ready to offer that initial screening to direct victims to resources if needed.

HELPS Brain Injury Screening Tool

Name: _____ Date of Screen: _____ Screener: _____

H Have you ever Hit your Head or been Hit on the Head? Yes No

Note: Prompt client to think about all incidents that may have occurred at any age, even those that did not seem serious: vehicle accidents, falls, assault, abuse, sports, etc. Screen for domestic violence and child abuse, and also for service-related injuries. A TBI can also occur from violent shaking of the head, such as being shaken as a baby or child.

E Were you ever seen in the Emergency room, hospital, or by a doctor because of an injury to your head? Yes No

Note: Many people are seen for treatment. However, there are those who cannot afford treatment, or who do not think they require medical attention.

L Did you ever Lose consciousness or experience a period of being dazed and confused because of an injury to your head? Yes No

Note: People with TBI may not lose consciousness but experience an "alteration of consciousness." This may include feeling dazed, confused, or disoriented at the time of the injury, or being unable to remember the events surrounding the injury.

P Do you experience any of these Problems in your daily life since you hit your head?

Yes No

Note: Ask your client if s/he experiences any of the following problems and ask when the problem presented. You are looking for a combination of two or more problems that were not present prior to the injury.

Mark all that apply:

____Headaches
____Dizziness
____Anxiety
____Depression
____Difficulty concentrating
____Difficulty remembering
____Difficulty reading, writing, calculating
____Poor problem solving
____Difficulty performing your job/schoolwork/daily tasks
____Change in relationships with others
____Poor judgment (fired from job, suspended/expelled from school or day program, arrests, fights)

S Any significant Sicknesses? Yes No

Note: Traumatic brain injury implies a physical blow to the head but acquired brain injury may also be caused by medical conditions, such as: brain tumor, meningitis, West Nile virus, stroke, seizures. Also screen for instances of oxygen deprivation such as following a heart attack, carbon monoxide poisoning, near drowning, near suffocation/choking/strangulation, failed suicide attempts, unhealthy substance use and overdose history.

A HELPS screening is considered positive for a possible TBI when the following 3 items are identified:

1. An event that could have caused a brain injury (Yes to *H, E* or *S*), **AND**
2. A period of loss of consciousness or altered consciousness after the injury or another indication that the injury was severe (yes to *L* or *E*), **AND**
3. The presence of two or more chronic problems listed under *P* that were not present before the injury

Name: _____ DOB: _____ Interviewer Initials: ____ Date: _____ ☐ ML OR ☐ Booking #: _____
(If Applicable)

County of Residence: _____

OSU Brain Injury Identification Method — Interview Form

Additional table on second page, if needed

Step 1

Ask questions 1-5 below. Record the cause of each reported injury and any details provided spontaneously in the chart on the subsequent page. You do not need to ask further about loss of consciousness or other injury details during this step.

I am going to ask you about injuries to your head or neck that you may have had anytime in your life.

1. In your lifetime, have you ever been hospitalized or treated in an emergency room following an injury to your head or neck? Think about any childhood injuries you remember or were told about.
   ☐ No ☐ Yes—Record cause in chart
2. In your lifetime, have you ever injured your head or neck in a car accident or from crashing some other moving vehicle like a bicycle, motorcycle, or ATV?
   ☐ No ☐ Yes—Record cause in chart
3. In your lifetime, have you ever injured your head or neck in a fall or from being hit by something (for example: falling on ice, being hit by a rock)? Have you ever injured your head or neck playing sports or on the playground?
   ☐ No ☐ Yes—Record cause in chart
4. In your lifetime, have you ever injured your head or neck in a fight, from being hit by someone, or from being shaken violently? Have you ever been shot in the head?
   ☐ No ☐ Yes—Record cause in chart
5. In your lifetime, have you ever been nearby when an explosion or a blast occurred? If you served in the military, think about any combat or training-related incidents.
   ☐ No ☐ Yes—Record cause in chart

Interviewer instruction:
If the answers to any of the above questions are "yes," go to Step 2. If the answers to all of the above questions are "no," then proceed to Step 3.

Step 2

Interviewer instruction: If the answer is "yes" to any of the questions in Step 1 ask the following additional questions about each reported injury and add details to the chart on the subsequent page.

Were you knocked out or did you lose consciousness (LOC)?

If yes, how long?

If no, were you dazed or did you have a gap in your memory from the injury?

How old were you?

Step 1	Step 2						
	Loss of consciousness (LOC) / Knocked Out				Dazed/Memory Gap		
Cause	No LOC	<30 min	30 min – 24 hrs	>24 hrs	Yes	No	Age
	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	

Step 3

Interviewer instruction: Ask the following questions to help identify a history that may include multiple mild TBIs and complete the Step 3 table on page 2.

