Scott Tirocchi: Okay, it's exactly 12 o'clock my time, and welcome. Welcome everyone. My name is Scott Tirocchi, and I am the division director for NADCP's Justice for Vets. We really appreciate you being here today on this. Well, depending on where you are in the country, sunny day outside my window. Today's presentation is going to be, as you can tell, on acquired brain injuries and Treatment Court. We have the privilege and the honor of having a National Association of State Head Injury Administrators with us today, two individuals in particular. We have Rebeccah Wolfkiel and Judy Dettmer.

Now before Rebeccah and Judy get on, I just want to hit some administrative notes. Number one, this is being recording, and this presentation will be available to you on our Justice for Vets website starting next month because this month, as we know, we have our national conference happening at the end. So next month, this will be available at the Justice for Vets website. Also, a PDF format version of this presentation will also be available. All you need to do is email me directly at s.tirocchi@justiceforvets.org, and I will send it to you.

Also, we will be monitoring, Cindy and I—Cindy League is with me today. She is our fabulous training coordinator with JFV. We will be monitoring, Cindy and I, the chat room; and any questions you have hopefully will be answered during the session towards the end. We actually have a few minutes dedicated to Q&A. If for some reason we are unable to respond to all your questions, no worries, just email myself or Cindy directly, and we'll be sure to send your questions directly to our NASHIA folks. And we'll get the responses to you.

So without speaking further about this administrative stuff, let me share with you the biographies of the folks we have joining us today. I'm going to start off by starting with Rebeccah Wolfkiel. Rebeccah Wolfkiel joined NASHIA as the Executive Director in 2018. She brings over 15 years of experience in promoting policies that provide resources for individuals with brain injury and their families. In her role as Executive Director, she is committed to representing the interests of state governments in supporting the unique and integral role they play within the service delivery system. Ms. Wolfkiel has also worked with the former Pennsylvania Governor, Tom Ridge, at the Ridge Policy Group for ten years where she formally represented NASHIA as a government affairs advisor.

She played an integral role in the successful reauthorization of the of the Traumatic Brain Injury Act in 2014, paving the way for the federal TBI program's move to the Administration for Community Living. Prior to her

time with Ridge Policy Group, Rebeccah worked on Capitol Hill, where she served as a legislative director to Congressman Todd Platts, co-chair of the Traumatic Brain Injury Task Force. She will often bridge partisan gaps and facilitated communication between contrasting viewpoints.

We also have presenting today, Judy Dettmer. Judy Dettmer has been working in the field of brain injury for over 30 years. Ms. Dettmer is this is the Director for Strategic Partnerships and a Technical Assistance Lead for the Traumatic Brain Injury Technical Assistance and Resource Center at the National Association of State Head Injury Administrators. Wow was that a mouthful. Yes, I got it right though. Ms. Dettmer has worked extensively with adults, children, and family members of individuals with brain injury. She has provided direct aid and systems consultation to improve the lives of individuals with brain injury. Judy has also assisted with research efforts related to brain injury, and has conducted countless presentations, classes, and seminars on the topic.

Well, folks, without any further ado, I'd like to introduce Judy and Rebeccah. And Judy and Rebeccah, please feel free to take it away. Thank you.

Judy Dettmer: Alright, thank you so much, Scott. Really appreciate the nice introduction. And we're very excited to be here today to talk to you about brain injury and to talk to you about what the National Association of State Head Injury Administrators, NASHIA, can do to support the work that you're doing. On a personal note, I just really admire all the work that happens within the Treatment Courts. I think that you all provide such an amazing service to individuals. And as you'll see through the presentation, a lot of those individuals have brain injury.

So I'm going to kick us off here—maybe, if I can get my screen to move. So just to give you an idea of what the objectives are for today, I'm going to try to overview about what brain injury is especially in the context of Treatment Courts and why it matters for you all to be listening to us related to this. And then Rebeccah will talk about NASHIA and what we can do to provide support to you and your courts and especially leaving you with information about how to find your local resources related to brain injury, so that when you're working with clients that have brain injury, you have some local resources for support.

