Justice Center
THE COUNCIL OF STATE GOVERNMENTS

Mind Matters: Building a Crisis System That Is Inclusive and Responsive to Brain Injury

October 29, 2025 | Megan Davidson, PhD and Kate Reed, LPC

Agenda

I. Introduction

II. Mind Matters Project Overview

III. Brain Injury and Crisis Response

IV. Brain Injury Among Law Enforcement Officers

V. Discussion

Speakers

Megan Davidson, PhD, *Program Director, Behavioral Health Division, CSG Justice Center*

Kate Reed, LPC, *Director of Health and Public Safety Initiatives, Meadows Mental Health Policy Institute*

Justice Center

THE COUNCIL OF STATE GOVERNMENTS

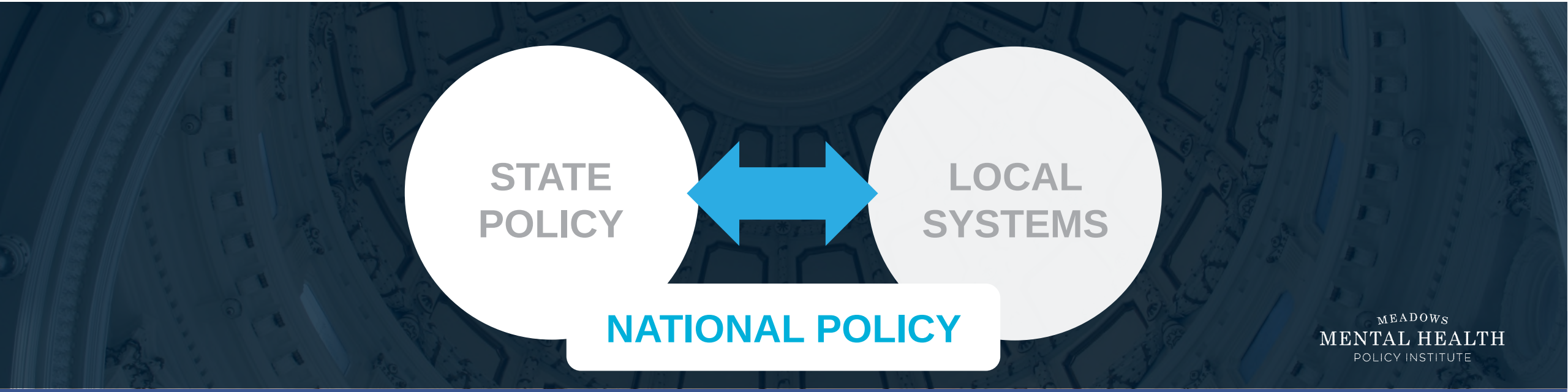
We are a national nonprofit, nonpartisan organization that combines the power of a membership association, serving state officials in all three branches of government, with policy and research expertise to develop strategies that increase public safety and strengthen communities.

How We Work

- We bring people together.
- We drive the criminal justice field forward with original research.
- We build momentum for policy change.
- We provide expert assistance.

Meadows Mental Health Policy Institute:
Vision, Mission, Core Change Strategy

- **Vision:** We envision Texas to be the national leader in treating people with mental health needs.
- **Mission Statement:** Independent and nonpartisan, the Meadows Mental Health Policy Institute works at the intersection of policy and programs to create equitable systemic changes so all people in Texas, the nation, and the world can obtain the health care they need.



