



## Brain Injury Advisory Council Meeting Minutes - November 17, 2017

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### **Members Present:**

Lisa Anderson (Family Representative), Dr. David Biberdorf (Optometrist Provider), Shannon Binstock (Individual with TBI Representative), Jean Herauf (Provider), Nan Kennelly, Austyn Kloen, Sarah Ring, Representative Dick Anderson, Senator Ralph Kilzer, Shila Thorson (Department of Health), Cheryl Hess-Anderson (Department of Human Services), Kevin McDonough (Department of Public Instruction), Denise Harvey (Protection and Advocacy), Mandy Slag (Department of Health), Tami Conrad (Department of Human Services), Krista Fremming (Department of Human Services).

**Others Present:** Arlene Hauwig, Randee Sailer (Dakota Center for Independent Living), Kaylen Morast (Sen Heitkamp's office), Jeremiah Truka, June Herman (America Heart Association), Rebecca Quinn and Nickie Livedalen (North Dakota Brain Injury Network)

### **Approve Agenda:**

Agenda approved with no additions. The agenda was sent out in advance as a public notice and is posted on the door.

### **Introduction of Council Members:**

Advisory Council Members are posted on the governor's website:

Voting Members:

**Lisa Anderson:** Leeds, North Dakota. Daughter has a brain injury who hit the 10 year mark on the 12th of November. Been working at this for a while. Lisa represents the council as a family member.

**Dr. David Biberdorf:** Optometrist, Grand Forks, North Dakota. Works with neuro-optometry, concussion, clinician work, and conducts research in concussion.

**Shannon Binstock:** Survivor, over seven years since severe traumatic brain injury. Less than 5% chance to get back to normal, and blessed to be better than normal. Personal goal to reach out and assist everyone going through this. Assists with what to do after brain injury. Represents survivor on council.

**Jean Herauf:** Speech language pathologist in Dickinson. Enjoys working in the brain injury field.

**Nan Kennelly:** Fargo, speech language pathologist working with individuals living with brain injury in the out-patient setting.

**Austyn Kloen:** Operations officer at the Community Options, which oversees the pre-vocational and vocational employment programs for brain injury.

**Sarah Ring:** speech pathologist that works with the brain injury coordinated care team, Sanford Hospital in Fargo.

**Dick Anderson:** Representative, District 6, north-central part of North Dakota. North McHenry and Renville counties. Service on the Human Services and Natural Resource Committee. Also farms.

**Ralph Kilzer:** Senate for 22 years, District 47, Northwest Bismarck. Chairman of Human Service Budget subcommittee, which in the present is 3.6 billion dollars. Also an orthopedic surgeon.

**Vacant position,** to represent Indian Affairs and the Native American population in North Dakota. Open to suggestions for this position.

Nonvoting members represent state agencies and other interested parties:

**Shila Thorson:** North Dakota Department of Health. Coordinates the storm system, the cardiac system, and we have a trauma system in the division of EMS.

**Cheryl Hess-Anderson:** ND Division Vocational and Rehabilitation services.

**Kevin McDonough:** North Dakota Department of Public Instruction. Spouse is a 26 year brain injury survivor.

**Denise Harvey:** Protection and Advocacy, program director. Office provides services for persons with brain injuries.

**Mandy Slag,** North Dakota Department of Health, Injury and Violence Prevention Division.

**Tami Conrad:** North Dakota Department of Human Services Behavioral Health Division. Oversees the contracts for the services for TBI and other parts of the division. Licensed counselor in Montana.

**Janna Pietrzak:** Stroke, American Heart Association. Designated in the legislation that the governor could appoint an individual to represent.

**June Herman:** Heart Association, attending on behalf of Janna. Works as a policy perspective, three year grant on stroke systems of care includes post stroke care, will benefit serving on the council so we don't duplicate infrastructure. For sustainability purposes, post stroke care, with awareness and this particular task force.

**Krista Fremming:** Deputy Director, medical services, Department of Human Services. Previously at the health department in chronic disease programs.

#### **Role and Purpose of the Council:**

The Department of Human Services (DHS) is the lead agency for brain injury in North Dakota and a majority of the funding that the legislature appropriates for brain injury goes to the DHS budget and distributed by contracts monitored by the DHS Behavioral Division.

DHS is named to provide the administrative role for the council. DHS has included this administrative role into the contract with the Center for Rural Health to run the North Dakota Brain Injury Network.

The role and purpose of the council is stated in the century code. "The council shall advise the Department of Human Services, and shall participate in activities to improve the quality of life for individuals with brain injuries, individuals' families with brain injury awareness, prevention, research, education, collaborative support services, and advocacy."