So just doing some level setting here, I want to make sure we're all on the same page in terms of terminology. Oftentimes, we hear the term traumatic brain injury or acquired brain injury. And sometimes they're used as they're the same, but they're actually not. Acquired brain injury is

more of an umbrella term, and that encompasses both traumatic and nontraumatic causes of brain injury. So you'll hear me use a little bit of both. Our data tend to be related to traumatic brain injury. Those are the data that we have more of. But honestly, acquired brain injury really is a good focus for you all, given the folks that you're surveying.

When we talk about traumatic, it's that external force, an assault, a fall, a blast, motor vehicle accident. Those kinds of injuries that cause a traumatic brain injury. Nontraumatic brain injuries are more of an internal event, such as a stroke, a tumor, or lack of oxygen to the brain. And anoxia is another term you'll hear for lack of oxygen, so just to help you understand the terminology. The other piece that we hear a lot of when people talk about brain injury, they use these terms mild, moderate, and severe. While they're important to understand, it's important in context. So these are classifications of severity that are assigned at the time of injury. And so mild means you might not have even lost consciousness, but if you did, it's less than 30 minutes. This is what we call a concussion. Moderate is loss of consciousness 30 minutes up to 24 hours; and then severe is loss of consciousness over 24 hours, which is a coma.

What's important to understand here is that mild has this kind of connotation that it doesn't really have a long-term effect, but we know that it can for some people. And we especially see that with people with repeated injuries. And I suspect that a lot of the folks that you're working with may have been exposed to multiple mild brain injuries, which could lead to long-term lifelong consequences. And that's not to say one mild brain injury wouldn't lead to lifelong consequences. There's reasons that can happen, too. So I just like to make it clear that these are terminologies that are assigned, or these are classifications assigned at the time of injury. They're not necessarily to denote function following injury.

And mild is something to really pay attention to. Mainly, most of the brain injuries that are out there are related to mild brain injury, but they, as I said, can lead to lifelong impairment. So the issue around that is that some of the symptoms related to it can be very subtle, and 90% are not associated with loss of consciousness. And so a lot of folks who sustain a mild brain injury may not even seek medical care. They may not themselves even be thinking about, oh, I wonder if it's these multiple blows the head that are influencing the way I'm being able to function now. So it's not like they come to your courts saying, oh, I had a brain injury. And we'll get into talking about screening and that in a minute.

They're also not often treated in the emergency departments, so they go unreported. And they're not visible by a CT scan or an MRI. And it's a

chemical response. It's not a physiological response, unless someone has a bleed, or some kind of complication related to that mild brain injury. So it's just we like to point out that it's very important to just be thinking about all the exposures that people may have had to brain injury.

So as I had mentioned, most individuals with one, as I say, uncomplicated—so not having a bleed or some other kind of physiological result of the mild brain injury—they'll return back to baseline. So there's two reasons that people may not. One is that repeated exposure. So think about people who are in your courts who maybe were—well, obviously you work with veterans in your veterans' courts, those who were athletes. Maybe those who have experienced intimate partner violence or abuse. That can cause repeated exposure to mild brain injuries, which then can have more devastating long-term effects.

And then we also have the co-occurring condition of addiction or mental illness that will lead to poorer outcomes for people who've had mild brain injury. And again, you think about the folks that you're serving. This is kind of your people. So it's that trifecta of issues that we see as to why people may struggle. So one caveat here is that all brain injury looks different, but there are some hallmark signs that we see with brain injury. When it comes to some of the possible physical changes, we could see some issues with coordination. And we talk about this a fair amount with law enforcement because oftentimes people may be confused as thinking the person is intoxicated or under the influence because of their unsteady gait, their poor eye-hand coordination or slurred speech, et cetera, when indeed that might just be a result of their brain injury.