MEADOWS MENTAL HEALTH POLICY INSTITUTE

Mind Matters Project Overview

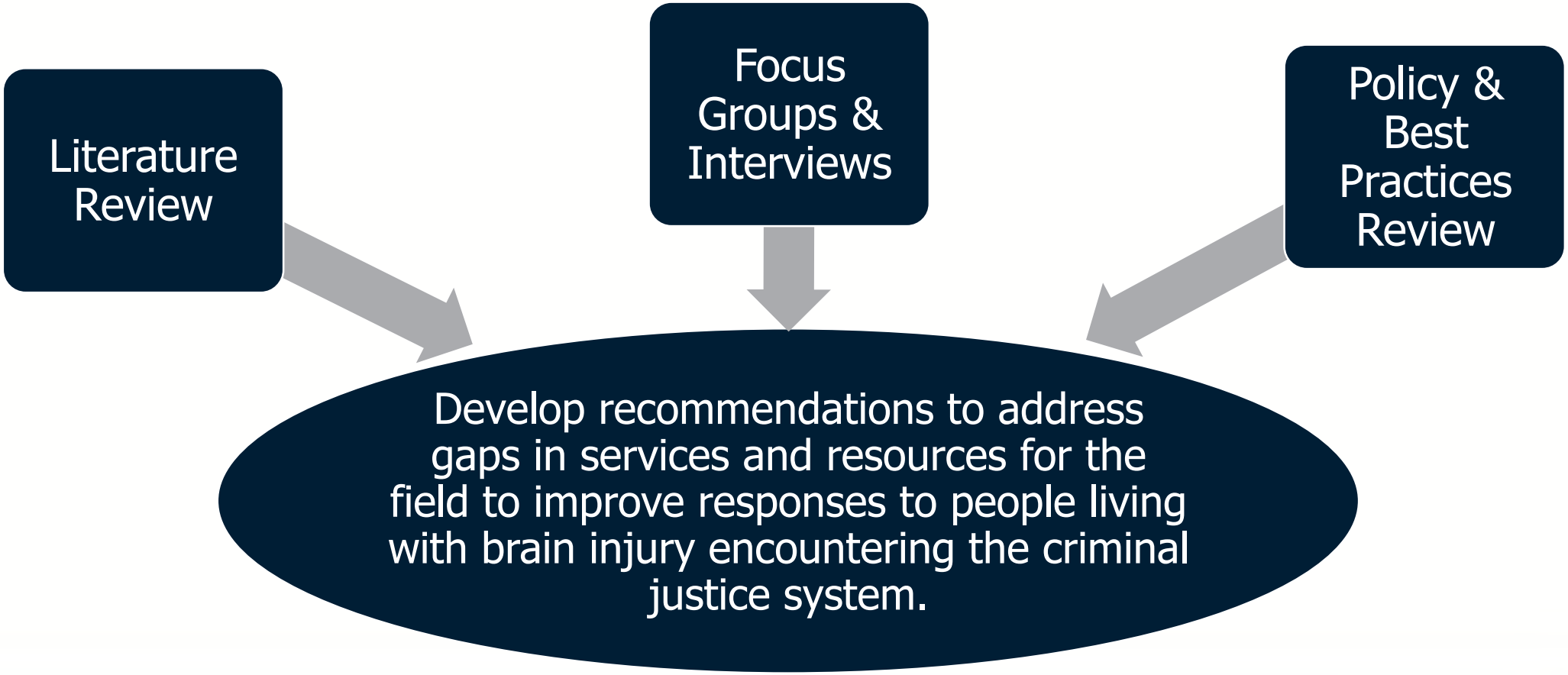
Why Brain Injury?

- **Over half of individuals encountering the criminal justice system have experienced at least one brain injury.**

- Recognizing the importance of this issue- Congress passed the Traumatic Brain Injury and Post-Traumatic Stress Disorder Law Enforcement Training Act (H.R. 2992) in August 2022.
- It required the Bureau of Justice Assistance (BJA) to develop training tools/resources focused on brain injury/PTSD for first responders.
- BJA requested the CSG Justice Center conduct a landscape review to lay the foundation for future work in this area!

E. Shiroma, P. Ferguson, and E. Pickelsimer, "Prevalence of Traumatic Brain Injury in an Offender Population: A Meta-Analysis," *Journal of Head Trauma Rehabilitation* 27, no. 3 (2010): 1–10, http://doi.org/10.1177/1078345809356538.