Have you ever had a period of time in which you experienced multiple, repeated impacts to your head (e.g. history of abuse, contact sports, military duty)?

If yes, what was the typical or usual effect?

Were you ever knocked out, and if yes, how long did you lose consciousness?

Were you ever dazed or did you have a gap in your memory from the injury?

What was the most severe effect from one of the times you had an impact to the head?
How old were you when the injuries began?
Did you get your injuries within a six month timeframe?

Step 4

Interviewer instruction: Ask the following questions to help identify a history that may include other types of brain injury (NonTBI).

Have you EVER been told by a doctor or other health professional that you have had in the past or currently have any of the following:

- ☐ unmanaged or untreated epilepsy or seizures
- ☐ a stroke, cerebral vascular disease or a transient ischemic attack
- ☐ a tumor of the brain
- ☐ swelling of the brain (edema)
- ☐ a drug overdose (e.g., stopped breathing, required resusictation)
- ☐ toxic effects or poisoning (e.g., carbon monoxide poisoning)
- ☐ infection like meningitis or encephalitis
- ☐ a brain bleed or hemorrhage
- ☐ loss of oxygen to the brain for 2 minutes or more - like from a time when you stopped breathing, had a near drowning
- ☐ experienced a strangulation in which you lost consciousness

MINDSOURCE UPDATE: MAR 2022

Name: _____ DOB: _____ Interviewer Initials: ____ Date: _____ ☐ ML OR ☐ Booking #: _____
(If Applicable)

County of Residence: _____

Step 1	Step 2						
	Loss of consciousness (LOC) / Knocked Out				Dazed/Memory Gap		
Cause	No LOC	<30 min	30 min – 24 hrs	>24 hrs	Yes	No	Age
	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	

Step 3	Typical Effect		Most Severe Effect				Age	< 6 mos
Cause of Repeated Injury	Dazed/ Memory Gap, No LOC	LOC	Dazed/Memory Gap, No LOC	LOC<30 min	LOC 30 min – 24 hrs		Approx Age When Injuries Began	Check if Yes
	☐	☐	☐	☐	☐	☐		☐
	☐	☐	☐	☐	☐	☐		☐
	☐	☐	☐	☐	☐	☐		☐
	☐	☐	☐	☐	☐	☐		☐

Step 4			
	Typical Effect		
Cause	Dazed/Memory Gap, No LOC	LOC	Age
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	

Interpreting Findings

A person may be more likely to have ongoing problems if they have any of the following:

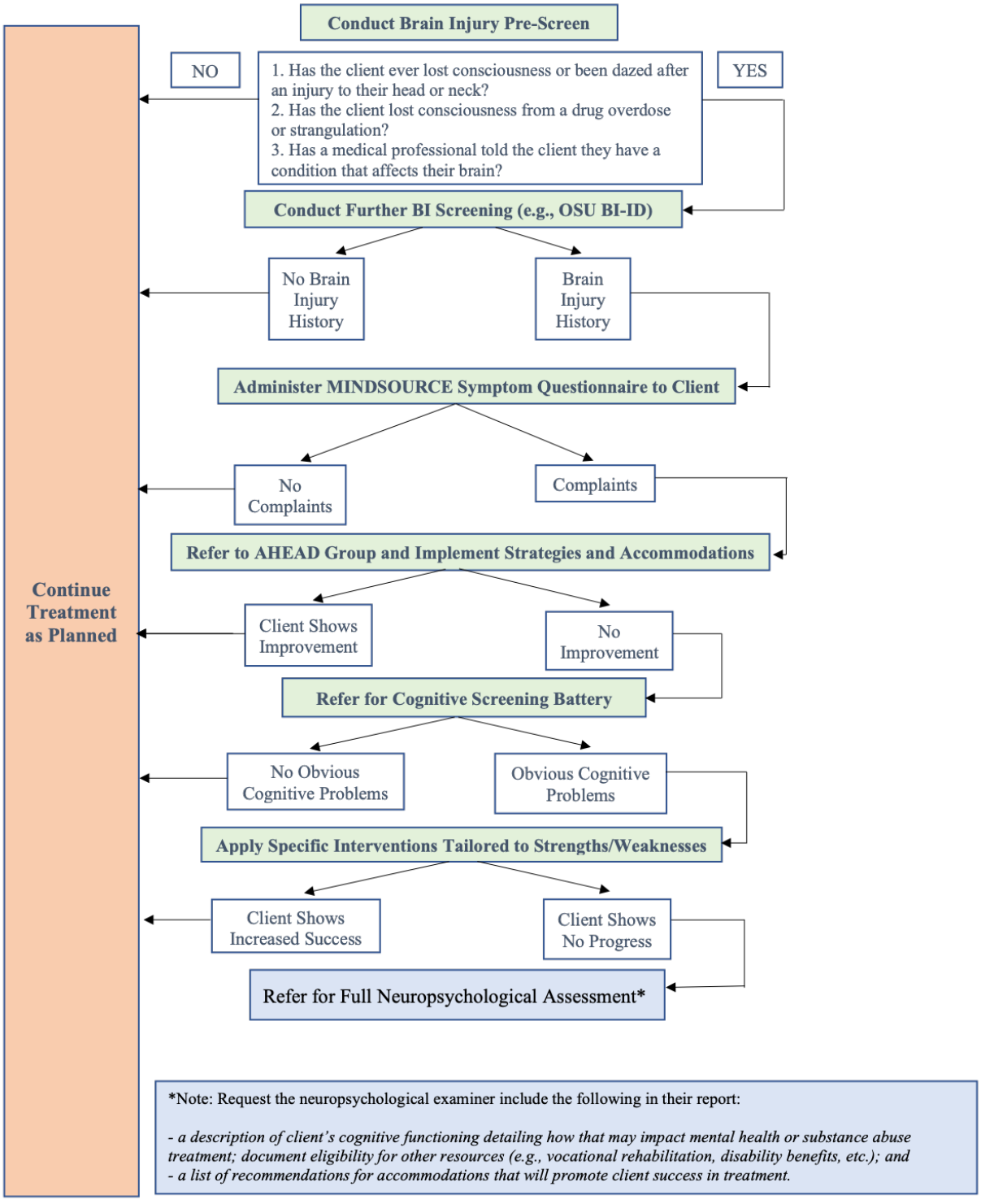
- **WORST** ☐
  Individual reports one moderate to severe TBI. Moderate and severe TBI indicated by report of loss of consciousness (LOC) greater than 30 minutes.
- **FIRST** ☐
  Individual reports TBI with LOC before age 20.
- **MULTIPLE/REPEATED** ☐
  Individual reports 3 or more TBIs within a short period of time resulting in altered or loss of consciousness (multiple blows to the head in less than 6 months).
- **NonTBI** ☐
  Individual reports sustaining an injury to the brain from another source listed in Step 4.

MINDSOURCE BRAIN INJURY NETWORK

Adapted with permission from the Ohio State University TBI Identification Method (Corrigan, J.D., Bogner, J.A. (2007). Initial reliability and validity of the OSU TBI Identification Method. J Head Trauma Rehabil, 22(6):318-329.
© Reserved 2007, The Ohio Valley Center for Brain Injury Prevention and Rehabilitation

MINDSOURCE UPDATE: MAR 2022

Brain Injury Pre-Screening to Full Neuropsychological Assessment



*Note: Request the neuropsychological examiner include the following in their report:

- a description of client's cognitive functioning detailing how that may impact mental health or substance abuse treatment; document eligibility for other resources (e.g., vocational rehabilitation, disability benefits, etc.); and
- a list of recommendations for accommodations that will promote client success in treatment.

Procedures for scheduling or referring each victim who screens positive for brain injuries for a neuropsychological assessment

Throughout the Task Force meetings, the members discussed that while in some cases a full neuropsychological assessment is necessary to best help a victim identify the scope of their brain injury, it is the exception that this is actually needed. In most cases, the use of a few screening tools is sufficient to identify that a victim has a brain injury. What is important is that the pilot sites accurately assess the individual so he/she can be matched with the appropriate level of support and services. The proper identification and matching of need and services to empower survivors with the skills and resources to manage the challenges as a result of their brain injury should be the primary goal of the pilot program and pilot sites.

Collection of statistical information, including rate of brain injury among different population groups, rate of causes of brain injuries, and other statistics as determined by the Task Force

The Task Force recommends that the pilot program should run a minimum of three years(one year to implement and begin collecting data and two years to continue collecting data and evaluate) to be able to collect and do a basic evaluation of the impact of the pilot on the identification and screening of victims for brain injuries. The evaluation will also look at the victim's connection to support services to assess their ability to better self-advocate in both the criminal justice system and in their daily lives.

Data elements to collect

Data elements to consider for collection include: Rate of brain injury among different population groups, rate of causes of brain injuries by different crime types, number of referrals by the different participating agencies and community based organizations, types of trainings and services provided to community based organizations, criminal justice agency employees, and victims, and the increase in awareness among victims on the impact of a brain injury.

Procedures for evaluating the success of the pilot program, once established

Evaluation is essential to determine the success of the pilot program. The work of the pilot program should be monitored and evaluated to ensure short-term and long-term program outcomes are measured, assessed and utilized for program improvement. The Task Force

recommends that the Office for Victims Programs should contract with a formal evaluator to conduct the formal program evaluation and report on the success of the program.