Responsibilities of council members is to represent the individuals in North Dakota with brain injury to the community, Department of Human Services, the legislature. Each member was selected based on their different roles within the state and their perspective.

#### **Creation of Bylaws/Mission/Vision:**

**Bylaws:** The Century Code directs the creation of bylaws. The bylaws were developed by a subcommittee from the previous TBI advisory council. These bylaws were based on review of other state bylaws and other North Dakota Boards and Councils. Discussion that bylaws will be sent out by email for comments prior to next meeting.

**Mission and Vision statements,** were developed by the previous advisory committee. The Vision was that "North Dakota be a state where brain injuries were prevented and all North Dakotans with a brain injury be treated and reach their desired quality of life." The Mission Statement "to improve the quality

of life for all individuals of brain injury, their families to brain injury, awareness, prevention, research, education, collaboration, support, services and advocacy." Discussion about adding identify to the vision statement. Will add identify to the vision statement before sending out for approval.

**Presentation from Mary Kae Kelsch, ND Attorney General Office regarding open records and meetings:**

The Attorney General's website has a section on Open Records and Meetings. Our manuals are on the website, an index of opinions, summaries of opinions, there is a lot of resources out there for you if this is just something that captures your imagination and you want to delve into deeper.

Membership clarification:

Questions were asked regarding membership. Century code says, "the governor shall appoint five, but no more than nine, members to serve."

Minimum 5 are:

1. One brain injury survivor
2. One family member
3. At least one service provider representative
4. An individual representing the Indian affairs commission, nominated by the Indian affairs commission
5. At least one individual representative here educational, legal, veteran, welfare, or professional group or organization."

These make up the minimum of 5, the remaining 4 spaces are just open positions. The selection of who was the official service provider and general versus the open spots was a random selection among those who applied.

Question: How did the "term expires" come about?

Answer: Terms were selected at random and did not want to have all the terms expiring at the same time.

Question: If you were reappointed, and have a two-year, then would be for a four-year going forward?

Answer: Yes, if you are serving a two-year the first time, you could be reappointed to second term and that would be a four years.

Question: Does the same apply to the non-voting members?

Answer: Yes, non-voting members do have terms but there is not a limit on the number of terms so you can be reappointed.

The role of the North Dakota Brain Injury Network is to provide administrative support to the council. NDBIN also contracted to provide the website, maintain toll-free number, do outreach, education, support for individuals, referral. In addition, is the lead for the planning committee for the Mind Matters Conference.

Discussion regarding the formation of an individual and family member stakeholder group. The council only has one single roles for family member and individual. Forming a family member and individual stakeholder group for people to come forward and to share concerns, discussions, would be an avenue to inform individuals and family members on the council.

NDBIN currently has been hold meeting of a services workgroup which is a small group to look at barriers to developmental services. Most recently, this group looked at the screening process for home community based services. Discussion was held regarding the current process, training that could be done around the screening process.

Question asked about past ND Brain Injury Providers Coalition. Answer: The Provider Coalition was an informal group and has no longer been meeting and was waiting to see what would be coming out of this advisory council process. May want to think about is there a need for this to come back and how would that fit together with this group and/ or other groups.

**Election of officers:**

Required to select a chair and a vice-chair from the voting members of the council. A secretary from either the voting or the non-voting.

The responsibility of the chair would be to coordinate advisory council functions, represent the Brain Injury Advisor Council at various functions, appoint needed stand-in temporary communities or task for all other duties.

The responsibilities of the vice-chair would be to assist and provide part of the leadership, another officer within the council. Can assist with developing the agenda, serve in the absence of a chair.

The secretary: we would have to come up with the roles for the secretary because previously, the secretary can be voting or non-voting and previously the secretary was identified as the administrative support for the council. The administrative duties are assigned to DHS that was contracted to us. The secretary could assist with the administrative role of the council, after we have minutes typed up, being able to send them to the secretary and the secretary review the minutes, determine any corrections, comments and then carry those minutes, be the one to present them at the next meeting for approval.

**Nomination and Voting for Chair**

Nominations were held; Shannon Binstock and Nan Kennelly were nominated. Nan Kennelly was voted on for chair.

**Nomination and Voting for Vice Chair:**

Nominations were held; Shannon Binstock and Lisa Anderson were nominated. Lisa Anderson was voted on for vice chair.

**Selection of secretary:** Tabled for clarification from DHS.

**North Dakota Brain Injury History:**

A document on the history is available on the North Dakota Brain Injury Network's website.