Mind Matters Project Overview



Key Findings and Recommendations

1

Training and Education

2

Screening and Identification

3

Compensatory Strategies and Modifications

4

Referrals and Resource Coordination

5

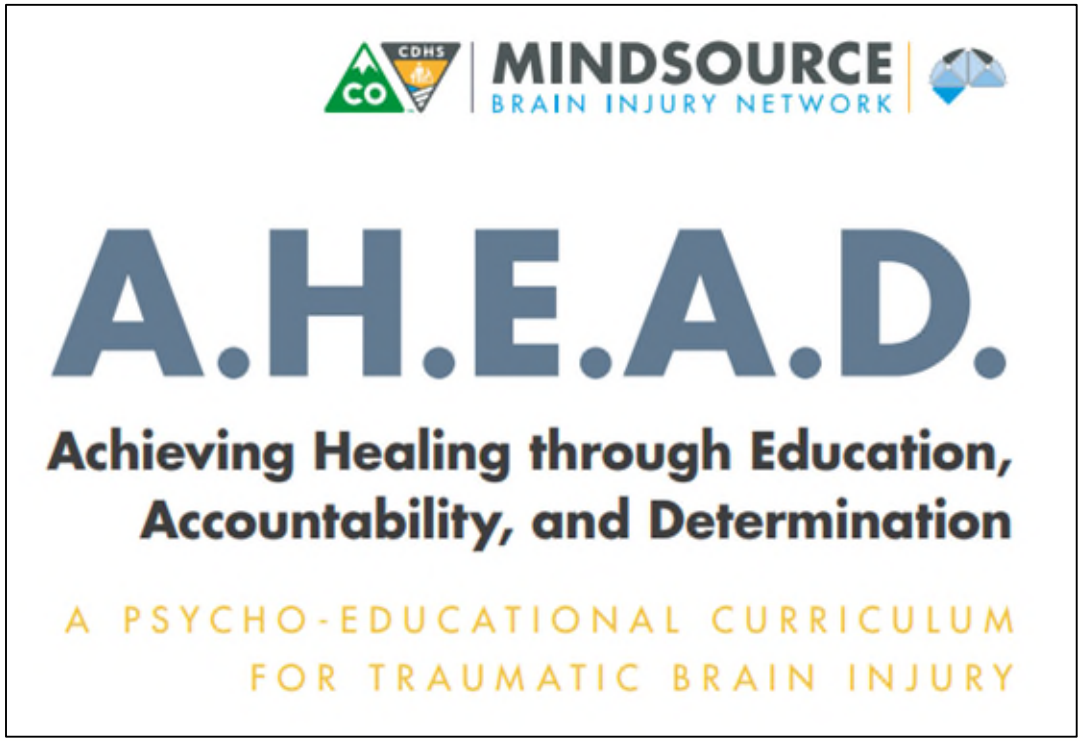
Strategies for Advancing Recommendations

1. Training and Education

- Implement an easily accessible, standardized brain injury training model.
- Cultivate cross-training opportunities.
- Provide psychoeducational resources.

AHEAD Curriculum

- Developed by MINDSOURCE Brain Injury Network and Dr. Bradley McMillian from the Denver County Jail
- Psychoeducational curriculum designed to help participants understand brain injury, its effects, and symptom management
- Specifically created for mental health and criminal justice staff to facilitate group sessions



2. Screening and Identification

- Prioritize screening youth.
- Conduct universal screening.
- Assess for symptoms and develop interventions.
- Establish data tracking and information-sharing protocols.
- Raise awareness and reduce stigma.

Brain Injury History Screening Tools

- Ohio State University TBI Identification Method (OSU TBI-ID)
- Acquired Brain Injury (ABI) Screen
- Brain Injury Screening Questionnaire (BISQ)
- NASHIA's Online Brain Injury Screening and Support System (OBISSS)

3. Compensatory Strategies/Modifications

- Modify approaches and interventions to promote compliance and safety.
- Consider adjusting the setting where possible to reduce overstimulation.
- Develop symptom management strategies in partnership with the person living with brain injury.

4. Referrals and Resource Coordination

Establish partnerships and referral mechanisms between criminal justice entities and brain injury services providers.

Build care coordination into the brain injury referral process.

NeuroResource Facilitation (NRF)

- Similar to intensive case management
- Helps people with brain injury access appropriate services
- Involves directly assisting with applications, appointments, problem-solving, and advocacy
- Should be implemented where possible along the criminal justice intercepts based on need and available resources

Research shows NRF leads to **improved outcomes, such as increased community participation and employment, and decreased recidivism rates** for people with brain injury.

Brain Injury and Crisis Response

Crisis Response and Brain Injury: What to Expect

- Person may appear agitated; limited memory recall and concentration.
- Executive functioning may be impaired.
- They may have a difficult time following directions and responding coherently.
- Maintaining eye contact can be challenging.
- Physical limitations: look for scars on the face, head, or neck area; limping; etc.

Can easily be mistaken for SUD/MI behaviors and symptoms

Photo courtesy of San Francisco Street Crisis Response Team.

Crisis Response and Brain Injury: What to Do

- Work from a universal assumption and train/plan accordingly.
- Reduce lights and sirens when you can do so safely.
- Talk slowly and calmly, asking one question at a time.
- Have them repeat to you what they are hearing you say to ensure they understand.
- Look for scars around the head, face, neck and other physical symptoms.
- Avoid solely relying on self-reporting to determine the presence of a brain injury.