Criteria for determining if the pilot program, if established, should be expanded statewide

The program evaluator will work with the pilot sites and program administrator to analyze the impact of the pilot program on the ability of survivors to better self advocate for themselves and what impact this has had on their need for services on one hand, and their ability to self advocate as they navigate either life challenges or the criminal justice process.

Explanation of necessary actions to implement a pilot program, including an application and selection process for the final participating entity or entities

If a bill is passed by the legislature creating a pilot program, the Office for Victims Programs will be responsible for implementing the program. The Task Force recommends the following timeline for program implementation:

Law passed/funding becomes available

0 - 3 months: Creation of announcement and application

3 - 4 months: Announcement of new pilot program and intention to solicit for pilot sites and a Program application is released

5 - 6 months: Applications returned and reviewed by independent review committee

6 - 9 months: Pilot sites selected and agreements finalized; identification of statewide TTA partners and procurement for services

9 - 15 months: Pilot sites implement necessary hiring of staff, training and program start

Victims of Violent Crime Brain Injury Pilot Program Funding Recommendation

The Task Force acknowledges that sufficient funding will be necessary to implement the proposed recommendations in this report and therefore recommends that the fiscal impact of any future legislation consider the costs necessary at both the state and local levels to successfully implement the pilot program and training regarding brain injury.

Based on discussions within the Task Force it is anticipated that there will be a need for an increase in FTE for the pilot sites and potentially to the agency that is overseeing the pilot program. In addition, the Task Force spent a significant amount of time talking about the need to provide training to increase awareness about brain injuries and its impact on victims of crime which will potentially require additional resources.

Citations

Bogner, J., & Corrigan, J. D. (2009). Reliability and predictive validity of the Ohio State University TBI Identification method with prisoners. *The Journal of Head Trauma Rehabilitation, 24*(4), 279-291.

DePrince, A. P., Belknap, J., Labus, J. S., Buckingham, S. E., & Gover, A. R. (2012). The Impact of Victim-Focused Outreach on Criminal Legal System Outcomes Following Police-Reported Intimate Partner Abuse. *Violence Against Women, 18*(8), 861–881. https://doi.org/10.1177/1077801212456523

DePrince, A.P., Gorgens, K, Dmitrieva, J. with Maria-Ernestina Christl, Adi Rosenthal, Rebecca Suzuki (2022). Final Report: Intimate Partner Abuse and Traumatic Brain Injury. Submitted to State of Colorado, MINDSOURCE Brain Injury Network.

Gagnon, K. L., & DePrince, A. P. (2017). Head injury screening and intimate partner violence: A brief report. *Journal of Trauma & Dissociation, 18*(4), 635–644. https://doi.org/10.1080/15299732.2016.1252001

Gorgens, K., Meyer, L., Kantor, C., Lyman, H., Knauer, R.., Levy, M., and Marchi, C. (Under review). Gender Differences and Criminal Justice: Comorbidities and Criminal History of Individuals with Traumatic Brain Injury. Feminist Criminology.

Haag, H. (Lin), Sokoloff, S., MacGregor, N., Broekstra, S., Cullen, N., & Colantonio, A. (2019). Battered and Brain Injured: Assessing Knowledge of Traumatic Brain Injury Among Intimate Partner Violence Service Providers. *Journal of Women's Health, 28*(7), 990–996. https://doi.org/10.1089/jwh.2018.7299

Hawley, L; Morey, C; Sevigny, M; Ketchum, J; Simpson, G; Harrison-Felix, C; Tefertiller, C. Enhancing Self-Advocacy After Traumatic Brain Injury: A Randomized Controlled Trial.. J Head Trauma Rehabil, 2022, Vol 37, No2, pp 114-124.

Picard, M., Scarisbrick, D., & Paluck, R. (1999). HELPS screening tool. *Washington, DC: U.S.* Department of Education Rehabilitation Services Administration, International Center for the Disabled (TBI-NET). https://doi.org/10.1089/jwh.2018.7299

Silverberg, N. D., Iaccarino, M. A., Panenka, W. J., Iverson, G. L., McCulloch, K. L., Dams-O'Connor, K., Reed, N., McCrea, M., Cogan, A. M., Park Graf, M. J., Kajankova, M., McKinney, G., & Weyer Jamora, C. (2020). Management of Concussion and Mild Traumatic Brain Injury: A Synthesis of Practice Guidelines. *Archives of Physical Medicine and Rehabilitation, 101*(2), 382–393. https://doi.org/10.1016/j.apmr.2019.10.179