



# Brain Injury in the Homeless Community: Results of a Cross-training Initiative and Potential Next Steps

*This is a summary of a dialogue between homeless service providers and staff of the Minnesota Brain Injury Alliance held on April 20, 2016. The discussion was a follow up to several cross-training experiences designed following an earlier roundtable discussion (held on October 8, 2015<sup>1</sup>). The purpose of the cross-training experiences was to mutually strengthen each group's understanding of the other and create pathways for better serving and supporting people who are homeless and have brain injuries.*

## Background

The Minnesota Brain Injury Alliance invited representatives from a wide range of service providers serving the homeless as well as homeless individuals with brain injuries to participate in a half-day discussion in October, 2015 intended to identify specific ways the Alliance could build stronger connections to the homeless community. The discussion, facilitated by a senior Wilder Research consultant, covered a wide range of topics including experiences in recognizing and responding to brain injury, stigma and misunderstandings associated with this type of injury, supports and services available now, and ideas about what supports might best serve this population in the future. The information from this dialogue was then used by the Alliance to plan for outreach and intervention efforts including cross-training activities with providers that were designed to help meet the diverse range of needs among those who have suffered traumatic brain injuries. This summary describes participants' reactions to and reflections on the value of the cross-training and identifies possible next steps in building and sustaining these initial relationship building efforts.

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<sup>1</sup> Summary of the first roundtable available here: [https://www.braininjurymn.org/org-pdf/education/MNBrainInjury\\_RoundTable\\_Summary\\_1-16.pdf](https://www.braininjurymn.org/org-pdf/education/MNBrainInjury_RoundTable_Summary_1-16.pdf)

# What was helpful from the cross-trainings?

Cross-training helped many homeless service providers recognize the wide variety of injuries, symptoms, and impacts that can be present among people who have sustained a brain injury. This increased knowledge helped providers (both staff and volunteers) better identify clients who may have a brain injury and work with them more effectively to identify resources. Other providers (during the small group discussion) also noted a “softening” of reaction from staff toward clients who have brain injuries. As one provider mentioned during the initial discussion:

*“For [the staff] who had heard this, it was reaffirming; for others it was level setting. It gave staff a leveling and helped them have patience with clients they encountered.”*

This increased knowledge also helped providers make connections with MN BIA as needed. As another provider added,

*“[Volunteers] realized there was no magic wand... They have a better understanding. Volunteers are starting to make appointments with MN BIA – it’s a huge breakthrough.”*

For MN BIA staff members and volunteers, participating in cross-training was an opportunity to see how their process differs from that of homeless service providers:

*“[Cross-training] was amazing because we are used to being in an advocate role. When we meet a client, we go into problem solving mode. It was helpful to see how homeless service providers go more slowly... The clients might need more time to understand the steps.”*

The connections facilitated by cross-training also helped MN BIA staff and homeless service providers work together to best assist clients. Two participants – one from MN BIA and one homeless service provider – described how they worked together to advocate for one client who was close to losing his housing:

*“It takes a team; we both had to send lots of emails and make lots of calls. [Client] finally got case management [in April]. We started on this last October.”*

*“Without [MN BIA staff] I wouldn’t have known what to do... [Client] doesn’t even remember how to answer the phone.”*

*“[Provider] gets to be our eyes. Because of the high caseload at MN BIA, we seldom see clients face to face. It’s a huge disadvantage to us. [Provider] could see what [the client] had to eat and that he couldn’t answer the phone.”*

Another participant, who has had personal experience with TBI, emphasized the importance of having face to face contact in the support process:

*“What a difference it makes when somebody sees [a client’s] home, sees their struggle... It’s so good for people who work with services to see what life is actually like.”*

# What did we learn from our last conversation and what gaps exist?

In the first discussion on October 8, participants discussed the higher prevalence of brain injury among particular groups. Participants also discussed the complexities that make it difficult to recognize and diagnose brain injury, such as the layering of multiple physical and mental health issues and the invisibility of brain injury. Participants also noted that navigating the process of finding and securing support is often unwelcoming and overwhelming for clients, and that client trust is hard to gain and easy to lose.