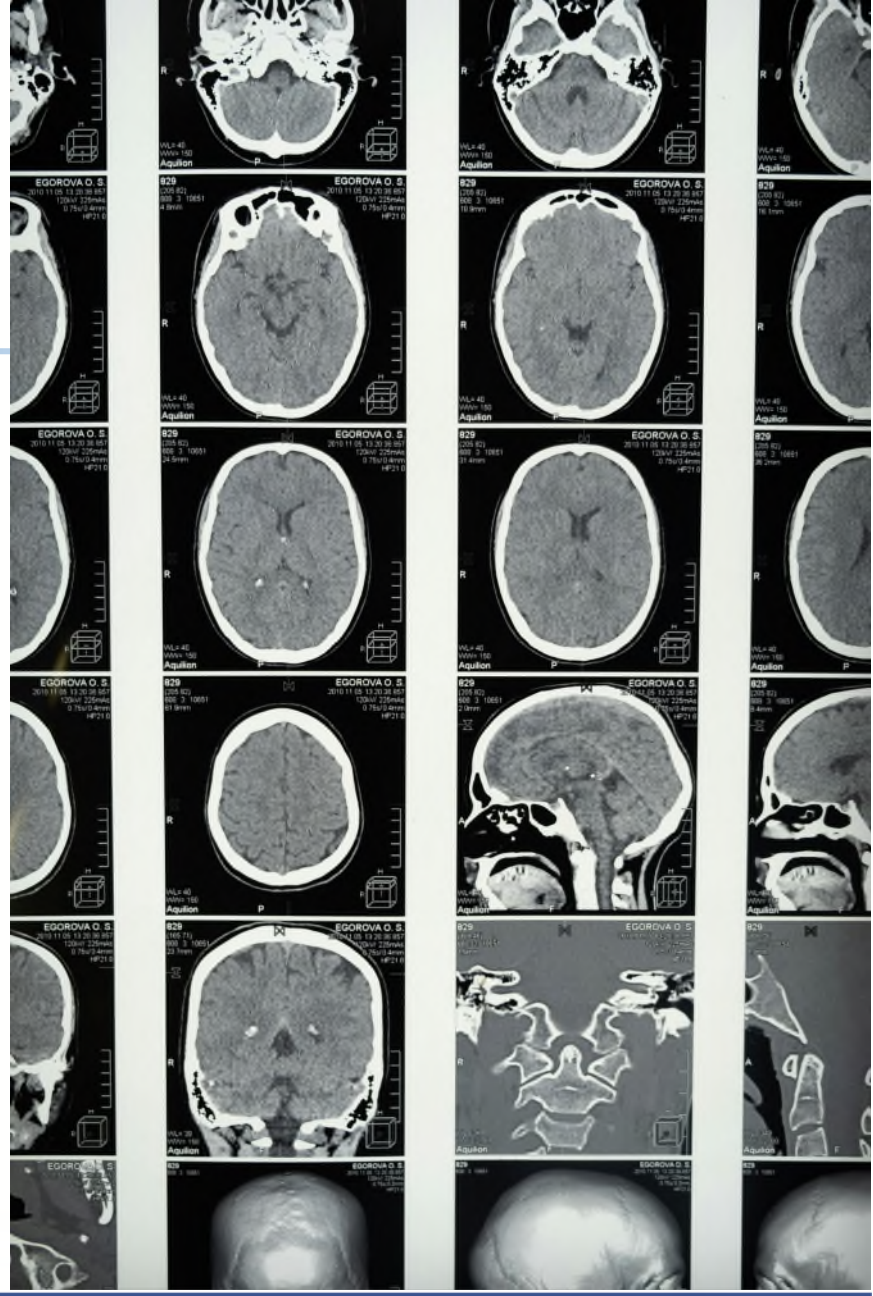
Crisis Response and Brain Injury: Referrals

- Get connected with your state Brain Injury Association or other brain injury advocacy organizations to identify appropriate providers in your area.
- If making a referral, try to initiate a warm hand-off and communicate to the provider that reminders might be needed.
- Create mechanisms for follow up, where possible, to support with connections to services.

Brain Injury Among Law Enforcement Officers

Scope of the Problem

- **74%** of law enforcement officers reported a lifetime history of one or more head injuries.
  - 23% were diagnosed or treated by a health care provider
  - 76% were either undiagnosed or untreated
- **30%** of injuries occurred on duty.
- **36%** reported experiencing multiple, repeated blows or impacts to their head.



JB Caccese et al., "Silent Struggles: Traumatic Brain Injuries and Mental Health in Law Enforcement," *The Journal of Head Trauma Rehabilitation*, 40, no.3 (2025): E185–E195, https://doi.org/10.1097/HTR.0000000000000986.