They may have visual deficits. Maybe they can't make good eye contact. They have blurred or double vision. Those kinds of things. And oftentimes, people with a significant brain injury will experience seizures following their injuries. They may also then have some issues around hearing. And then the one that is pretty common across everybody with a brain injury is this issue related to fatigue. And so as you think about working with people with brain injuries, keeping in mind that fatigue factor can really influence their ability to follow through with what you're expecting of them.

So moving into cognitive changes, again, often we'll see issues with short-term memory loss; and that can lead to trouble following directions, providing requested information or keeping their appointments. Processing, so taking in and understanding what's being said to them; and expressive, being able to say what they want to say and put that into words. So people may really have some delayed speech when you're

talking with them and interacting with them. And then a big reason why we see people engaging in the justice system is related to problem-solving and that impulsivity that we see, that easily frustrated piece, sexually disinhibited; verbally, physically combative. All those things that can unfortunately land them in trouble in the first place, but then once they're in the court system can also lead to issues as you're trying to support them.

There's often emotional changes following a brain injury, like depression, unawareness. And unawareness, I just want to touch on that real quick because we often rely on nonverbal cues that we put off for people, and we just expect that they're going to be able to interpret those and make sense of that and do what you need them to do, when people with brain injury will really struggle with that. Confabulation is actually part of the injury sometimes where they make up stories, and that is to fill in the blanks where their memory is failing them. So you'll see sometimes like, wait, that doesn't make sense in the context of what they're saying, and it might be just that they're dealing with that confabulation piece. That perseveration about getting stuck on a topic, not being able to move on. And then anxiety can be a problem following a brain injury.

All this to say that people with brain injury coming into your courts will have so many different executive dysfunctions and issues going on that you might want to try to sparse out and say, okay, how can we address their memory issues? How can we address their issues related to problem-solving and putting into place some of those compensatory strategies?

The other piece that we touched on is that people with brain injury often have multi-occurring issues and especially when we see them in a justice setting. So suicide attempts following brain injury is round 28% with suicidal thought and 17% with suicidal attempts. These numbers get bigger as we look in the justice system. You'll see a slide later about some particular vulnerabilities that people with brain injury have when they're in the justice system, but this is compared to 4% in the general population.

And you can see the same with substance abuse, that we see a much higher rate than the general population when we talk about people with brain injuries. And with mental health, there is a high cooccurrence of mental health following brain injury. And so your courts are designed to work with folks who have all of these issues and doing that in the context of knowing someone has a brain injury will really help you be more successful with this population.

So just to give you some numbers, this is a meta-analysis that was done.

And there's been research since this, but the number continues to hold up as one of the numbers to look at. And that is that around 60% of those in a justice population will report having had a history of brain injury, and that's compared to 8.5% of the general population. These numbers can get higher depending on what setting you're working in and depending on if there are special circumstances or special populations that we work with. But that's a good, round number to get your head around. Over half of the people you're running into will have had a lifetime exposure to brain injury. And with juveniles, it's around 30%. There is a new study that hasn't been published yet that puts that number closer to 40% but roughly in that area.

The other issue we see that's been found through research is that criminal behavior appears to increase after TBI. We talked about some of that impulsivity, poor judgment, poor problem-solving. Those are some of the things that can lead then to criminal engagement. And then in terms of some of the special populations, female offenders are ones to particularly pay attention to in regard to brain injury because they often have had an experience of intimate partner violence. There's been a study that has shown a correlation between female offenders and intimate partner violence, and then endorsing a history of brain injury at 97% of those female offenders. And that was a study out of Colorado.

TBI is three to eight times higher among juvenile offenders, and then half of those offenders have had a history of loss of consciousness with brain injury. And remember, I said to have a mild brain injury, you do not have to have lost consciousness, but there is some evidence to show that if you have lost consciousness, the outcomes for that individual will be worse than those who maybe had not.

So it becomes a problem for our justice system because we see an increase utilization of services while they're incarcerated, lower treatment completion rates, and higher rates of disciplinary incidents, lower ability in maintaining rule abiding behavior, more prior incarcerations, higher rates of recidivism by about half of their peers without TBI. And then we mentioned about criminal behavior increasing after TBI. So again, I think that the Treatment Courts are a perfect opportunity to do some screening and to be prepared to support individuals, and hopefully then diverting them from getting into an incarceration experience.