Discussion from Senator Kilzer asking to see a breakdown of the history of funding to DHS for brain injury. Noted that at next meeting include a review of the budget for brain injury and sources of possible funding.

## Strategic Plan

Discussion regarding developing a strategic plan for brain injury in North Dakota. The first strategic plan was created back in the '80's. Then there was a strategic plan that was developed out of the original needs assessment done in 2005. That strategic plan was used to develop the goals for the federal grant and was part of that federal grant. In 2010, the strategic plan was updated, but has not been updated since then. It does not include the needs assessment done by Minot State in 2016. Council could begin by looking at that 2016 needs assessment which has great information in it. Also look at what is our current funding and what areas we would like to strategically align to continue moving forward. The plan is on the NDBIN website.

NDBIN also has a collection of strategic plans from other states for review. Many of the plans are similar to what we do and could tailor to fit for North Dakota.

Discussion of 2018 meetings: **2018 meetings will be scheduled for the afternoon of the third Friday: February 16th, May 18th, August 17th, and November 16th.** Discussion regarding face to face meeting versus digital. Consensus that during this first year meeting should be face to face in Bismarck. Community options volunteers the use of their video conferencing should there need to be a virtual meeting due to weather, but preference is for in person.

NDBIN will send out notice of meeting dates and agenda will be sent as part of our administrative role to the Secretary of State's office, and then it will be posted on our website, and the DHS website.

In February will discuss the need to form a strategic planning sub-committee and any other sub-committees.

Discussion regarding past efforts to change the North Dakota definition of brain injury. Is that something this Council will now take on? Previously the definition of brain injury in the legislative language was for a traumatic brain injury that has occurred from an external force. But in previous legislative sessions there were efforts to expand that definition, to be more inclusive of all brain injuries. This particularly effects the contracts that are identified in that legislative language and were not able to provide services to individuals that sustain their brain injury in other mechanisms.

The stroke taskforce had been developing and discussions had started to come regarding development stroke after-care and looking at what was available for stroke services post-acute. Both things happening, rather than duplicating, see if we could expand this definition to include those in that population within these services. The law did past expanding the definition to be more inclusive of brain injuries but had the exclusion of strokes and aneurism. Future discussion can reconsider this and part of the reason why this council has that appointee to represent stroke and collaborate with the new stroke rehabilitation efforts.

Discussion regarding other Items for suggestion that the counsel would like to achieve:

- Funding for case management with persons with TBI. This has been a key part of strategic plans in other states.
- Easier access of those with brain injury to find help.
- Implement the needs assessment recommendations. Connective services in all communities across the state. Is definitely one of the barriers, is having access to services across the state.
- Explore use of critical access hospital empty beds for rehabilitation needs.

**Member Updates:**

Austyn Kloehn: Community Options update –the pre-vocation return to work programs across the state for brain injury. Are having a steering committee next month and will be reviewing the fidelity review back from the state to create an action plan of how to proceed for the next six months. The meeting will be at the Community Options locations all over the state, by Polycom. There are 50 slots for the return to work and 50 in the pre-vocational. Currently, have 49 in the pre-vocation and 50 in the return to work. Return to work, the latest stats were a little over \$12 an hour average, about a year and half for tenure, average tenure, over half are employed.

Shila Thorson: Stroke and Cardiac System - Conference will October 24th and 25<sup>th</sup> of 2018. A whole day on stroke and a day on cardiac care. The heart association has a new grant and will be partnering with the Stroke Taskforce. They are trying to do a stroke survivor network, which will be interesting to see how it goes out. It was successful in Illinois, as a telephone network. So we will see how that model goes out with this population and especially in a rural area like North Dakota.

Question: Would an individual that has an anoxic brain injury be able to call your organization for support and services?

Shila Thorson: Our focus is on the system elements and working between the partners like dispatch, EMS, hospitals making sure that they get care in the most efficient time possible. They would have to go through the hospitals and then the hospital's support group. We do not provide the support afterwards that is why we partner and have discussions with this group.

Rebecca Quinn: Part of the reason for the collaboration is that the brain injury work has been of the long-term care system and work through the Department of Human Services, which we have been developing. The stroke system has almost exclusively focused on acute care system and prevention. Now we are getting to that bridge point where we already know each other. "How do we work together so that we don't duplicate each other?" As agencies we want to make that transition as good as possible, but not duplicate.

**Public Comment:**

Jedediah Trinka I'd just like say as a survivor it's really fun to hear what everyone is doing. I want to thank you. It is awesome, there is this vibe around the board and to hear how they are involved in making the by-laws so thank you very much everyone.

Nan Kennelly Meeting adjourned.