Common Job-Related Causes

- Physical altercations and arrests
- High-speed vehicle pursuits and crashes
- Exposure to blasts from firearms or explosives
- Defensive tactics training

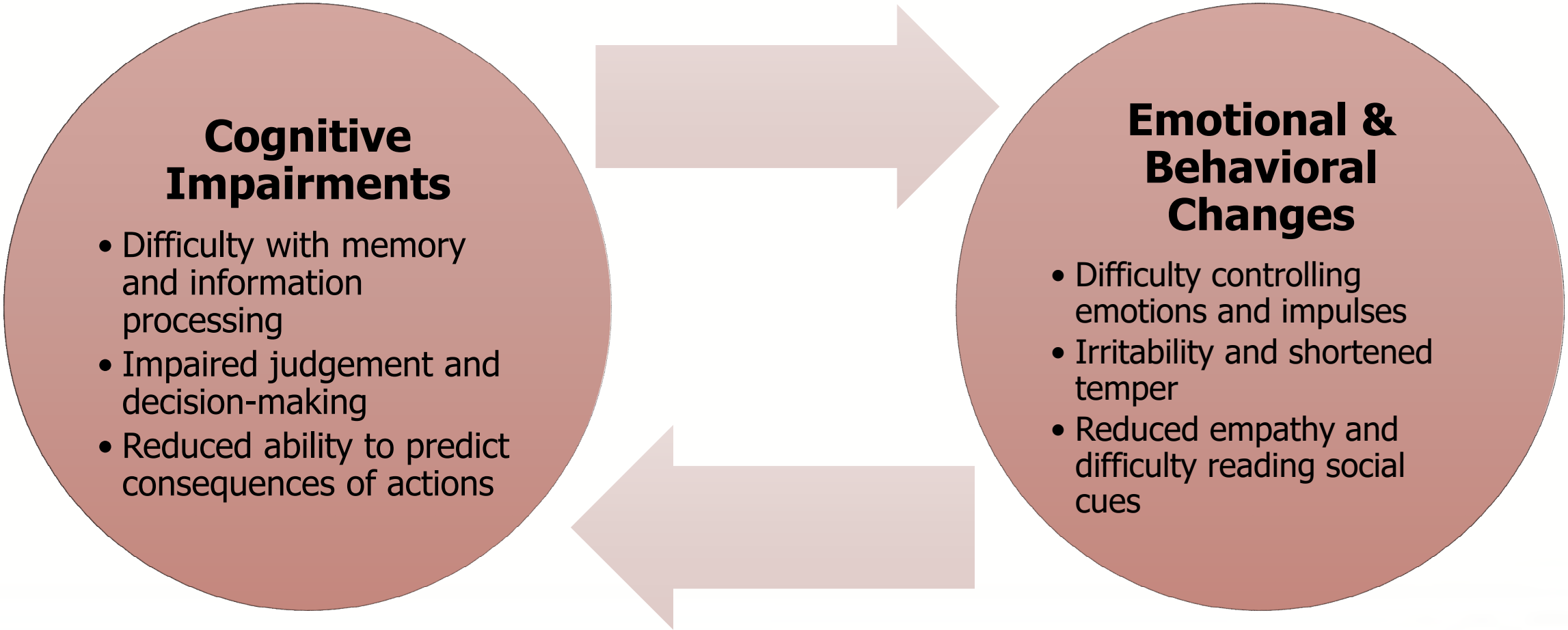
Mental Health Connection

Officers with brain injury face more than double the risk of developing complex PTSD.

Post-traumatic stress and depressive symptoms are significantly higher in officers with brain injury.

JB Caccese et al., "Silent Struggles: Traumatic Brain Injuries and Mental Health in Law Enforcement," *The Journal of Head Trauma Rehabilitation*, 40, no.3 (2025): E185–E195, https://doi.org/10.1097/HTR.0000000000000986; N.I.J. Smith et al., "Co-Occurrence of Traumatic Brain Injury and Post-Traumatic Stress Disorder in a National Sample of UK Police Officers: Impact on Social Well-Being and Employment Outcomes," *The Journal of Head Trauma Rehabilitation*, *40, no.* 4 (2025): 247–257, https://doi.org/10.1097/HTR.0000000000001041.