This is some information that came out of the Colorado pilot, but I think it nicely illustrates what I was mentioning about some of those particular psychosocial vulnerabilities. So in the justice population that they studied, 95% had a history of substance abuse, and again, comparing that to 7% of

the general population. Seventy-six have a history of mental illness compared to 19%. About 40% with attempted suicide compared 1% in the general population. Childhood trauma experiences with that at around 60% versus 10%. And adult trauma around 60% versus 2%. And school suspension at around 62%.

Those last three to me, especially the childhood trauma and school suspension, I always say that that stands out like a beacon to me to say these are good places for us to do some early intervention if we know that people have experienced trauma to screen for brain injury and to provide those supports before they even engage in the justice system, I think is really critical. And same with that school suspension. So people are getting in trouble and partly could be a manifestation of their brain injury as to why. And instead of suspending, if we could build in some supports, then that maybe, again, helps to break that cycle of then ending in the justice system.

The other thing that is important to understand is this kind of dose response, and so what we see are that problems that I mentioned earlier worsened with each new injury. So when we do screening for brain injury—which we won't go into a great deal of information today, but it is an important component to supporting people in your court to do screening for brain injury. And there are some tools we'll talk about that can do that with you. The reason you want to know about all of their injuries is because it does lead to some greater issues in these areas. Just understanding that they had a brain injury is just part of the picture. Understanding that they had multiple injuries and what those were will help you know if they're going to be struggling with some other areas in the future.

So with that, I'm going to turn it over to Rebeccah to talk about what NASHIA can do to support you.

Rebeccah Wolfkiel: Great. Thank you so much, Judy. I just want to say hello as well, and thank you so much for spending the afternoon and morning, wherever you are, with us today. So I think now you can see the numbers, the data. This is a real challenge, and we are very pleased to be a partner with you to help you better serve these individuals and hopefully have better outcomes for everyone involved. Next slide, please, Judy.

So just backing up a little bit, who are we, and why do we have an interest in this work? So NASHIA is a national nonprofit organization. We've been around for over 30 years, and we were really founded to help states and government systems support people living with brain injury. We do

this in a number of ways, but training is a big part of that and connecting the dots to really ensure that state systems comprehensively are prepared to build out capacity and have resources available for folks with brain injury who need them. Next slide, please.

So our organization supports states and their partners and local governments in a variety of ways. We do have many resources available. We're going to talk to you about some today, and oftentimes we partner with associations like you all to help develop resources that are specific to the needs of a particular community that may be serving higher rates of individuals with brain injury, like the justice system. We have on our website, which we'll make sure you have access to, there are lots of free resources that provide background, but also strategies and places you can get additional information and connections as well to learn more, lots of trainings. And on our website as well, you'll see we have links to free webinars that we posted in the past that dig into the interconnectivity between brain injury and intimate partner violence or brain injury and substance use disorder, suicide, different aspects of the justice system. Homelessness. Just a variety of issues that you may be interested in. Our website is a great resource for that, too.

A lot of also what we do are connecting folks. I think, as Judy mentioned, you probably were surprised about the staggering data. I think we know anecdotally that there are lots of folks with brain injury within the criminal justice system in a variety of ways, but when you see the data, it really is quite staggering. So we really do our best to help connect folks within different states and territories to peers, so that they can learn from one another and model best practices. We also provide a lot of technical assistance to help states and their partners create programs and develop out capacity. And we have a strong federal advocacy arm as well. We do have a presence in Washington DC and work really hard to try to ensure that there is additional resources for government systems to be able to support people with brain injury, regardless of what system they're being served in. Next slide, please.