Another topic that emerged is the difficulty of keeping volunteers in homeless service organizations up to speed and educated on brain injury. Participants in this discussion had a number of suggestions to help keep volunteers educated and trained on an ongoing basis. One provider suggested having outreach workers regularly staffed in volunteer areas:

*“Someone [in outreach from MN BIA] coming to shelter on a regular basis could keep volunteers up to speed. Then, homeless folks could see them regularly in house. It helps on both sides.”*

Other participants suggested various ways of providing effective onboarding as well as ongoing contact and training:

*“Asking volunteers to do training is difficult – they work during the day and come at night... Even providing a flier of basic information or a short video of basic knowledge about TBI [would help].”*

*“Onboarding is crucial... If there was a way to have multimedia, utilizing YouTube would be great. Onboarding and then important sequential reminders.”*

MNBIA staff also acknowledged the importance of training their new and incoming staff:

*“From the flip side, BIA has new staff coming in all the time. We also need to be training staff so that they have their eyes open and they know and they are integrated into the relationships we are building with the homeless service providers.”*

This brought the discussion back to the importance of the connections between MN BIA staff and providers. The importance of providing a “warm handoff” had been discussed in the first discussion, and several participants re-emphasized the importance of that connection here:

*“When we have an Education and Outreach Specialists [from MN BIA] hanging around, there’s less of a need for a person to retell their story again. They can build that relationship. There is benefit to having the relationship grow in the environment where people are coming, especially when people are homeless and you can’t go to them.”*

Participants also discussed the importance of understanding and communicating roles within organizations to facilitate those connections and provide effective training across roles:

*“There’s a lot of talk about warm handoff to outreach people. The people who are actually following up are Resource Facilitators [from the MN Brain Injury Alliance], not the Education and Outreach Specialists [from MN BIA]. It’s different. But, the person has to explain their story again and there’s a whole rebuilding of trust... If advocates would just conference us right in, that helps.”*

*“I am very comfortable helping staff, but I’m not the person they should be referring someone to, that’s the Resource Facilitators. There are two relationships.”*

*“I think there are the direct providers and the secondary providers. The direct providers are actively seeking out training because they realize they are encountering folks. Maybe there needs to be trainings for secondary providers – front desk folks, payees, et cetera – who aren’t necessarily thinking of themselves as direct service or advocates.”*

## What are some potential next steps to take?

Participants suggested a number of potential ways to enhance knowledge and connections among providers and MN BIA staff. These suggestions included:

- Continue to build relationships, trust, and rapport between the MN BIA and homeless service providers; continuing to facilitate face-to-face connections within different organizations and alliances
- Seek to better understand how service organizations connect and create an organizational flow chart to guide workers
- Have a Resource Facilitation staff person available at each agency who can work in a hands-on role with homeless individuals
- Create a release of client information form or procedure that works across all organizations; creating a collaborative database to better track individuals
- Create/enact flexible policies for contacting clients (calls vs. text messages, conference calls, video conferencing, more regular contacts) based on individual client preferences and needs, rather than a standard or inflexible policy for all clients
- Provide ongoing training and consultation for volunteers and staff (both primary and secondary providers) across organizations, free of charge
- Continue with roundtable format in some way to facilitate ongoing high-level conversations among organizations

- Create a protocol that can be easily followed by shelter staff when an individual is identified with a possible brain injury, in order to encourage earlier intervention
- Create a guide or provide another form of assistance to make neuropsychological reports easier to read and understand. Offer steps and implementation strategies to support the individual with a brain injury
- Identify strategies or provide assistance that can streamline the process for obtaining medical records in order to help individuals qualify for benefits (social security, county assistance, waiver services, etc.)
- MN BIA should change the order in which they collect information about individuals who might need help. Start with questions about basic health and safety needs before collecting the private background and demographic data. This will help to establish rapport and create a more dependable working relationship
- Provide opportunities for individuals with brain injury who have experienced homelessness to participate in discussion groups or support groups in locations that are welcoming and accessible
- Help create easier on-ramps to county and state services so that help can be more accessible to people with brain injury who are experiencing homelessness
- Create policies and procedures among shelter providers so that the support of those with brain injuries is not dependent on one staff person or “champion” within each agency

## Final comments

Across the board, participants were thankful to be a part of the roundtable discussions; they were happy to meet individuals from other organizations, understand that their struggles were not unique, and get some ideas on how to move forward to do effective work. Participants were also enthusiastic about the relationships that had been built over the course of the cross-training initiative and were eager to see these relationships continue. There was also interest in developing a strategy for ongoing training, more frequent contact among service providers and Alliance staff and volunteers, and the production of short video training segments that could be easily downloaded by both staff and volunteers serving in provider agencies. Based on the range of suggested next steps, it would be useful to seek additional funding to both prioritize and begin implementing the recommendations outlined in this report.

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