Impacts on Officer Functioning



Impact on Crisis Response

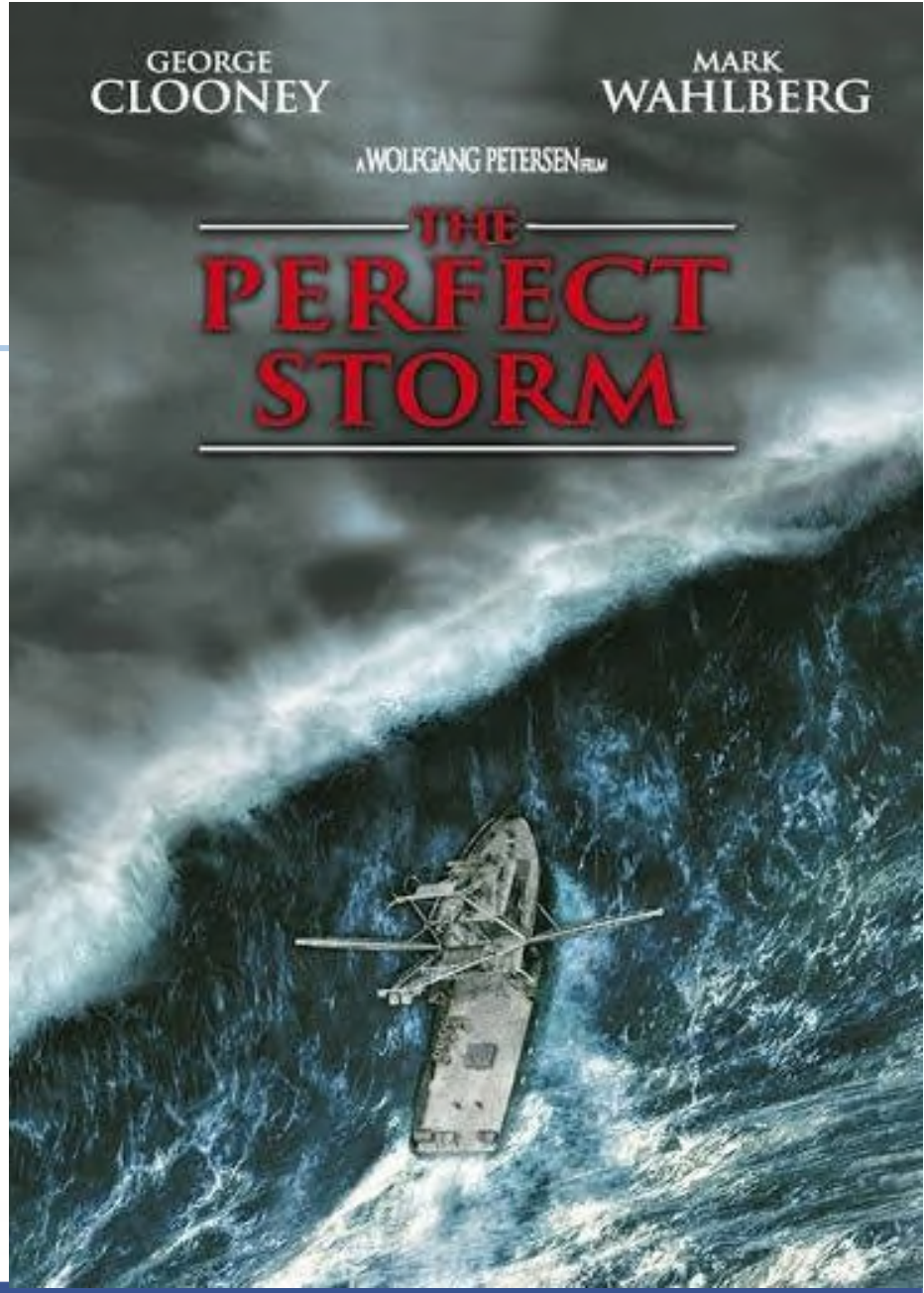
Officer with Brain Injury

+

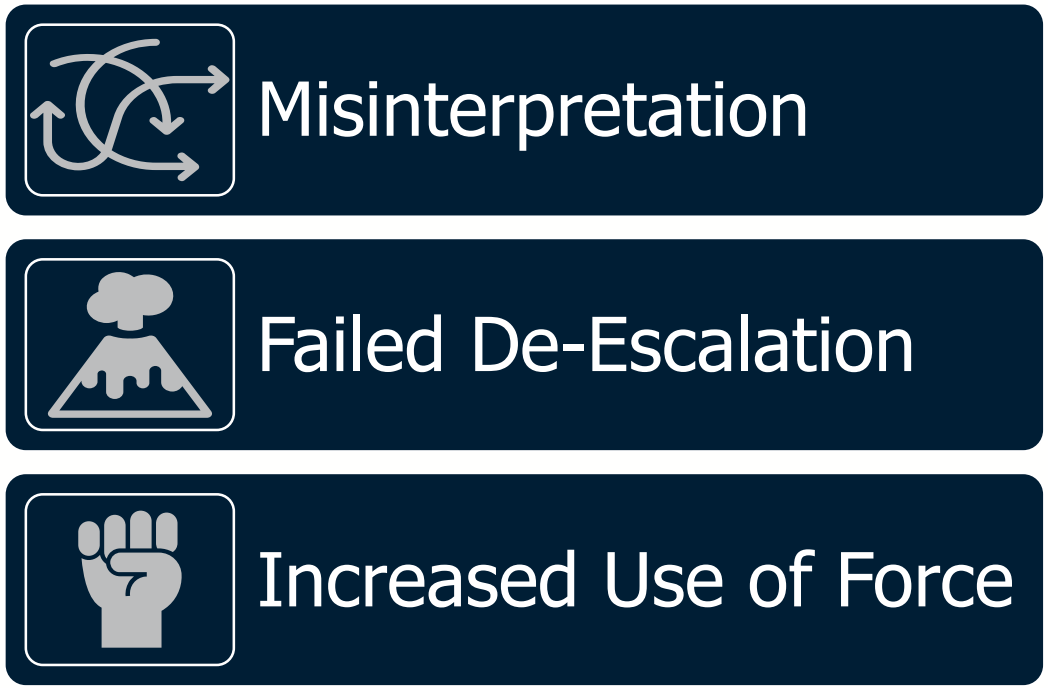
Person in Crisis

→