So if you are looking to make connections with your state brain injury program and see what resources might be available in your state specifically, it sometimes may be challenging to figure out where within that state government that the brain injury program is located, which is unfortunate. But that is why we are here to help you navigate that a bit. Nationally, state programs are housed in various state government agencies. So for instance, in Alabama, in California, in Nebraska, their brain injury program is housed within their state's vocational rehabilitation agency. In Maryland, the brain injury program is in the

behavioral health agency. And then in many other states, it could be in the aging and independent living or public health agencies. Again, we do have a link on our website that provides contact information for every state brain injury program, so it's easy for you to access and reach out to whomever in your state is coordinating and really focused on providing supports for people with brain injury within your state. Next slide, please.

So state programs, state government programs, are funded in a variety of ways, and this is just to show that typically there is some kind of state line item for the brain injury program. Not all of the time, though, unfortunately. There are federal grants available through the Administration for Community Living as well as CDC for states to use. And some states do have what we call a trust fund that collects funds from fines, like DUI fines or speeding tickets, and those funds then are collected within the state and used to support people that have significant needs as a result of a brain injury. Next slide, please.

So as I mentioned, a key component of what we do is provide training and professional development, and we do this through NASHIA Training U. We have an annual conference every year that has a virtual and an in-person component that really touches on a myriad of issues as they relate to brain injury. We also create skill building workshops. We have those quarterly. They're all virtual, and they're really focused on building skills for folks and mostly targeted at how to better interact and serve people with brain injury. We do have a Leading Practices Academy, which is an intensive technical assistance program that states and their partners join for a year, and they work to build capacity in partnership within the state based on a specific topic.

And so right now we have two Leading Practices Academies. One is on behavioral health, and the other is on criminal and juvenile justice. And so our criminal and juvenile justice Leading Practices Academy is actually our longest-serving, and we've had I think about 15 states, between 10 and 15 states, over the last few years that have participated. And they come together with it's a brain injury state person and somebody within their justice system. It could be Treatment Courts. It could be corrections. It could be law enforcement. And over a year, they develop protocols and systems to identify and support people in a sustainable way in their state. And so that's super. It's a super exciting program that we run, and Judy actually manages that one for us. As I mentioned, we do have lots of great, free trainings on their website. And I encourage you to check those out. Next slide, please.

And I just mentioned this, but this is a little bit more information on the

Leading Practices Academy. Six academy meetings per year. And I should have mentioned there is a really big peer-to-peer component to it. We think that is super valuable for the states that attend. And we are looking for new topics so would love any feedback you have on what we might be able to focus on next. Next slide, please.

So some of the more regular technical assistance work that we do often revolves around screening for brain injury, and that really is because so many folks that are living with the impacts of a brain injury may not even recognize it themselves, that the reason why they are challenged maybe through memory or executive function, processing is because of that accident that they sustained or those multiple concussions that they sustained over the course of their lifetime. They just know that they have challenges, and they don't really know why. So we have found that helping systems implement a screening protocol provides clarity for that individual but also allows the system to then provide supports in that brain injury informed way.

And we've been working with Treatment Courts, Judy in particular over the last year, to help them put these screening and support systems in place as it relates to brain injury. We also provide direct consultation, of course, to help the system integrate and implement these protocols. And we work with the community providers to ensure that the system at large is prepared to take on this population and support them in the best way that they can. Next slide, please.

So there are tools that are available for screening, evidence-based tools, and the one that we use and promote the most is the Ohio State University TBI-ID. And it is a brief tool, and it's not a medical tool. Anyone, if trained, can provide the screening, and it does uncover the history of a lifetime brain injury, which is important because then folks, if they are identified, they may be available for additional supports. And we help the system understand what supports are available for that person, so they can then be referred to additional help as well. Next slide, please.

We at NASHIA have just this year launched a screening tool. It's called Online Brain Injury Screening and Support System, which takes that OSU TBI-ID that I mentioned to an online platform, so that a provider or an individual themselves under the supervision of a provider can take the screening themselves. And then they are identified as potentially having—well, they're identified as having a lifetime history of brain injury or not. If they are identified as having that history, then the system goes on to a next set of questions. The symptoms questionnaire for brain injury that was developed in Colorado, that really helps the individual determine

what their current challenges are that they're facing.

Based on those results, they and the provider that is giving them the questionnaire receives tips sheet that address those specific challenges. So tips for sleep, tips for increased memory, just very basic things that can make a big difference in an individual's life. So that's something that is a subscription service, and we're very excited about it. We have several states and community partners that have subscribed already. The great news about that, too, is the data that we collect on the backend, we can actually help do some analyzing to better show where people are and how they're being supported as well. Next slide.

This is an overview. This shows what the symptoms questionnaire that I mentioned looks like, so you can see all of the different challenges that the individual taking the survey will be screened for. And it shows a sample tip card there, too. That one is specific to sleep, but you can see they're all written in plain language and very easy for someone to use as an accommodations tool. Next slide, please.

We also offer a course for neuropsychological screening. We know that it can be challenging for folks to get in to see a neuropsychologist and for full battery, and so this screening is really for those master's level clinicians to be able to provide a screening course for folks. If somebody has screened positive for a lifetime history and they need some additional supports, then this is the next step. They can go receive this more full screening to really dig in and identify what those specific challenges and needs are, and they can get some psychoeducation and some additional supports as well. But we know that there aren't enough clinicians out there that are able to provide the neuropsych screening, and so the course that we offer tries to ensure that there are more providers available out there to be able to address that need. Next slide, please.

There are resources in almost—in almost—every state for people living with a brain injury, and so you can find, again, on our website we have a list of the state programs but also those brain injury association affiliates and brain injury alliance affiliates, which are advocacy organizations in each state providing referral services and providing information to those individuals that have been identified as having a history of brain injury. Next slide, please.

And I reference this quite a bit, but we are really proud of our resource library. And this just gives you an idea that types of things that are available on there all for free. Next slide.

So now I'm going to turn it back over to Judy to talk little bit more about some specific resources that we've developed that are specific to you all and hopefully will be good resources for you.

Judy Dettmer: Thank you. So yeah, we wanted to be sure, since we know that the population you're working with are those who have behavioral health needs, and so we included some specific resources here. Part of the work that we do at the National Association of State Head Injury Administrators is the technical assistance and resource support as we mentioned through ACL. And one of the products that we developed was a TBI behavioral guide, so trying to help systems understand how to better—sorry, hang on one second. Sorry, the downfall of working from home. But trying to help systems better understand how to partner with their mental health systems. Some training approaches that could be used and screening approaches. And then we took that bigger guide and put it into some smaller, more like an executive summary about modifying clinical interventions and modifying psychopharmacological interventions. So we're hoping that these are things that could be useful to you. As Becky mentioned on the previous slide about our website, if you go to the behavioral health section, you'll find other resources that could be really helpful for you as well.

So we have partnered with various entities, and one of them is SAMHSA through one of their technical assistance centers to develop a tip card and toolkit and workbook on advising and treating brain injury. So again, this is the brief that you can take a look at that would be helpful and just guide some of the practice that you do. We also developed a criminal and juvenile justice best practice guide. This slide is in here in a second. But we've been working with Scott and his team at the National Association of Drug Court Professionals to develop one specific for you all. So there's a sneak peek coming up on that, but we're excited about that guide as well. And Becky mentioned Leading Practices Academy.

One thing I wanted to bring to your attention, this is not something we developed, but when we did in partnership with the North Carolina disability rights organization, they saw a particular need as well around brain injury in the justice system. And so they decided to develop a national TBI database, and I'm hoping that when you get these slides and you have the links that you'll take a look at this because it provides an outline of what's happening across the country in each of the states as it relates to brain injury and the intersection of justice. And so you might find some resources by visiting that.

It's a pretty exciting project, and I think it's going to be an ever-evolving

project because the landscape shifts significantly all the time. But this is just a visual to give you an idea of some of the states that we're aware of. And actually since this, I think there's been a couple more states that we should be coloring in, but that are doing some work around brain injury in the justice system. Some of them, as you can see the coding there, the red is adult, the yellow is juvenile, and then orange is they're working with both. So if you see your state up there and you want to get connected, just give us a holler, and we'll find the people that are doing the work in your state and get you connected to them. So you can be partnering across the two systems.