High Risk of Misunderstanding and Escalation



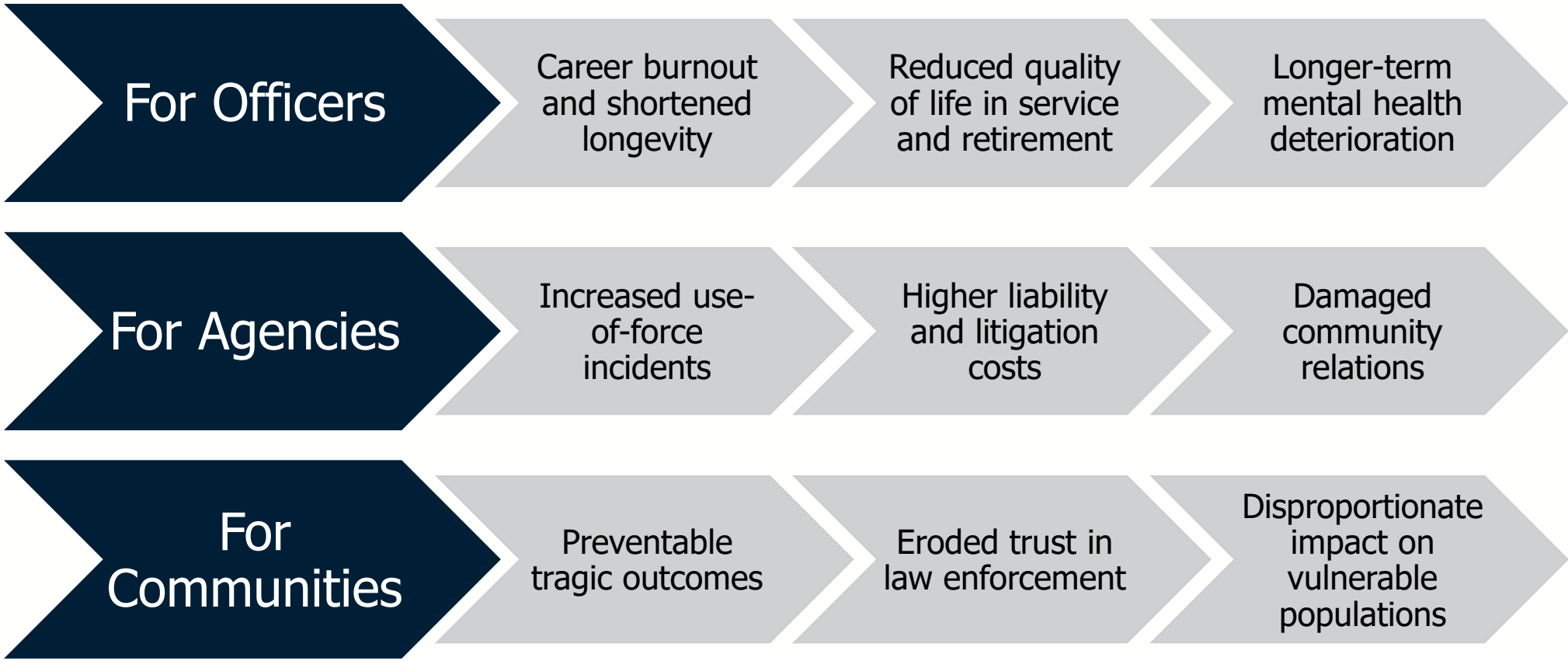
Impact on Crisis Response Interactions



REMEMBER: Up to 60% of people involved in the justice system also have a brain injury.