So I mentioned the sneak preview. We are really excited and grateful that Scott is working with us to develop this guide for you all and supporting individuals with acquired brain injury. It will go into background about what is happening, current practices related to brain injury, what is brain injury, and why it's important in the context of the Treatment Courts. Screening for lifetime history. We talked about screening today, and this goes into much more depth about that and how to accommodate for brain injury and that referral. And then finally leaving with national resources. So we're hoping that comes out in the fall or so, but we're working on it now. And hopefully it'll be a great resource for you all.

So that's the end of the formal presentation. I just want to stay, before we open it up for questions, this is really—today was meant to be an overview. We definitely would love to have further conversations with you if you're interested in that, in terms of we can provide you some direct training, some direct technical assistance as you think about screening for brain injury, supporting people with brain injuries within your courts. And we're glad that you're interested in the topic, and so anything we can do to help, please reach out. There's our contact information. And if for some reason you lose it, I bet you have Scott's, and he can find us. So we are findable. So with that, I just open it up for the questions.

Scott Tirocchi: That was absolutely fantastic. Thank you very much, Judy. Thank you, Rebeccah. I was taking notes, literally. Thank you so much. We had some questions in the box, in the chat room. It looks like the majority have been answered. However, at one point, there were a couple of folks that did raise their hand, and, unfortunately, we were unable to respond. So folks, if you want to raise your hand again, we can't see you. So if you could please just—if you do have a question you'd like to type into the chat, the Q&A box, that'd be fantastic.

So I will start off with some questions for the both of you that I'm looking at right now. And one says, "Does NASHIA work with defenders with a

mental health disorder, formally known as mentally disordered offenders, with TBI who are civil commitment within the California state hospitals." Now that's a very specific question.

Judy Dettmer: That is. And we do not—there are some initiatives happening in California, and we could definitely connect you to the brain injury program that is based at the Department of Rehab in California. There is nothing to my knowledge that is specific related to the civil commitment piece, but I'm sure we could get you connected to some resources. There is an optometrist, I believe, Doug Major, who I recently ran into; and he's going to be presenting at a conference on justice in the near future. But he's done some good work related to brain injury, so that's kind of a one off. But I can get you that name, and I'd be happy to connect you. Just email me, and I'll connect you to the folks at the Department of Rehab there and see if there's something that—if it's not happening, is it something that could get started.

Scott Tirocchi: Put you right on the spot, Judy. Or you could write directly to me, and I'll send it to Judy. So we'll make sure the right person gets that information. Another question, "Are we able to obtain a copy of your questionnaire form?"

Judy Dettmer: The Ohio State one I'm assuming?

Scott Tirocchi: I believe that's the one.

Judy Dettmer: Okay. Yes, there's a couple ways to do that. One is you can chat with us, and we can give you more information about the online brain injury screening system that we've developed. The other thing is when I send the PowerPoint, I will send a link to the original screening tool. So we partnered with Ohio State to incorporate that tool into our online system, and then we partnered with MINDSOURCE Brain Injury Network in Colorado to incorporate the symptoms questionnaire into the OBISS to make it an automated system. But those are tools that are out there, and I can be sure to get those to you. I'll send them to you, Scott, when I send the PowerPoint.

Scott Tirocchi: Well, we are developing quite a relationship with you folks, now aren't we?

Judy Dettmer: We love that.

Scott Tirocchi: You got a lot of comments about how fabulous it was. It was absolutely fantastic. It was a great time. "With fentanyl, many people on the street

have overdosed dozens of times with presumable no time for brain healing. Can you speak about that effect of this on brain injuries?"

Judy Dettmer: Rebeccah, do you want to take that one? I know you often talk about that.