E. Shiroma, P. Ferguson, and E. Pickelsimer, "Prevalence of Traumatic Brain Injury in an Offender Population: A Meta-Analysis," *Journal of Head Trauma Rehabilitation* 27, no. 3 (2010): 1–10, http://doi.org/10.1177/1078345809356538.

Long-Term Consequences



Evidence-Based Solutions

Awareness & Education

- Integrate brain injury education into recruit and in-service training.
- Normalize discussions about brain injury like other on-duty injuries.
- Train supervisors to recognize signs of brain injury.

Mandatory Screening Protocols

- Implement routine brain injury assessments and protocols.
- Screen after any potential head-impact event.
- Create confidential reporting systems without career penalties.

Evidence-Based Solutions

Rapid-Access Treatment & Support

- Provide immediate access to neurological and mental health care.
- Offer tailored support protocols for officers with diagnosed brain injury.
- Consider duty modifications or reassignments when appropriate.

Integration with Crisis Response Training

- Add officer brain health modules to all CIT training.
- Develop peer support systems specifically for officers with brain injury.
- Create partnerships with medical centers specializing in brain injury treatment.

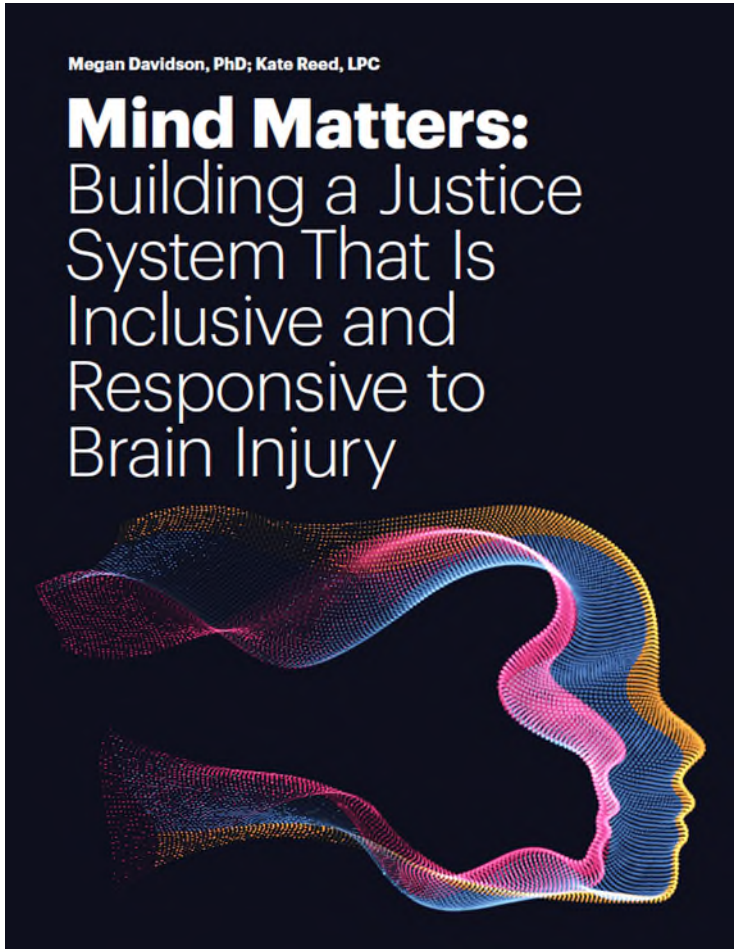
New Legislation Introduced (April 2025)

- U.S. Reps Angie Craig (D-MN), Dan Crenshaw (R-TX), Don Bacon (R-NE), and Kim Schrier (D-WA) introduced a bipartisan bill to help local law enforcement agencies support and treat first responders who suffer concussions and traumatic brain injuries on the job.
- The **Public Safety Officer Concussion and Traumatic Brain Injury Health Act** would direct the Centers for Disease Control and Prevention to provide guidelines to law enforcement agencies for identifying and treating traumatic brain injuries, while also disseminating information to mental health professionals.

Wrap-Up and Discussion

Key Resources

NASHIA



https://www.nashia.org/resources-list/intersection-of-deflection-tbi-and-sud-podcast

https://www.nashia.org/resources-list/mind-matters-building-a-justice-system-that-is-inclusive-and-responsive-to-brain-injury

Questions and Reflections?

Thank You!

Join our distribution list to receive updates and announcements:

https://csgjusticecenter.org/resources/newsletters/

For more information, please contact Megan Davidson at mdavidson@csg.org.