Rebeccah Wolfkiel: Sure. So yes, we are seeing that not only are people with a brain injury more susceptible to becoming addicted to substances because they're often prescribed them when they're in the hospital and also due to some executive dysfunction, just an irregularity, more easily susceptible to addiction. We do find that after an overdose when folks are left without oxygen to their brain for prolonged amount of time, while revived, they do have some cognitive deficits as a result. And it's something that we've been educating Congress about, educating providers. My ideal world would be for the CDC to have some information within the ER that folks left treatment with. I don't know that we'll ever see that day. But there is a very strong interconnectivity. We've been working with SAMHSA, as Judy mentioned, to develop some resources so that behavioral health providers are aware of that connection, but more needs to be done. I don't know, Judy, if there's anything else you want to say there.

Judy Dettmer: The only thing I would say is I'm glad that the question was asked because it is an often-overlooked area where people aren't putting that together, like Rebeccah, said related to that lack of oxygen to the brain and the long-term consequences of that. When you think about supporting someone with a brain injury, so if the mechanism was an external blow to the head or if it was lack of oxygen, your strategies are going to be very similar. Obviously, if it's related to overdosing or different things like that, then treatment is an important factor.

But in terms of some of the compensatory strategies that we share in our trainings, they're going to fit if the person had a brain injury from a car accident or if they had a brain injury from an overdose. And that's the beauty of it. This wasn't meant to get into a lot about the interventions and strategies, but I just want to put a note in to say they're not complicated. We tend to over think in a way when it comes to brain injury. We tend to—it's a medical condition, and we get intimidated by just the terminology of brain injury. When in reality, it's a lot of the practices that you're already using across other groups, like people with behavioral health issues. And they're just great universal strategies for your courtroom.

So we'd be happy to talk more about that, but just I want to demystify it a little bit for folks that it's important to know that you have the skills. You have the capability within yourselves to be able to make some adjustments

and support people as they either are seeking treatment from you as a treatment provider, or if you're in the court setting as a judge or probation officer or other official. You have some capabilities to make adjustments.

Scott Tirocchi: Thank you. Also, a link has been put in by Alissa, looks like. Alissa Schneider put a fantastic link in, which folks may want to take a look at. Also, there was a question around sexual identity regarding head trauma. And for example, a heterosexual male, who then has a head trauma, is no longer a heterosexual male. I don't know if you would necessarily know that exact response to that question, but could you point us in a direction as far as the latest and greatest research for something like that?

Judy Dettmer: I honestly have not heard of that before, so I am not aware that there's any research that is happening in that area. If I come across that, I'll certainly send it your way, but, no, that's not something that I've heard of.

Scott Tirocchi: Yes, thank you. And we talked about fentanyl, we talked about substance use. I think we covered all of them. I mean, I think if we just gave some time, we'd probably have a lot more questions, too, to be honest. But again, on behalf of Justice for Vets and National Association of Drug Court Professionals, thank you very much.

Folks, just some upcoming events to play off of this, well, both Judy and Rebeccah are going to be at our national conference in Houston on June 26th or 29th, and they really want you to swarm up to them and introduce yourself and get information from them. Following our next webinar in July, now July 14th, this takes it to the next level. We had acute, and now we're talking about chronic. So we actually have Dr. Meghan Geiss, who is a neuropsychologist from the VA. She's going to be here on July 14th to talk about chronic traumatic encephalopathy, so that's going to be a fascinating topic I'd love for you all to tune into. And then as was hinted, early fall, our friends over at NASHIA have assisted in the development of this fantastic brain injury tool kit that all Treatment Courts can use and adopt. So we'll be going there. And then who knows, next year maybe we'll have some formal screens out to the field, but it's all good.

And again—oh, there's one more. Donna Carter raised her hand. Donna, please feel free to unmute if you do have that question. Okay, well, no worries Donna. Just put that in the box, whatever the question is, and you can certainly, definitely get back to us on that. And again, I'm available through my email. But for everyone else, that's a wrap as they say. Thank you very much. We look forward to seeing you at future webinars, and we also look forward to hopefully seeing majority of you, all of you, at Rise 23. Take care now. Thank you.